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Collegiate athletes experience unique stressors that affect their mental well-being. Institutions have counseling centers, but community colleges have few resources specifically for community college athletes. Literature suggests inconsistencies in student athletes' mental health care. The purpose of this study was to identify mental health resources within the NJCAA region 10 institutions and compare those to the NCAA suggested mental health best practices. Surveys were sent to both athletic directors and counseling center directors at each institution. The survey described the NCAA mental health best practices, and asked participants to rate how well their institution met those best practices. Other items asked about available services and their suggestions for improving services. The 13 counselors who completed the survey were primarily white and female, and the six athletic directors (3 men, 3 women) were all white. When asked how familiar they were with the NCAA best practices, only one athletics director was very familiar; all other participants were not at all and somewhat familiar. The main survey items asked how well their institution met the 4 NCAA Best Practices from Definitely Yes (1) to Definitely No (4). Nearly all counselors and 2 of 4 athletics directors said they met the NCAA MH best practice #1: clinical licensure of practitioner that provides mental health care. In contrast, most participants reported not meeting best practice number 2: having a referral procedure, or best practice number 3: providing pre-participation mental health screening. Most participants thought they met best practice 4: providing a mental health supporting environment, but nearly half said they do not provide educational tools for student athletes or coaches. Open ended responses suggested that on campus counseling services were viewed positively, but some institutions did not have services on campus, and several cited limited resources.

MENTAL HEALTH COUNSELING SERVICES AND RESOURCES FOR
COMMUNITY COLLEGE STUDENT ATHLETES

by

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Approved by

Dr. Diane Gill
Committee Chair

DEDICATION

I want to dedicate this dissertation to my children Alanna and Nolan, college athletes who unknowingly have inspired me to bring light to the need of mental health education to athletes of all ages. This is also dedicated to my husband Jerome who unselfishly supported me through major life altering changes and many nights of takeout. To my mother, my prayer warrior and cheerleader and like my family believed in me during the tough times and personal doubts. Lastly a big thank you to my friends and family who at different times were selflessly pouring love and encouragement into me. proofing my work and having a listening ear through it all.

APPROVAL PAGE

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CHAPTER I: PROJECT OVERVIEW

Many factors contribute to the rise in mental health disorders among college students. Literature suggests that substantial resources are available to students attending 4-year institutions. However, at the community college level there is a lack of resources that support college students with mental health disorders (MHDs) (M. Kalkbrenner & Hernández, 2017). Literature also suggests that community college students are more susceptible to MHDs compared to students at 4-year institutions. There is very little literature on mental health counseling practices in community colleges, even though community colleges educate about 44% of undergraduate students in the United States according to the American Association of Community Colleges (Schwitzer et al., 2016).

Collegiate athletes experience unique stressors that affect their mental well-being due to the demands of the athletic system. The many environmental and social stressors that athletes face, and the effects that these stressors have on their mental well-being is cause for concern. The stressors include balancing studying, training, traveling, competition, and dealing with injury, as well as the constant pressure to win, conflict with coaches and teammates, burnout, and social isolation (Watson, 2016).

The limited resources available at the community college level suggests that community colleges may have difficulty implementing the National Collegiate Athletic Association (NCAA) mental health best practices. The NCAA and NJCAA are not affiliated; however, they do have similarities such as having three different divisions which is generally based on school size and state funding. The biggest difference is that NCAA members are 4-year institutions and the NJCAA member are 2-year junior college or community college institutions where students are earning their associate degree or a technical degree. The NCAA Sports Science Institute along

with leading health organizations developed the Mental Health Best Practices to offer resources and recommendations for schools to support and promote student-athlete mental wellness (*Mental Health Best Practices*, 2022). The best practices include providing resources for athletic departments and university partners to use in the implementation on their campuses. The four best practices include: 1) providing institutions with clinical practitioners qualified to provide mental health services, 2) having a written emergency and non-emergency action plan for college athletes should they face a mental health challenge, 3) mental health screening before student-athletes first participate in college athletics, and 4) promoting an environment that supports mental well-being, and creating a culture that promotes care seeking and mental health resilience (*Mental Health Best Practices*, 2022).

Review of Literature

Athletes often cannot take advantage of current mental health resources due to the extensive athletic time commitment. Athletic participation provides multiple benefits that can be protective factors for mental health such as reduction in symptoms of anxiety and depression (Egan, 2019). Participation in athletics can also ease the transition into college life and improve well-being through the social support received by being a part of a team. Although there are benefits to athletic participation, there are also high rates of stress unique to athletic participation (Egan, 2019). Sources of stress include scheduling demands, over training, athlete burnout, injuries, and coaching demands, which are risk factors for poor mental health and academic difficulties (Evers et al., 2020). The daily stressors and risk factors that collegiate athletes experience have a direct connection to increased stress levels and mental health problems (Schinke et al., 2018). Student athletes across the three National Collegiate Athletic Association (NCAA) divisions have identified mental health as their number one health and safety priority

(Chow et al., 2021). Knowing that collegiate athletes face more than the average daily stress compared to their counterparts, it is important to help them identify these stressors and provide coping techniques and resources to manage mental health challenges (Chow et al., 2021).

College students in general, those in rural areas, and younger populations between the ages of 18-24 are particularly susceptible to housing instability, 4.6% of which experience homelessness, which affects students and student athletes alike (Silva et al., 2017). A study conducted on postsecondary institutions also showed that the lack of campus housing resulted in lower class attendance, less campus involvement, and higher levels of chronic stress (Silva et al., 2017).

Positive mental health is critical for wellness and for students to succeed in their multiple roles by coping with stress, working productively in the classroom, in their sport, and the community. Thirty percent of student-athletes self-reported that they are consistently overwhelmed (*NCAA For the Student Athlete*, 2022). One-fourth of student-athletes report being exhausted from the mental demands of their sport. Student athletes need resilience, persistence, confidence, performance, and tolerance to be successful (Hatteberg, 2020). Student athletes that exhibit these characteristics are often celebrated and viewed as being mentally tough. However, the pressure put on the athlete to exhibit mental toughness can inadvertently feed a stigma that discourages student athletes from seeking help they need. The culture of the athletic department and the support of the coaches and support staff play a vital role in creating an environment that removes the stigma and promotes health seeking as the norm for all student athletes.

The NCAA conducted a goals survey in 2019 on the experiences and well-being of student-athletes that provides nationally representative data for more than 20,000 full-time undergraduate student-athletes across divisions and sports (*Mental Health Best Practices*, 2022). The survey provided NCAA members with data regarding the impact of college sports

participation on student-athletes. The survey noted almost three quarters of student-athletes believe their coaches care about their mental well-being and 40% of student-athletes report high satisfaction with the mental health care they've received. From this information, the mental health best practices were developed (*Mental Health Best Practices*, 2022).

The best practices address four key components, including 1) clinical licensure of practitioners providing mental health care, 2) procedures for identification and referral of student athletes to qualified practitioners, 3) pre-participation mental health screening, and 4) health-promoting environments that support mental well-being and resilience (*Mental Health Best Practices*, 2022).

Hatteberg (2020) reported that athletes' top concerns with obtaining support were the perception that the institutional support staff did not always act in the best interest of the athlete, that discussions would not be kept confidential, and that the support staff would not or could not offer a solution to combat the athletes' stressors. Although collegiate athletes have access to institutional resources for mental health support and coping with stress, this same resource may not be as accessible within the athletic program, which makes seeking help for mental health a challenge as well as a barrier (Hatteberg, 2020). The time that student athletes put into a normal day as an athlete makes it almost impossible to use the services unless coaches play an active role in making resources available to their staff as well as the athletes.

Broton et al. (2022) found that community college students who experience basic needs insecurities such as food and housing are more likely to report depression, anxiety, and other mental health problems. Due to the limited institutional support at the community college level, students with mental health concerns rely more on social support (Broton et al., 2022). These results suggest that schools take a more integrated institutionalized approach to serving the

student's needs (Broton et al., 2022). A study conducted on community college students' mental health found a pattern of differences in psychological concerns, available resources, and resource utilization, with community college students having more severe psychological concerns and less institutional mental health resources than traditional university students and would benefit from additional mental health resources (Katz & Davison, 2014). Traditionally community college students differ across several demographics such as ethnicity, age, socioeconomic status, first year students and single parent homes, which are associated with increased stress and adversity (Katz & Davison, 2014; Kalkbrenner et al., 2019). Coaches and support staff (e.g., athletic trainers, sports physicians, nutritionists, strength coaches) play a vital role in student athlete development. Because they spend so much time with the athletes, they are in a good position to identify early signs of mental distress and be the first to connect an athlete to the appropriate health resources (Kroshus, 2017). There is an increased need for counseling referral agents to meet the growing demand for mental health services (Kalkbrenner et al., 2019). These referral agents have been identified as student peers, advisors, faculty, and other support staff (Kalkbrenner et al., 2019).

Student athletes' mental health fluctuates on a continuum with resilience and thriving on one end and mental health problems that may impair function and performance on the other. Students move back and forth on the continuum as they react to the pressures of athletics, academics, and everyday life; because of this, there is a need for literacy programs and protocols to assist athletes in getting help depending on their place along the continuum (Kroshus, 2017).

Mental health education can assist coaches in supporting athletes' mental health, with education and literacy that can also be shared with each athlete so that they can recognize signs of stress and use coping skills to get through difficult situations. Bissett (2020) states that

education has the potential to help coaches engage in primary, secondary and tertiary preventive behaviors related to athlete mental health; however, there is no empirical or consensus basis for specifying the target behaviors that should be included in such education. There is not enough research on the specific target behaviors, nor on the use of mental health resources by athletic departments (Bissett et al., 2020). The California community colleges developed a health and wellness program to support their 115 community colleges in identifying, implementing, and sustaining strategies for addressing student mental health and wellness basic needs (*About California Community Colleges Health & Wellness Program*, n.d.). This program site was designed to help community college leadership, faculty, staff, and students share best practices through collaboration on suicide prevention training for faculty, staff, and students, and program evaluation through a three-phase process that include promotion, adoption, and disseminating the program (*About California Community Colleges Health & Wellness Program*, n.d.).

In addressing the NCAA Mental Health Best Practice, coaches, support staff, teammates, and peers can benefit from training on identifying, intervening, and implementing tools and techniques for dealing with mental health issues. The training can help build confidence levels in coaches and staff who may not feel comfortable offering help in directing athletes to the proper health care provider. In effort to find a solution, we must first know what students are facing, how they are currently managing stressful situations, and the possible barriers or challenges to implementing a mental health care plan. The NCAA Goals Survey can help set the foundation for appropriate mental health services across community colleges while creating an environment that promotes good mental health and well-being.

Purpose and Aims

Although NCAA members are 4-year institutions and the NJCAA members are 2-year junior college or community college institutions, their student athletes face similar mental health issues and can benefit from mental health services. Student athletes at community colleges often face added stressors and they clearly can benefit adopting Mental Health Best Practices. However, community colleges have limited resources to offer those services. The purpose of this study is to identify the mental health resources for student athletes at community colleges in North Carolina and Virginia Community Colleges within the NJCAA region 10, and to specifically identify resources related to the NCAA affiliate institutions Best Practices for Mental Health.

Aim #1 Identify mental health resources and counseling services provided by Region 10 NJCAA Community Colleges.

Aim #2 Determine the extent to which NJCAA institutions meet the NCAA best practices for mental well-being of student athletes.

Methods

Survey methods were used to address the purpose and identify the mental health resources for student athletes at the NJCAA North Carolina and Virginia Region 10 community colleges. Online surveys asking about the available resources related to NCAA best practices were sent to both athletics directors and counseling directors at each institution.

Positionality

Serving as a collegiate volleyball coach for 16 years, I have personally witnessed student athletes who struggled to balance athletics, academics and their social life, some who have had difficulty managing the rigor of school and academics and others who experience family issues

and in some cases abuse. They felt alone and did not have knowledge of free resources that could help them sort out their problems and direct them to other areas of assistance. I have always been sensitive to the struggles of young adults trying to manage life and participate in the sports that they have loved and participated in for most of their lives. My history and experiences have been a driving force for my dissertation. I plan to continue investigating the integration of mental health and kinesiology as it relates to collegiate athletics, and specifically address mental health resources and services for community college student-athletes. (See Appendix A for more detailed positionality statement).

Participants

Potential participants were community college counseling center directors, and athletic directors at the 28 institutions whose athletic departments are members of the NJCAA region 10 in North Carolina and Virginia. Surveys were distributed to both athletic directors and counseling center directors at each of the 28 institutions with information regarding the study, asking them to participate. Eleven counselors and four athletic directors completed the full survey. Two other counselors and two athletic directors completed part of the survey. Several others accessed the survey but stopped at the first question.

Survey Measure

Separate surveys for each group (Counselors and Athletic Directors) were developed and administered via Qualtrics. The initial version of the survey was sent to three people, a counselor, an athletic director, and a professor for feedback, which led to some minor wording changes. The revised survey was reviewed by three others and no further revisions were made. Other than the initial demographics, which included their position and experience in their field, the surveys were identical for the two groups. The opening demographics included ethnicity,

race, age-range, position and years in the field, and a few questions on campus mental health services. The main questions focused on the NCAA's Mental Health Best Practices. First, participants were asked how familiar they were with the Best Practices (Not at all-Somewhat-Very). Then, each of the four Best Practices were listed with brief descriptions and participants were asked if their institution met that best practice on a 4-point scale from Definitely Yes (1) to Definitely No (4). Additional open-ended items asked what they thought their institution did well and how they could improve mental health resources. (See Appendix B for full survey)

Procedures

After approval from the Institutional Review Board (IRB), recruitment emails (Appendix C) with a link to the online survey were distributed to both counseling directors and athletic directors at each institution with information regarding the study asking them to participate in the survey. Information regarding informed consent was also included at the beginning of the survey. Two follow-up emails were sent over the next 6 weeks to encourage participation.

Data Analysis

Descriptive analyses using SPSS was used to calculate frequencies with survey questions. Open-ended responses were reviewed and grouped to identify common responses. Responses from counselors and athletic directors were analyzed separately.

Results

Results on the participant demographics and the mental health resources at their institutions are presented first. Then the results on the Best Practices are presented followed by the open-ended results.

As Table 1 shows, athletic participants were all White (3 male, 3 female). The counselors were primarily female (10 female, 3 male) and primarily White with 3 African American and 1

Latino/a. Most athletic participants were Director of Athletics with 1 other, who was an advisor/success coach. Most counselors choose other, with titles that related to counseling or mental health.

Table 1. Participant Demographics (Athletics/Counselors)

<u>Options</u>	<u>Athletics</u>	<u>Counselors</u>
Gender		
Male	3	3
Female	3	10
Other	0	0
Prefer not to say	0	0
<hr/>		
Ethnicity		
African American or Black	0	3
Asian/ Pacific Islander	0	0
Caucasian or White	6	9
Latino/Latina/Hispanic	0	1
Native American/Alaskan	0	0
Other	0	0
<hr/>		
Position (Title)		
Athletic/Student Health Directors	5	0
Sports Medicine/Mental Health Directors	0	1
Coach/Counselor	0	4
Other	1	8
<hr/>		
Years worked in Athletics/Mental Health Profession		
1-3 years	1	5
3-5 years	0	1
5-10 years	1	2
10 or more years	4	2
<hr/>		

Responses to questions on resources are in Table 2. Responses show that several institutions do not have a physical office as two athletics and 5 counselors said no. Most counselors (10 of 13) said that they have a counseling service somewhere other than a counseling center or the athletic department, including off campus and online services. The majority of both groups responded that there is no designated person to work with student athletes.

Table 2. Participant Responses on Resources: Athletics/Counselors

<u>Options</u>	<u>Athletics</u>	<u>Counselors</u>
Does your college have a physical office that provides MH services onsite?		
Yes	3	8
Not Sure	1	0
No	2	5
Designated person to work with SA on MH issues?		
Yes	1	4
Not Sure	0	0
No	5	9
Service Location of mental health services		
Health/Counseling Center	4	3
Athletic Department	0	0
Other	2	10

Before listing the best practices, participants were asked how familiar they were with the best practices. As Table 3 shows, neither counselors nor athletic directors were very familiar with best practices. Only one person, the athletics person who was an advisor and success coach, was very familiar, and others were split between not at all and somewhat familiar.

Table 3. Familiarity with Mental Health Best Practices Responses

<u>Options</u>	<u>Athletics</u>	<u>Counselors</u>
How familiar are you with the NCAA Mental Health best practices for SA?		
Not at all familiar	3	6
Somewhat familiar	2	7
Very familiar	1	0

Participants' responses to meeting each of the four Best Practices are shown in Table 4. Also, Participants were asked whether they met specific sub-items under Best Practice #1 (3 sub-items), Best Practice #2 (2 items) and Best Practice #4 (3 items). Those responses are in Table 5. Although 13 counselors and 6 athletic directors completed the previous items, only 11 counselors and four athletic directors completed the full survey.

Table 4. Meeting Best Practices

<u>Options</u>	<u>Athletics</u>	<u>Counselors</u>
Overall, does your community college meet Best Practice 1: Licensed Practitioner		
Definitely Yes	1	5
Probably Yes	1	5
Probably No	1	1
Definitely No	1	0
Overall, does your community college meet Best Practice 2: Referral Procedures		
Definitely Yes	0	1
Probably Yes	0	3
Probably No	2	6
Definitely No	2	1
Overall, does your community college meet Best Practice 3: Mental Health Screening		
Definitely Yes	0	0
Probably Yes	0	1
Probably No	3	9
Definitely No	1	1
Overall, does your community college meet Best Practice 4: Supporting Environment		
Definitely Yes	0	2
Probably Yes	1	6
Probably No	3	2
Definitely No	0	1

Responses to Best Practice #1, licensed practitioner, were positive with 10 of 11 counselors indicating definitely or probably yes. However, on the sub-question, 6 counselors indicated that the college did not provide that licensed practitioner, likely reflecting that some used online or off-campus services. On the other sub-questions, participants generally agreed that providers were trained to treat those from diverse cultural backgrounds.

Responses for Best Practices #2, referral procedures and #3, mental health screenings, were less positive, with most in both groups responding probably or definitely No. However, on

the sub-questions for #2, most counselors indicated they had emergency and non-emergency referral plans.

Responses were mixed on Best Practice #4, supporting environment. On the related sub-questions, asking about providing mental health education to student athletes and coaches, responses were also mixed with few Yes responses.

Table 5. Best Practice Sub-Question Responses

Best Practice #1 Sub-questions

<u>Options</u>	<u>Athletics</u>	<u>Counselors</u>
Does your college provide a licensed individual qualified to provide mental health services onsite?		
Definitely Yes	1	5
Probably Yes	2	0
Probably No	0	2
Definitely No	1	4

Does your licensed MH provider have training to treat those from diverse racial ethnic gender?		
Definitely Yes	0	6
Probably Yes	2	5
Probably No	1	0
Definitely No	1	0

Are your licensed MH providers trained to treat collegiate SA from unique cultural backgrounds?		
Definitely Yes	0	4
Probably Yes	2	5
Probably No	0	2
Definitely No	2	0

Best Practice #2 Sub-questions

Does your college have an emergency action plan in place for college athletes who may face MH emergency?		
Definitely Yes	0	5
Probably Yes	1	3
Probably No	1	3

Definitely No	2	0
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Does your college have a routine MH referral plan in place for college athletes who may face routine (non-emergency) MH challenges?

Definitely Yes	0	7
Probably Yes	1	2
Probably No	1	2
Definitely No	2	0

Best Practice #4 Sub-questions

Does your college athletic department promote mental health help-seeking educational tools for SAs?

Definitely Yes	0	0
Probably Yes	3	6
Probably No	1	3
Definitely No	0	2

Does your college's athletic department collaborate with the counseling center to promote mental health help-seeking educational tools for coaches?

Definitely Yes	0	2
Probably Yes	1	3
Probably No	2	3
Definitely No	1	2

Table 6 shows responses to added questions. On the overall rating of meeting best practices, only one said very much with most saying somewhat, and several responding not at all. The ratings for how much athletics and counseling communicate/cooperate on mental health services for student-athletes clearly show lack of communication. Only one counselor responded very much; 7 responded with somewhat and 3 not at all. The athletic directors were evenly split between not at all and somewhat. Both groups clearly report not meeting all NCAA mental health best practices and lacking available services on campus.

Table 6. Responses to Added Questions

<u>Options</u>	<u>Athletics</u>	<u>Counselors</u>
Overall, how well does your college meet the NCAA mental health best practices for student-athletes?		
Not at all	2	3
Somewhat	2	7
Very much	0	1
How much do Athletics and Health /Counseling communicate or cooperate on mental health services for SA?		
Not at all	2	4
Somewhat	2	6
Very Much	0	1

Open- Ended Responses

The final survey questions were open-ended. First, participants were asked what they did well in providing mental health services and resources. Then, they were asked what they could do to improve services and meet best practices. The next question asked for suggestions to increase cooperation between athletics and counseling, and a final question asked for other suggestions.

What does your college do well?

One Athletic response said that they have an onsite licensed counselor while another said that they work within the supports of their school to align with the athletes needs along with having an FCA (fellowship of Christian athletes) group that supports athletes in the absence of true mental health service options on campus. Several of the counselors said that they provide the same service for student-athletes as provided for all students. An equal number said they use off-campus referral services, online telehealth services or have a contractor come in once a week.

One counselor said they provide mental health screening at the beginning of the season and encourage athletes to seek services depending on their scores.

What could your college do to improve mental health services?

Responses from athletic directors included implementation of an emergency mental health plan for athletes, pre-screening and working more directly with student-athletes. Athletic directors also suggested having someone qualified in sports psychology or someone knowledgeable about athletes' issues. Counselors responded that institutions could be more prepared and have a better system in place. They also suggested collaborating with athletics to see what services they need, having an onsite person who is licensed to practice and provide mental health services, encouraging coaches to invite mental health services to speak with athletes about their services, providing more training, and making sure that the school is following the NCAA guidelines.

Suggestions to increase communication/cooperation?

Athletic directors suggested more funding and having someone other than an American Disability Act (ADA) advisor to get the communication. The counselors also suggested more funding. Counselor suggestions also include a dedicated person as the liaison between athletics and health services and having the buy-in for mental health services from the athletic department. Education on mental health best practices was also suggested, as some were not aware that they existed.

Suggestions for enhancing mental health services and resources?

The common responses from both groups were more funding and having an actual counselor on-site daily with weekends and hybrid options for students that are not able to come

during the weekday. They noted instances where a school has an LPC (license practical counselor) but cannot practice on campus and must refer students to outside services.

Conclusions

This study investigated the resources available to NJCAA community colleges compared to the NCAA Mental Health Best Practices recommended for college athletes. The results indicated few schools meet the best practices. Results showed that best practice #1, having a licensed practitioner, was reported as most often met by both athletics and counselors. However, several colleges did not have that counselor on campus, but used online or contracted services. None of the athletics participants reported having a referral plan while a few of the counselors said probably yes. All but one participant said that there was no mental health screening process, although all are required to have physical pre-screening.

Lastly, more than half said that they had a supportive environment. This is an encouraging finding, given recent updates to the NCAA mental health best practices adopted in January 2022 after the NCAA Board of Governors meeting in 2020. Many areas were addressed as part of taking a more holistic approach in which each member school must facilitate an environment that reinforces physical and mental health within athletics by ensuring access to appropriate resources and open engagement with respect to physical and mental health (*New NCAA Mental Health Best Practices Approved for All Schools to Follow*, 2024). It is important to note that the numbering of the best practice changed. Best Practice 1: Clinical Licensure of Practitioners, is now best practice 4 and Best Practice 4: Health promoting Environments that support Mental Well-Being and Resilience, is now best practice 1.

Interestingly, the NCAA also added Mental Health First Aid as a resource under the updated Best Practice 1, which is to create healthy environments that support mental health and

promote well-being. Mental health first aid training is designed to teach you how to assist and support others who may be experiencing a mental health or substance use challenge (*Mental Health First Aid*, n.d.).

Although participant numbers were limited with very few athletic directors participating, the findings provide some initial information that can be followed up in future research. Overall, the findings add to our understanding of mental health services for community college student-athletes. The results suggest community colleges lack resources and often do not have licensed mental health counselors on site. On a more positive note, both athletic directors and counselors clearly value healthy environments that support mental health and well-being for community college student athletes.

CHAPTER II: DISSEMINATION

This study's primary focus was to identify mental health resources that community colleges had for their student athletes, how those compare to the NCAA mental health best practices, and how familiar athletic directors and counseling center directors were with the best practices. The findings will be shared with the 28 NJCAA Region 10 North Carolina and Virginia institutions regardless of whether they participated in the initial survey. Sharing the findings is the first step to bringing awareness to the Region 10 institutions in North Carolina and Virginia on how their mental health resources compare with mental health best practices. The results will be shared as a summary report to the directors along with a request for the results to be shared with all athletic staff as well as all counseling staff. An attachment with examples of how the institution can implement each best practice will be included as a guide, along with a link to resources such as aid training.

Summary Report to NJCCA Region 10 Counselors and Athletic Directors

My name is Sabrina Johnson, I am a NJCAA volleyball coach in the region 10 completing my EdD in Kinesiology at The University of North Carolina at Greensboro and I want to thank those who took time out of their busy day to complete my survey on mental health resources for student-athletes. I am presenting these findings as a step in moving forward to enhance mental health services to our student athletes.

This study focused on mental health services and resources available at the 28 community colleges in region 10 (North Carolina and Virginia) who are members of the National Junior College Athletic Association (NJCAA). Athletic directors and counselors were surveyed to determine how well our community colleges meet the National Collegiate Athletic Association's (NCAA) four Mental Health best Practices, as well as the services and resources

they currently offer for student athletes at their institutions. This report is based on the findings from the research, including recommendations for increasing awareness and adoption of the four best practices. Although surveys were not filled out by all 28 institutions, the findings are relevant to all of us.

The four Best Practices for supporting student athletes’ mental wellbeing are:

- Having a licensed practitioner available to provide mental health care
- Having a procedure in place to identify and make referral of student athletes to a qualified practitioner
- Having a Pre-Participation Mental Health Screening prior to starting a sport
- Having a health-promoting environment that supports mental wellbeing.

As you review the findings, think about how your institution compares to the NCAA four best practices.

The breakdown of survey responses from athletics and counselors showed a higher response rate from counselors than athletic directors. Before asking questions specific to the mental health best practices, they were asked how familiar they were with the NCAA Mental Health best Practices for student athletes. Results are shown in the first table. The numbers were low, but not surprising, with the majority responding that they were not very familiar.

Table 7. Familiar with Best Practices

<u>Options</u>	<u>Athletic</u>	<u>Counselors</u>
How familiar are you with the NCAA Mental Health best practices for SA		
Not at all familiar	3	6
Somewhat familiar	2	7
Very familiar	1	0

The next table gives the responses to the questions asking if your community college meets best practices 1-4. Best Practice 1, most counselors said they indeed had licensed

partitioners qualified to treat mental health concerns, but athletic directors were less sure. Best Practice 2, The athletic directors reported that there were no referral procedures in place at their community college; and while a few of the counselors reported having a referral process in place, the majority did not. Best Practice 3, mental health screening had the lowest number of community colleges that provided this service. The athletic directors all said no, while all but 1 counselor said no. Best Practice 4, Although there were some no's, it was promising to see that the supportive environment was shared by both athletic directors and counselors.

Table 8. Familiar with Best Practices

<u>Options</u>	<u>Athletic</u>	<u>Counselors</u>
<hr/>		
Overall, does your community college meet Best Practice 1: Licensed Practitioner		
Definitely Yes	1	5
Probably Yes	1	5
Probably No	1	1
Definitely No	1	0
<hr/>		
Overall, does your community college meet Best Practice 2: Referral Procedures		
Definitely Yes	0	1
Probably Yes	0	3
Probably No	2	6
Definitely No	2	1
<hr/>		
Overall, does your community college meet Best Practice 3: Mental Health Screening		
Definitely Yes	0	0
Probably Yes	0	1
Probably No	3	9
Definitely No	1	1
<hr/>		
Overall, does your community college meet Best Practice 4: Supporting Environment		
Definitely Yes	0	2
Probably Yes	1	6
Probably No	3	2
Definitely No	0	1

Overall athletic directors and counseling directors were not very familiar with the best practices. It is clear that the institutions are not aligned with the NCAA best practices in all areas; however,

most schools did have some type of mental health counseling in place, just not anything specific to student athletes. It is also clear that not enough schools are implementing a referral process for student athletes should they need to talk to someone about a mental health issue or have a mental health screening process in place when they start the athletic program. Everyone must take responsibility for helping student athletes be the best they can be despite mental health concerns.

The following four open ended questions provided added insights: 1) What does your college do well, 2) What can your college do to improve, 3) What suggestions do they have to improve communication/cooperation, and 4) Are there any other suggestions. The comments were that they had a counselor, worked well within the supports of their college, and had a fellowship for Christian athletes group on campus to support athletes in the absence of a mental health provider. The counselors noted they treated the student athletes the same as all their students. Others stated that they have a 24-hour online portal should a mental health concern arise, and others who may not have a counselor on staff may have someone come in weekly to provide services.

Overall, the findings show that there was little communication between the counselors and the athletic directors, with the counselors feeling as though there is no buy in from athletics when it came to mental health counseling for student athletes. In some instances, the ADs are not sure what services are available, if any, and unfortunately, unless there is an immediate issue with a student athlete, the conversations are not being had as a preventive measure.

When asked what your college can do to improve, athletic directors said they could work more directly with the athletes and start pre-screening, others said that the college could provide more mental health services by qualified sports psychologists who are knowledgeable about athlete's issues. The counselors said they could encourage the coaches to invite mental health

services to speak to their teams and enforce follow through. The counselors also said they could improve the process by providing a mental health screening specific to student athletes as well as collaborating with athletes to get their input of services that would be beneficial to them. When asked what suggestions they have to improve communication/cooperation, athletics said more funding would be helpful while counselors called for buy-in from athletics as well as collaboration with faculty to identify students who are not engaging in coursework online or in the classroom. Counselors also noted having a dedicated position to be the liaison between athletics, health services, and counseling. Other suggestions included making mental health awareness part of orientation and having funding to provide an onsite mental health counselor available full-time. Helping starts by having the conversation and opening the doors of a safe space to talk without the burden of being judged or treated differently for trying to get help.

A link to the Mental Health Best Practices is a great start:

<https://www.ncaa.org/sports/2016/5/2/mental-health-best-practices.aspx>. Recommendations that are cost-effective are needed as funding was a big concern for athletics and counselors. Now seeing the results, one can see where the institutions are lacking in mental health resources for student athletes. With this, I invite you to join in my efforts to bridge the communication gap and take part in starting the conversation and collaborating between departments to bring more awareness and education within your college. Based on the findings and suggestions from the participants, attached you will find examples of how each institution can implement each best practice.

The recommendation would be to start by having a meeting between the athletic directors and the counseling directors to get the conversation started about what can be done and how it can be beneficial to both sides. Given that lack of funding for resources was common between

the athletic directors and counseling center directors, it is also recommended that the counseling center talk to all student athletes at the beginning of the semester about the services they have and the steps to take should they need assistance. Just as some schools have mandatory meetings to discuss Title IX, there should be a mandatory meeting to discuss mental health and teach students athletes to recognize warning signs. Schools that have a virtual/offsite service, should have the athletic directors add this to the agenda during their annual coaches meeting and possibly have a representative available for questions on proper procedures and how their student athletes can access these services.

Recommendations include having a meeting between the counseling center and the athletic department to go over the best practices and discuss what each institution currently has or what they are missing. A plan of action can be formulated and taken to the Dean of Student and Academic Affairs for discussion and approval. Recommendations also include partnering with an area local NCAA school if available to see if there are any open or free community events that the smaller NJCAA schools could participate in. I hope to extend my research to other community colleges and division III schools that may have similar resources and needs.

CHAPTER III: ACTION PLAN

This study's findings are the first of many steps to follow that will help counseling and athletics work together to enhance mental health services for student athletes and assist this unique group of students in becoming more comfortable using the mental health services. Having the departments work together will help eliminate the stigma of seeking mental health assistance. The findings from the research will be used to educate athletics and coaching staff on mental health well-being in hopes that they can offer resources free of judgment and stigma.

I will start with my institution, planning a meeting with our athletic director and director of counseling to go over our specific processes and the resources we have and compare them to the NCAA best practices. Once this is set up, I will write up a report on my findings and use this information and getting a meeting set up so that it can be presented to the NJCAA region 10 commissioner. Once I have this meeting I will ask if I could sit in on one of the athletic director's meetings and present my findings. Presenting the findings will open the floor for more discussions on how we can move forward as a region. I will ask the commissioner about the partnership that the NJCAA has with an area mental health specialist (MHS), which was established in 2021. There is a fee associated with this partnership, to be paid for by each institution. They also have resources available online, but institutions pay for the services before students can have access. This goes back to the findings that more funding is needed for resources and training. My plan is to also meet with the director of this MHS and discuss the needs of community colleges and how we can enhance the connections/collaboration between mental health services and athletics. Each meeting will be documented and made available to the support staff and other departments that may want to collaborate and be a part of the change.

Ultimately, I plan to promote a joint effort between the counseling centers and the athletic programs to develop a workshop that will be available to each school and each athletic program that promotes positive mental health and well-being. I will also become a mental health first aid provider and offer my services throughout the NJCAA region X. As part of my efforts to train coaches and athletic directors starting at my institution, I will speak with our counseling center director to see what steps need to be taken to partner with them to educate our current 100 plus student athletes in hopes to get a couple from each team certified each year. After completion of the certification and after developing a new relationship in the area of mental health and wellbeing, I plan to become the spokesperson for the NJCAA and partner with other organizations to bridge the gap between what is offered at the larger NCAA schools compared to Junior Colleges across the U.S. Establishing this with my institution will give me the opportunity to develop and implement an evidence-based plan of action for early intervention.

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APPENDIX A: POSITIONALITY

Positionality Statement (Original Statement)

I am a graduate student at the University of North Carolina at Greensboro researching resources available to community college student-athletes. I am a season professor of health and physical education and the head coach at Guilford Technical Community College. I have been teaching and coaching for 17 years and am passionate about mental health awareness and care. I am tasked with teaching health and wellness to a vast array of students, from those pursuing their associate degree to those in a dual enrollment early college program. My role as an instructor is to teach the different components of wellness, which are all important, but I have taken a special interest in mental health wellness awareness. Through my interaction as a coach and instructor, I make sure that my students are aware of the resources and know how to reach those responsible for mental health counseling should the services be needed.

This study will give me information and feedback about the mental health services that is offered at each institution and which ones have plans in place that closely mimics the National College Athletic Association (NCAA) and their mental health best practices. My institution has a great counseling center that I will use as a pilot to help me with the development of my survey. The feedback that I receive will be used to continue to develop my surveys and to make any necessary changes before sending them out to participating schools.

I can't see how my position and my proposal topic will present any challenges, but I am open to input from other viewpoints that may be helpful in allowing me to see possible challenges that may occur.

APPENDIX B: SURVEYS

Survey 1: Community College Mental Health Services Survey for Counselors

Overview: This survey focuses on the mental health resources and services available to student-athletes at community colleges. The first section asks about demographics and general information on mental health services. Then the main section asks about how your mental health services compare with the NCAA Mental Health Best Practices. The final section asks for your views and suggestions for mental health services for student athletes.

Demographics and General Information.

What is your position?

- a) Director of Student Health
- b) Director of Mental Health
- c) Mental Health Counselor
- d) Other _____

Does your college have a physical office that provides mental health services onsite?

- a) Yes
- b) Not Sure
- c) No

Where are mental health services located?

- a) Health /Counseling Center
- b) Athletic Department
- c) Other _____

Is there a designated person to work with student athletes on mental health issues? If Yes, what is their position and where are they located?

- a) No
 - b) Yes
-

What is your gender?

- a) Male
- b) Female
- c) Other _____
- d) Prefer not to say

What is your ethnicity? Select all that apply

- a) African American/Black
- b) Asian/Pacific Islander
- c) Caucasian/White
- d) Latino/Latina/Hispanic
- e) Native American/ Alaskan
- f) Other _____

How long have you worked in the mental health profession?

- a) 1-3 years
- b) 3-5 years
- c) 5-10 years
- d) 10 or more years

How familiar are you with the NCAA mental health best practices for student-athletes?

- a) Not at all
- b) Somewhat
- c) Very much

NCAA Mental Health Best Practices. The following questions refer to the NCAA Mental Health Best Practices. Each of the 4 Best Practices are listed

followed by 1-4 questions asking how your community college compares with the recommendations.

Best Practice No. 1: Clinical Licensure of Practitioners Providing Mental Health Care

Schools are encouraged to ensure that the mental health care of a college athlete is provided by a licensed individual who is qualified to provide mental health services.

Overall, does your community college meet Best Practice #1

- a) Definitely Yes
- b) Probably Yes
- c) Probably No
- d) Definitely No

Does your college provide a licensed individual qualified to provide mental health services onsite?

- a) Definitely Yes
- b) Probably Yes
- c) Probably No
- d) Definitely No

Do your licensed mental health providers have training to treat those from diverse racial, ethnic, gender, or other cultural backgrounds?

- a) Definitely Yes
- b) Probably Yes
- c) Probably No
- d) Definitely No

Are your licensed mental health providers trained to treat collegiate student-athletes from unique cultural backgrounds?

- a) Definitely Yes
- b) Probably Yes
- c) Probably No
- d) Definitely No

Best Practice No. 2: Procedures for Identification and Referral of Student-Athletes to Qualified Practitioners

Athletic departments are encouraged to work with sports medicine and campus mental health services to develop written emergency and non-emergency action plans for situations in which college athletes face a mental health challenge.

Overall, does your community college meet Best Practice #2

- a) Definitely Yes
- b) Probably Yes
- c) Probably No
- d) Definitely No

Does your college have an emergency action plan in place for college athletes who may face a mental health emergency (e.g., suicidal/homicidal ideation, sexual assault, acute psychosis, drug overdose)?

- a) Definitely Yes
- b) Probably Yes
- c) Probably No
- d) Definitely No

Does your college have a routine mental health referral plan in place for college athletes who may face routine (non-emergency) mental health challenges?

- a) Definitely Yes
- b) Probably Yes
- c) Probably No
- d) Definitely No

Best Practice No. 3: Pre-Participation Mental Health Screening

Schools are encouraged to develop and apply mental health screening tools, as well as a written mental health referral plan, prior to a student-athlete's initial participation in college athletics.

Overall, does your community college meet Best Practice #3

- a) Definitely Yes
- b) Probably Yes
- c) Probably No
- d) Definitely No

Best Practice No. 4: Health- Promoting Environments that support Mental Well-Being and Resilience

Athletic departments are encouraged to educate student-athletes, coaches, and faculty athletics representatives to help create a culture that promotes care seeking and mental well-being and resilience.

Overall, does your community college meet Best Practice #4

- a) Definitely Yes
- b) Probably Yes
- c) Probably No
- d) Definitely No

Does your college's athletic department promote mental health help-seeking educational tools for student-athletes?

- a) Definitely Yes
- b) Probably Yes
- c) Probably No
- d) Definitely No

Does your college's athletic department collaborate with the counseling center to promote mental health help-seeking educational tools for coaches?

- a) Definitely Yes
- b) Probably Yes
- c) Probably No
- d) Definitely No

Additional Questions. The following questions ask for your views and suggestions on best practices for mental health services and resources for student athletes.

Overall, how well does your college meet the NCAA mental health best practices for student-athletes?

- a) Not at all
- b) Somewhat
- c) Very much

What does your college do well in providing mental health services and resources for student-athletes? _____

What could your college do to improve mental health services and meet NCAA guidelines?

How much do Athletics and Health/Counseling communicate or cooperate on mental health services for student athletes?

- a) Not at all
- b) Somewhat
- c) Very much

Please add any suggestions to increase communications/cooperation between Athletics and Health/Counseling to better serve student athletes?

Please add any other suggestions for enhancing mental health services and resources for student athletes at your institution.

Survey 2: Community College Mental Health Services Survey for Athletic Directors

Overview: This survey focuses on the mental health resources and services available to student-athletes at community colleges. The first section asks about demographics and general information on mental health services. Then the main section asks about how your mental health services compare with the NCAA Mental Health Best Practices. The final section asks for your views and suggestions for mental health services for student athletes.

Demographics and General Information.

What is your position?

- a) Director of Athletics
- b) Director of Sports Medicine
- c) Coach
- d) Other _____

Does your college have a physical office that provides mental health services onsite?

- a) Yes
- b) Not Sure
- c) No

Where are mental health services located?

- a) Health /Counseling Center
- b) Athletic Department
- c) Other _____

Is there a designated person to work with student athletes on mental health issues? If Yes, what is their position and where are they located?

- a) No
 - b) Yes
-

What is your gender?

- a) Male
- b) Female
- c) Other _____
- d) Prefer not to say

What is your ethnicity? Select all that apply

- a) African American/Black
- b) Asian/Pacific Islander
- c) Caucasian/White
- d) Latino/Latina/Hispanic
- e) Native American/ Alaskan
- f) Other _____

How long have you worked in the mental health profession?

- a) 1-3 years
- b) 3-5 years
- c) 5-10 years
- d) 10 or more years

How familiar are you with the NCAA mental health best practices for student-athletes?

- a) Not at all
- b) Somewhat
- c) Very much

NCAA Mental Health Best Practices. The following questions refer to the NCAA Mental Health Best Practices. Each of the 4 Best Practices are listed followed by 1-4 questions asking how your community college compares with the recommendations.

Best Practice No. 1: Clinical Licensure of Practitioners Providing Mental Health Care

Schools are encouraged to ensure that the mental health care of a college athlete is provided by a licensed individual who is qualified to provide mental health services.

Overall, does your community college meet Best Practice #1

- a) Definitely Yes
- b) Probably Yes
- c) Probably No
- d) Definitely No

Does your college provide a licensed individual qualified to provide mental health services onsite?

- a) Definitely Yes
- b) Probably Yes
- c) Probably No
- d) Definitely No

Do your licensed mental health providers have training to treat those from diverse racial, ethnic, gender, or other cultural backgrounds?

- a) Definitely Yes
- b) Probably Yes
- c) Probably No
- d) Definitely No

Are your licensed mental health providers trained to treat collegiate student-athletes from unique cultural backgrounds?

- a) Definitely Yes
- b) Probably Yes
- c) Probably No
- d) Definitely No

Best Practice No. 2: Procedures for Identification and Referral of Student-Athletes to Qualified Practitioners

Athletic departments are encouraged to work with sports medicine and campus mental health services to develop written emergency and non-emergency action plans for situations in which college athletes face a mental health challenge.

Overall, does your community college meet Best Practice #2

- a) Definitely Yes
- b) Probably Yes
- c) Probably No
- d) Definitely No

Does your college have an emergency action plan in place for college athletes who may face a mental health emergency (e.g., suicidal/homicidal ideation, sexual assault, acute psychosis, drug overdose)?

- a) Definitely Yes
- b) Probably Yes
- c) Probably No
- d) Definitely No

Does your college have a routine mental health referral plan in place for college athletes who may face routine (non-emergency) mental health challenges?

- a) Definitely Yes
- b) Probably Yes
- c) Probably No
- d) Definitely No

Best Practice No. 3: Pre-Participation Mental Health Screening

Schools are encouraged to develop and apply mental health screening tools, as well as a written mental health referral plan, prior to a student-athlete's initial participation in college athletics.

Overall, does your community college meet Best Practice #3

- a) Definitely Yes
- b) Probably Yes
- c) Probably No
- d) Definitely No

Best Practice No. 4: Health- Promoting Environments that support Mental Well-Being and Resilience

Athletic departments are encouraged to educate student-athletes, coaches, and faculty athletics representatives to help create a culture that promotes care seeking and mental well-being and resilience.

Overall, does your community college meet Best Practice #4

- a) Definitely Yes
- b) Probably Yes
- c) Probably No
- d) Definitely No

Does your college's athletic department promote mental health help-seeking educational tools for student-athletes?

- a) Definitely Yes
- b) Probably Yes
- c) Probably No
- d) Definitely No

Additional Questions. The following questions ask for your views and suggestions on best practices for mental health services and resources for student athletes.

Overall, how well does your college meet the NCAA mental health best practices for student-athletes?

- a) Not at all
- b) Somewhat
- c) Very much

What does your college do well in providing mental health services and resources for student-athletes? _____

What could your college do to improve mental health services and meet NCAA guidelines?

How much do Athletics and Health/Counseling communicate or cooperate on mental health services for student athletes?

- a) Not at all
- b) Somewhat
- c) Very much

Please add any suggestions to increase communications/cooperation between Athletics and Health/Counseling to better serve student athletes?

Please add any other suggestions for enhancing mental health services and resources for student athletes at your institution.

APPENDIX C: RECRUITMENT EMAIL

Recruitment email:

Subject Line(s): Student Athletes Mental Health Resources

Hello NJCAA Athletics and Counseling Directors,

My name is Sabrina Johnson, and I am completing my EdD degree at UNCG, with a focus on mental health services for athletes at National Junior Community Colleges.

I would like to invite you to participate in my research by completing a survey on student-athlete mental health services. This survey asks about mental health services Region X North Carolina Community College athletes who are members of the National Junior College Athletic Association (NJCAA). In your professional position, you know that collegiate athletes experience unique stressors that affect their mental well-being. Mental health resources can help student athletes adjust and learn ways to cope as they navigate daily challenges and barriers while completing their academic requirements.

Institutions have counseling centers or resources available for students who may have concerns about their mental well-being. However, community colleges have fewer resources, and very few specific to community college athletes.

My goal is to determine the mental health services available to NJCAA student athletes. The purpose of my research is to identify mental health services related to NCAA mental health best practices that may or may not be available to NJCAA student athletes. I hope my research will highlight the issues and help all of us obtain needed resources and better serve all our students.

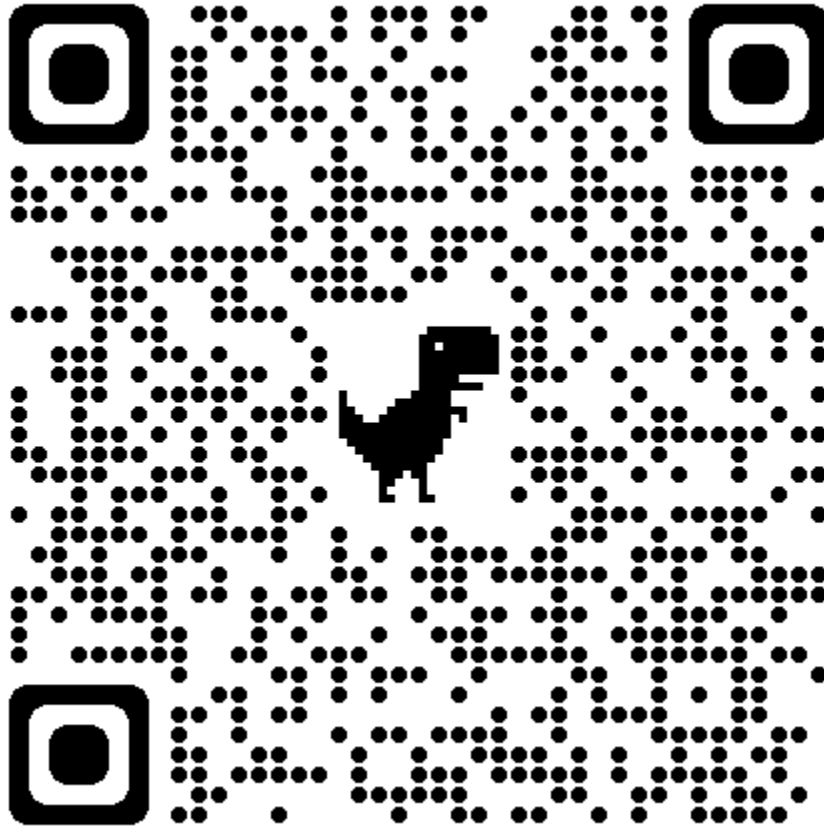
It is important that I hear from both athletic-departments, and college counseling center representatives. I hope that you will take the time to participate in this survey, which will be instrumental for this research. Click the link below to get started if you consent to participate. I will share a summary of my findings with all participants as we all continue to make sure that all student athletes have the mental health resources that they need.

Participating in this online survey is voluntary and anonymous. If you are interested in participating, please follow the link below to complete the survey.

For any questions or concerns contact me at 336-317-0489 shjohnson@uncg.edu or Dr. Gill at 336-334-4683 dlgill@uncg.edu

APPENDIX D: NCAA MENTAL HEALTH BEST PRACTICES CHECKLIST

Please scan to access the four Mental Health Best Practices and Tip to implement



Other Resources and Links created by the NCAA Sports Science Institute

NCAA Mental Health Best Practice Link

https://ncaaorg.s3.amazonaws.com/ssi/mental/SSI_MentalHealthBestPracticesChecklist.pdf

Understanding and supporting student athletes' mental health: Questions and Answers
<https://www.ncaa.org/sports/2024/2/19/mental-health-best-practices-understanding-and-supporting-student-athlete-mental-health-second-edition-question-and-answers.aspx>