

Sidelined by Stigma: Exploring Self-Stigma and Mental Health Help-Seeking Among College Athletes

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This study explored the factors that promote or hinder student-athletes from seeking support when faced with mental health challenges. Guided by Self-Determination Theory (SDT), survey data from a sample of collegiate student-athletes (N=389) were analyzed using hierarchical multiple regression analysis. The model was constructed to predict levels of self-stigma, as measured by the Self-Stigma of Seeking Help (SSOSH) scale, while controlling for demographic covariates including age, active roster status, and race. Results indicated that self-stigma serves as a primary barrier to help-seeking. Even after accounting for control variables, gender emerged as a significant predictor, with male athletes reporting 13% higher levels of self-stigma than their female counterparts. These findings underscore the influence of hypermasculine sport culture and highlight the need for holistic, athlete-centered interventions. Such strategies must be both culturally and gender-responsive to effectively address the unique mental health needs of the student-athlete population.

Keywords: student athletes, stigma, mental health, social supports

More than 556,000 college athletes competed in the 2024-25 season, an all-time high record, according to the National Collegiate Athletic Association ([NCAA], 2025). As reported by the NCAA, 57% of the athletes were male and 43% were female. To further define the demographics of the population, the racial makeup of the male athletes was 32% White, 12% Black, and 13% other races. While the female athletes were 28% White, 4% Black and 10% other races (NCAA, 2025). Many of the student-athletes recruited into high-level collegiate competition come from high-risk environments fraught with poverty, crime, and poor educational outcomes and may view collegiate sports as opportunities for economic and social mobility. (Beasley et al., 2021). Student-athletes are held in high esteem by their fans and are therefore often under tremendous pressure to perform (Galván, 2021). At the same time, they are in the prime years of body and brain development, which causes additional stress and anxiety (Galván, 2021).

Collegiate student-athletes experience similar mental health concerns, such as anxiety and depression, as their non-athlete peers; however, they also experience unique stressors which put them at risk for the development or exacerbation of mental health disorders (Barkley et al., 2018). The long hours dedicated to their sport-along with balancing their academics, social life, and, for many, being away from home for the first time may be more than a young adult can manage (Barkley et al., 2018). For these reasons, collegiate athletes may need different mental health support than their non-athlete peers.

Literature Review

There are numerous studies exploring the mental health and wellness of collegiate student-athletes (Barcza-Renner et al., 2020; Galván, 2021; Gray et. al., 2023; Lopes Dos Santos et al., 2020; Rocchi & Pelletier, 2018). Of particular importance is the literature spotlighting social support and other external factors that serve as protective factors for college student athletes and prevent mental health disorders from developing (Hagiwara et al., 2017; Kuettel & Larsen, 2020; Sullivan et al., 2022).

Stressors Faced by Collegiate Student Athletes

Numerous external factors can act as stressors and have the potential to adversely affect the daily functioning, athletic performance, and mental well-being of student athletes (Galván, 2021). In addition to the burdens facing most college students—such as social pressures, academic performance and living independently—student athletes also must devote a tremendous part of their life to improving their sporting ability and playing at the top of their game. In a simplistic definition, stress is described as a psychological and physical state of activation response to external demands that exceed one's ability to cope (Lopes Dos Santos et al., 2020).

Collegiate student athletes usually spend four years navigating the cycle of academic, athletic, social, and career planning demands, making stress unavoidable (Gray et. al., 2023). Compounding the stressors over the past few years have been the uncertainties and loss of normalcy caused by the COVID-19 global pandemic (Hagerdon et al., 2022). Acute stressors are stressful situations that occur suddenly, producing physiological arousal, such as increased heart rate and rapid breathing; generally, when the situation subsides, the body can return to a balanced state (Lopes Dos Santos et al., 2020). However, when acute stressors become chronic,

they may increase the risk of an athlete developing depression, anxiety, or metabolic disorders, any of which can lead to susceptibility to illness and injury (Lopes Dos Santos et al., 2020).

A systematic review by Lopes Dos-Santos et al. (2020) and a longitudinal study by Hamlin et al. (2019) both concluded that academic expectations created increased stress and anxiety for student-athletes. It is important to note, however, that the Hamlin et al. (2019) study was conducted in New Zealand, where cultural norms and values regarding higher education and athletics may differ from those in the United States. Their results may not be generalizable to American athletes.

Additionally, there may also be varying stressors on male and female athletes. The results of the 2023 NCAA's Student Athlete Health and Wellness study indicated 40%-45% of female athletes cited planning for the future, financial, and academic worries as significant stressors, compared to 25%-30% of male athletes (NCAA, 2023). In a systematic review examining the comparison of mental health symptoms by athlete gender, Kew et al. (2024), found that male athletes reported higher levels of substance misuse and gambling problems while female athletes reported higher levels of depression, disordered eating, and distress.

Student Athletes' Help-Seeking Behaviors

Over the years, the NCAA has made efforts to provide formal structure and guidance to collegiate athletic departments regarding the care and attention that should be afforded to student-athletes (NCAA, 2022). The stigma surrounding mental health could contribute to the perceived and actual expectation for mental toughness within athletics, but it could also contribute to the athlete's perceptions about seeking help (Sasso et al., 2022).

Student athletes often view their anxiety, depression, or other mental health challenges as a sign of weakness and, consequently, may feel apprehensive about seeking assistance from their coaches (Sasso et al., 2022). Existing data concerning student-athletes' help-seeking behaviors suggest stigma is the primary barrier to seeking help (Yoon & Petrie, 2023). Self-stigma refers to a decline in an individual's self-esteem or self-worth resulting from the person labeling themselves as socially unacceptable (Vogel et al., 2006). Self-stigma is a representation of the internalization of public stigma that leads an individual to feel less socially desirable for seeking help. The prevalence of self and social stigma among college athletes is increased due to the sociocultural aspect of sports, the athlete's visibility to the public, and the masculine tenets which discourage seeking help associated with the sport environment (Hilliard et al., 2022).

According to the data of the NCAA 2023 Health and Wellness study, 72% of female athletes and 67% of male athletes knew where to seek mental health help on campus. However, only about half, or 49% of female athletes and 51% of male athletes, felt comfortable seeking support from campus mental health providers. Additionally, 59% of female athletes and 70% of male athletes believed their coaches prioritized their mental health, but only 40% of female athletes and 54% of male athletes felt comfortable discussing mental health with their coaches. Compared to 2019, the 2023 data showed a 21% decrease for female athletes and a 5% decrease for male athletes in feeling that their coaches cared about their mental health, and an average 9% decrease in comfort level for both genders in discussing mental health with coaches (NCAA, 2023).

Other studies have shown Black, Indigenous, and other People of Color (BIPOC) students utilize mental health services less frequently than White students and are more likely to have unmet mental health needs (Lipson et al., 2018), leaving BIPOC student-athletes at higher

risk. Additionally, BIPOC athletes may experience more distinct stressors such as minority stress, which could arise from athletes identifying with stigmatized racial-ethnic minority groups; such minority stress is tied to mental health (Ballesteros & Tran, 2018).

Student Athlete Attitude Towards Resources

Sasso et al. (2022) found student athletes primarily engaged with informal supports and frequently refused to seek help from mental health professionals because of the perceived stigma that surrounds mental illness. Student-athletes were more likely to seek professional counseling if they felt the counselor had familiarity with their sport or had a sports-related background. Student-athletes also must deal with the stress caused by the substantial amount of time and energy they devote to attending practices, training sessions, team meetings, traveling to events, and sport performance expectations, which are all barriers to seeking mental health support if needed (Lopes Dos Santos et al., 2020). Student-athletes were less likely to seek help despite being more vulnerable to mental health issues than their non-athlete counterparts because of their schedule compression, competitive pressure, and the stigma of mental health (Sasso et al., 2022). Student-athletes with stronger feelings of grit are able to independently overcome negative external factors (Howard et al., 2022). Grit is defined as an individual's capacity to endure challenges while retaining a deep-seated enthusiasm and unwavering commitment to long-term objectives (Duckworth et al., 2007). To be more specific, grit is a fusion of the capability to persist and overcome obstacles while also sustaining dedication and passion for extended goals in a particular domain (Duckworth & Quinn, 2009). Additionally, Stamatis et al. (2020) found an athlete's identity was comprised of two crucial elements: mental resilience and self-compassion. These elements serve as psychological assets that enhance overall psychological well-being and equip athletes with enduring skills that can extend beyond their college years.

Despite the provisions implemented by the NCAA, unaddressed mental health needs continue to impact the lives of student-athletes, some to the point of suicide (Mazzella, 2023). Death by suicide has become the second leading cause of death among college student-athletes (Whelan et al., 2023). In 2022 alone, five NCAA student-athletes died by suicide: Stanford soccer player Katie Meyer; SUNY Binghamton lacrosse player Robert Martin; University of Wisconsin runner Sarah Shulze; James Madison softball player Laura Bernet; and Northern Michigan track athlete Jayden Hill (Mazzella, 2023). These tragedies serve as indicators that more must be done to create environments that will break the stigma around mental health and provide the resources and support needed for collegiate student-athletes to live healthy and successful lives. Determining the mental health status of athletes and providing clinical support is crucial to their athletic performance and overall well-being as humans. Identifying the factors that may serve as barriers to, or facilitators of, student athletes' help-seeking behaviors is crucial (Yoon & Petrie, 2023).

Self-Determination Theory

In exploring the factors that influence student-athletes' well-being, Self-Determination Theory (SDT) offers an approach to understanding the role of motivation and basic psychological needs. SDT posits the social environment shapes motivation through the meeting of three psychological needs: autonomy, competence, and relatedness (Ryan & Deci, 2017).

When these three needs are met, individuals are more likely to experience intrinsic motivation and healthier psychological functioning.

Autonomy reflects an individual's ability to make choices aligned with their values, while competence refers to the feeling of being effective and capable in one's actions, which are supported through experience and positive feedback (Ryan & Deci, 2017). Relatedness for student athletes refers to a sense of connection and support through positive relationships with teammates, coaches, and peers (Saxe et al., 2017). Collegiate student athletes navigate a unique set of challenges that make them particularly susceptible to mental health concerns. The pressures of balancing rigorous academic schedules with demanding training and competition regimens can take a toll on their overall well-being (Brown et al., 2021). SDT can help explain why college student-athletes may or may not seek mental health support. Focusing on the three key needs –autonomy, competence, and relatedness, it can help examine if athletes avoid getting help due to stigma, fear of judgment, or feeling like they have no control over their choices.

Methodology

Leaning on the underpinnings of self-determination theory (Ryan & Deci, 2000), this research aimed to explore the factors that motivate or act as barriers to student-athletes seeking support when dealing with mental health concerns. Research guided by the self-determination theory has focused on the social-contextual conditions that facilitate versus undermine intrinsic motivation, self-regulation, and well-being (Ryan & Deci, 2000).

Target Population & Informed Consent

The population identified for this research study was collegiate student-athletes, age 18 and older, either enrolled in an undergraduate or graduate academic program and actively participating in or retired from collegiate-level sports. The study focused on the lived experience of student-athletes; non-student-athletes were not the focus of this study. To assess eligibility for survey participation, potential participants were asked a nominal question inquiring about their present athletic involvement. Failure to answer this question prevented participants from proceeding further in the survey. The survey introduction incorporated informed consent and presented essential details for individuals to decide their willingness to participate. Before progressing to the survey, participants had to acknowledge their age in compliance with the informed consent process. To streamline the process, all participants had to be 18 years of age or older, as obtaining parental consent within the specified time constraints was unfeasible.

Sampling Procedures

This cross-sectional survey design was utilized to recruit a convenience sample of current collegiate student-athletes. The survey was available through a cloud-based survey platform, Qualtrics. This study was reviewed and approved by the Institutional Review Board. Remuneration was not offered for participation.

Recruitment

To recruit the purposive sample of student athletes, an email (Appendix B, Introduction email) with information regarding the study was sent to directors of athletics & recreation, directors of athletic training, student athlete success coordinators, athletic coaches at university

campuses local to the institution of this researcher, and to the national membership of the Alliance of Social Workers in Sport. The email communication included the recruitment flyer and requested that the research information be sent to student athletes through the listserv of the recipients. The research flyer was also posted on the campus of the researcher's university in areas frequented by student athletes, such as athletic facilities, academic buildings, bus stops, and the dining hall. Additionally, the research information was posted on the researcher's LinkedIn social media profile.

Given the multiple platforms used for survey recruitment, including networks from outside of the home state of this researcher, the data collected represents a national sample.

Measures

For this research, quantitative data collection was conducted using an electronic 24-question survey, developed and administered through the Qualtrics platform (Appendix F, Qualtrics Survey). The survey included the complete SSOSH (Vogel et al., 2006) and PSOSH (Vogel et al., 2009) scales in addition to an informed consent statement explaining the purpose of the survey, its voluntariness, and any benefits and risks to the participants. There were seven multiple choice demographic questions to capture the nominal data of race, gender, academic level, sport participation status, and housing status. The sport participation status question helped with the exclusion criteria for the study, as the research sought only student-athletes.

Self-Stigma of Seeking Help Scale (SSOSH)

The research question aimed to explore, from the student athlete's perspective, what factors facilitate or hinder them from seeking support when dealing with a mental health issue. Existing data concerning student-athletes' help-seeking behaviors has suggested that stigma is the primary barrier to seeking help (Yoon, 2023). Self-stigma refers to a decline in an individual's self-esteem or self-worth resulting from the person labeling themselves as socially unacceptable (Vogel et al., 2006). The Self-Stigma of Seeking Help Scale (SSOSH; Appendix D, Self-Stigma of Seeking Help Scale) is a 10-item Likert scale questionnaire that predicts willingness and attitudes to seek counseling and internal consistencies range from .86 to .90 in college student samples (Vogel et al., 2006).

Perceptions of Stigmatization by Others for Seeking Help Scale (PSOSH)

The differentiation between societal stigma and that within one's social circle holds significance, as an individual might be more impacted by the stigma within their immediate social interactions than by the broader societal stigma (Vogel et al., 2009). In alignment with these claims, the role of an individual's social network has been identified as a crucial factor in determining whether to pursue mental health services (Vogel et al., 2009). The Perceptions of Stigmatization by Others for Seeking Help (PSOSH; Appendix E, Perceptions of Stigmatization by Others for Seeking Help Scale) is a five-item Likert scale survey developed to examine the impact of perceived stigmatization by those a person interacts with has on whether an individual self-discloses about a problem and whether the individual seeks psychological services (Vogel et al., 2009). In the two-year study used to develop the scale, the PSOSH demonstrated strong internal consistency and test-retest reliability of .82, exhibiting a favorable fit with the data

within the college student population. Furthermore, it exhibited connections with, yet maintained distinction from, other assessments gauging stigma and attitudes toward seeking help (Vogel et al., 2009).

Data Analysis

Data were analyzed using IBM SPSS Statistics (Version 27). Preliminary univariate analyses were conducted to describe the demographic characteristics of the sample (N=389). To examine the influence of gender on self-stigma, a hierarchical multiple regression was performed. In the first step of the model, age, athlete status, and race were entered as covariates (control variables) to account for their potential influence on the outcome. In the second step, gender was entered as the primary independent variable to determine its unique contribution to the variance in self-stigma, as measured by the SSOSH scale. This approach ensured that the observed effects of gender were not confounded by the athletes' demographic or professional backgrounds. There was linearity as assessed by partial regression plots and a plot of studentized residuals against the predicted values. There was independence of residuals, as assessed by a Durbin-Watson statistic of 1.970. Homoscedasticity was assessed through visual inspection of a plot of studentized residuals versus unstandardized predicted values. Variance inflation scores were all below Allison's (2012) recommended cutoff of 2.5. There were no studentized deleted residuals greater than ± 3 standard deviations, no leverage values were greater than 0.2, and values for Cook's distance were above 1. The assumption of normality was met, as assessed by a Q-Q plot.

Results

Participant Characteristics

A total of 411 athletes responded to the survey. There were 22 responses omitted due to participants only answering demographic questions, leaving 389 athlete responses sufficient for inclusion. Table 1 provides a breakdown of the gender, race, competition level, academic level, and hours spent on sport that were reported by the survey participants. Of the student-athletes who answered this question, 67% identified as White. The remaining 33% of athletes identified into one of four other race categories, with American Indian/Alaskan Native being the largest group at 17%; when combined with the 4% Native Hawaiian/Pacific Islander, a total 21% of the sample represented the Indigenous population, in addition to 9% Black and 7% Hispanic/Latinx. Just over half of the participants were female, and just under half were male. These results align closely with the athlete demographic data reported by the NCAA for the 2023-24 season (2024). The responding athletes were also broken down by competition level (formal team, club team, and recreation team). This demographic factor was captured to illustrate that athletic identity is not reserved for only individuals competing at formal institutions.

The literature review for this study outlined the varying levels of stressors faced by college athletes (Galván, 2021; Hamlin et al., 2019; Lopes Dos Santos et al., 2020), including the academic level and number of hours spent on athletic activity. To capture these factors, survey data was collected on the academic level and number of hours spent on sports related activities. As shown in Table 1, most of the participants identified as undergraduate students. A substantial

number of participants, 78%, reported spending between 11 to 30 hours a week with an additional 18% reporting 31 or more hours spent on sports-related activities.

Table 1

Participant Characteristics (N = 389)

Characteristic	<i>n</i>	%
Gender		
Female	195	50%
Male	194	49%
Non-binary/Transgender	3	1%
Race		
White	261	67%
Black	37	9%
Hispanic/Latinx	28	7%
Asian/Pacific Islander	19	5%
American Indian or Alaska Native	75	19%
Competition Level		
Formal team	171	44%
Club Team	180	46%
Recreational Team	40	10%
Academic Level		
Undergraduate	342	87.9%
Post-graduate	50	12.8%
Hours spent on Sports		

0-10 hours	44	11%
11-20 hours	146	37%
21-30 hours	130	33%
31 or more hours	72	18%

Self-Stigma by Gender

A regression model with self-stigma and gender compared the regression coefficients of males with females was conducted to test the null hypothesis $H_0: B_f = B_m$, where B_f is the regression coefficient for females, and B_m is the regression coefficient for males. The regression analysis revealed a significant relationship between gender and self-stigma, with men having higher stigma scores with scores (mean 22.7, 95% confidence interval 22.4-23; $p < 0.05$) than women (mean 10.0, 95% confidence interval 9.7-10.3; $p < 0.05$). The effect size for this difference, as measured by Cohen's d , was $d = [.48]$, indicating a small-to-medium effect. Results of the SSOSH indicated gender accounted for 13% of variance in self-stigma.

Self-Stigma by Athletic Status

Results of the SSOSH indicated that there is an increased level of self-stigma around seeking help among injured athletes. The data represented 15% higher self-stigma reported by athletes identifying as injured.

Perceived Stigma of Seeking Help

Results of the PSOSH indicated athletes are 25% more likely to have a higher level of perceived societal stigma if they have a high rate of self-stigma.

Discussion

The results of this research provide valuable insights into the question of what factors facilitate or hinder student athletes from seeking support when dealing with a mental health issue. The participants of this study were of varying racial backgrounds, with a majority identifying as White and nearly equally split male and female, with a very small sample of non-binary and transgender athletes. Additionally, there were three participants who identified as non-binary or transgender athletes, which is not a statistically significant representation of the LGBTQIA+ population. This response sample aligns with the NCAA (2024) demographics data, which reported of all athletes competing in 2023-24, with 67% identified as White and 47 % identified as female. The 2023-24 NCAA demographics data did not include a breakout of the count of LGTBQIA+ athletes.

Additionally, most of the participants were undergraduates who reported spending a significant amount of time and energy on their sport, aligning with existing literature on the multiple demands faced by student athletes compounding their stress levels (Galván, 2021; Gray et al., 2023; Hamlin et al., 2019; Lopes DosSantos et al., 2020).

One goal of this study was to identify if the presence of perceived societal stigma or self-stigma influenced help-seeking behaviors among college student athletes. Survey results indicated that athletes are 25% more likely to have a higher level of perceived societal stigma if they have a high rate of self-stigma. There were notable patterns in the responses indicating higher rates of perceived societal stigma and self-stigma among male athletes. The results indicate the way in which males feel about themselves highly impacts how they feel others see them. This finding coincides with previous research, which concluded that when compared to women, male college students have a higher rate of perceived stigma, which decreases their willingness to disclose mental health symptoms and seek support (Brown et al., 2018). The socialization of male student athletes includes the upholding of a hypermasculine culture and norms which makes it harder for them to seek mental health support (Sasso et al., 2022). Conversely, female athletes are open to seeking formal and social supports when dealing with health problems (Yang et al., 2010).

As demonstrated in the reviewed literature, while seeking academic support and physical training has been normalized in athletics, there continues to be a strong stigma attached to seeking help when dealing with mental health concerns (Newman et al., 2019). While student athletes feel supported by their athletic department staff, they also point out there may be a lack of experience or knowledge to assist with mental health concerns. However, athletes will rarely seek help outside of the athletic department as formal services are intimidating and bring on a sense of failure and weakness (Sasso et al., 2022). Historically, most athletic departments have relied on sports psychologists to enhance the mental skills of athletes related to sport-based performance. Embedding social workers into athletic departments would expand the continuum of care by applying an ecological, person in the environment framework that focuses on the holistic and overall wellbeing of student athletes (Newman et al., 2019).

Implications

The mental health and wellbeing of collegiate student athletes is an increased area of interest, as evidenced by a growing number of studies being conducted in this area (Barcza-Renner et al., 2020; Galván, 2021; Gray et al., 2023; Lopes Dos Santos et al., 2020; Rocchi & Pelletier, 2018). There remains vast opportunity for future research to explore the systematic change needed to reduce stigma on university and college campuses to allow student athletes to feel supported and mentally healthy. Future research exploring how male and female athletes experience distinct mental health challenges influenced by sport culture, societal expectation, and feelings of stigma can help to inform the development of culturally and gender responsive care (Brown et al., 2018; Kew et al., 2024). Additionally, research examining the effectiveness of routine mental health screenings, conducted concurrently with preseason physical examinations, could provide valuable insights into reducing stigma and increasing access to care (Purcell et al., 2019). Further studies should investigate the impact of embedding social workers into athletic departments to determine the effectiveness of direct access to care, stigma reduction, and improved equity of culturally and gender responsive services (Sasso et al., 2022).

The social work profession is grounded in principles shaped by the core values of service, social justice, integrity, the centrality of human relationships, and honoring the dignity and worth of all people (NASW, 2021). Social workers hold the ability, through interprofessional collaborations, to promote system changes to support positive mental health in collegiate athletes (Newman et al., 2019). Over recent years, there has been an increase in the number of undergraduate and graduate social work programs that have developed and included courses in the curriculum that focus on the unique needs of athletes across the lifespan (Bates & Kratz, 2021). The inclusion of these courses will better prepare social workers to meet the needs of athletes and increase interest in interprofessional collaboration across other disciplines. Expanding these offerings to include a focus on culturally and gender-responsive practices will ensure future social workers can provide equitable and relevant care to college student athletes.

Interprofessional collaboration between social workers and university leadership, coaches, athletic staff, and teams could change the negative mindset surrounding the utilization of services, address the complex challenges faced by student athletes in therapeutic settings, and facilitate their access to mental health education materials (Beasley et al., 2021). Embedding social workers into athletic departments to provide direct access to care would eliminate the barrier created by the guilt and shame that is connected to seeking help from resources where their identity may be uncovered (Sasso et al., 2022). Social workers could provide culturally, and gender responsive routine mental health screenings completed concurrently with preseason physical examinations, at times of increased risk of emotional crisis, such as at the time of an injury or when an athlete faces transition out of sport (Purcell et al., 2019).

Limitations

While the use of a standardized survey is beneficial to reach a larger sample, it could also minimize the social context of responses (Rofuth & Piepenbring, 2022). There is also a risk of self-reporting bias as participants may answer questions in the way they think they should be answered (Poulin et al., 2022). Moreover, as a cross-sectional study capturing a single point in time, there is not the opportunity to examine change in student athletes help seeking behaviors over time. The survey did not ask participants to identify the NCAA division or sport which they participated in and retrospectively; this information may have added a deeper understanding into the unique experiences of athletes. While the survey was sent to national networks and yielded hundreds of responses, social contexts such as community dynamics, campus and athletic culture and norms cannot be considered in the analysis of the data as questions specific to location were not included. Therefore, the results are not generalizable to the entire collegiate student athlete population.

Conclusion

This study aimed to explore, from the student-athlete's perspective, the factors that promote or hinder student-athletes from seeking support when faced with mental health challenges. The findings outlined key barriers, including self-stigma, perceived stigma, and reliance on social support over seeking professional help. Several factors emerged as facilitators of help-seeking behaviors, including strong social support systems, spirituality, and access to dedicated team social workers. Additionally, athletes' experiences with stressors and help-seeking behaviors vary not only by gender but also by race, with cultural norms and systemic issues influencing how these challenges are perceived and addressed.

Framed within the lens of self-determination theory, these findings highlight the critical role of social work in the promotion mental health awareness, reducing stigma and fostering a culture of support for student-athletes. By integrating social work practices—such as psychoeducation, crisis intervention, and advocacy—into sport environments, athletes can be empowered to seek help and normalize mental health services as a fundamental aspect of their overall performance and well-being. These findings emphasize the importance of fostering interprofessional collaboration to reduce stigma and increase accessibility to mental health professionals to better support student-athletes.

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