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## **Non-Traditionally Aesthetic Body Types for Ideal Sport Performance: Navigating Body Image Topics with Non-Traditionally Aesthetic Athletes**

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*The general public often conflates traditional aesthetic appeal with optimal sport performance. Runners, bikers, swimmers, etc. are examples of athletes that generally pass the public's "eye test" for athleticism, indicating that they may be as athletic as they seem. Such is not always the case for NFL linemen, rugby players, shot putters, etc., suggesting to the general public that these athletes may not be as athletic as they seem. Contrary to popular opinion, athletes are just as likely to experience body image dissatisfaction as non-athletes, this is especially true for athletes that play sports and positions calling for non-traditionally aesthetic physiques. Should these athletes eschew sport performance for aesthetic appeal or should they eschew aesthetic appeal for sport performance when the two are mutually exclusive? Athletes often employ a cost-benefit analysis to determine their answers to these questions and this paper discusses strategies on how to help athletes make decisions that are best for them as individuals.*

*Keywords: body image, cost benefit analysis, sport performance, wellbeing*

**A**thletes, like everyone else, can experience body image issues that can have a significant impact on their mental health, performance, and overall wellbeing. Despite their generally fit and toned physiques, athletes may struggle with negative thoughts and emotions related to their body image. This article aims to help mental health practitioners and the general public understand that nobody is inherently immune from experiencing body image issues, including athletes. It should be noted that this article speaks specifically to adult high-performance athletes.

The pressure to have a perfect body is particularly intense for athletes. Their bodies are their primary tools for success, and their physical appearance is often scrutinized by fans, coaches, and the media. Athletes are expected to maintain a certain level of fitness, which can lead to obsessive behaviors around diet and exercise. These behaviors can quickly turn into body

dysmorphia (Malm & Glimp, 2020), a mental health condition where an individual becomes fixated on perceived flaws in their physical appearance, leading to negative self-image, anxiety, and depression.

Athletes may also experience body image issues due to the demands of their sport. Certain sports prioritize certain body types or attributes, such as strength, speed, or endurance. Athletes may feel pressure to conform to these idealized body types, even if it means sacrificing their health or wellbeing. For example, gymnasts and figure skaters are often expected to maintain a slim and petite physique, which can lead to disordered eating habits, including restrictive diets and excessive exercise (Sundgot-Borgen & Garthe, 2011).

Body image issues can have a significant impact on an athlete's mental and physical health. Negative body image can lead to anxiety, depression, low self-esteem, and eating disorders. These conditions can impair an athlete's ability to perform at their best and can also affect their quality of life outside of sports.

Public perception tends to be that athletes don't experience body image issues as much as non-athletes. Though there may be a greater concentration of body image issues generally experienced by non-athletes, it would be a fallacy to assume athletes experience no body image issues whatsoever. Within the athlete category, there may be a spectrum of how body image issues are experienced, particularly when cross-referenced with societal beauty norms of tall and lean body types being deemed most attractive (Ridgeway & Tylka, 2005).

Throughout history and across cultures, societal norms have often placed a high value on physical appearance, with certain body types considered more attractive than others. One of the most prevalent ideals of physical beauty is the tall and lean body type, which is often considered the epitome of physical attractiveness (Tiggemann, et al., 2008). The preference for tall and lean bodies has been linked to evolutionary biology. Research suggests that individuals with this body type are perceived as healthier and more fertile, with the potential to produce healthy offspring. This preference for a specific body type has been observed across cultures, with tall and lean bodies often viewed as the ideal (Froment, 2001).

Media and popular culture also play a significant role in shaping societal norms around physical beauty. Tall and lean models are often featured in advertisements, fashion shows, and magazines, which reinforces the message that this body type is desirable and aspirational (Russell, 2011). Social media has also contributed to the promotion of tall and lean bodies, with influencers and celebrities often showcasing their toned physiques on platforms like Instagram (Perloff, 2014).

However, this idealized body type can have negative consequences for individuals who do not fit this standard. Body dissatisfaction and low self-esteem are common among individuals who do not have a tall and lean body type, which can lead to disordered eating, anxiety, and depression. The societal pressure to conform to a certain body type can also contribute to weight stigma and discrimination. Athletes who are overweight or obese may face stigma, which can have a significant impact on their mental health, self-esteem, and quality of life.

It is essential to recognize that beauty standards are not fixed and can change over time. While the preference for tall and lean bodies may be prevalent today, it is possible that other body types will become more desirable in the future. It is also important to promote body positivity and self-acceptance, encouraging individuals to appreciate their bodies regardless of their shape or size.

The societal norm of valuing tall and lean bodies as the most attractive is deeply ingrained in our culture. While this preference may have evolutionary roots, it can also contribute to negative consequences such as body dissatisfaction and weight stigma. Promoting body positivity and self-acceptance can help individuals develop a healthier relationship with their bodies and promote a more inclusive and accepting society.

Sport social workers and other mental health practitioners who work with adult high-performance athletes have the opportunity to discuss aesthetics in the context of performance, and performance in the context of aesthetics. Athletes often assume that their sport performance is the primary topic of conversation in most professional settings, however sport social workers can buck that trend and humanize athletes by putting everything into context.

## Literature Review

Issues related to body image in athletes stem from a wide variety of factors: certain sports value specific weights and body types more than others, athletes may handle puberty in different ways, while some athletes may struggle with control in other areas of their lives, which can lead to body image issues and unhealthy behaviors around food and exercise. All sports can predispose an athlete to developing disordered eating, however there are sports that are more focused on aesthetics such as gymnastics or figure skating, and sports with certain weight classes, such as wrestling or boxing. Other team sports such as football or cross country running, where there are certain body types associated with specific positions or the ability to be successful can predispose athletes to risky behaviors. Risk levels, however, aren't exclusive to one specific "type" of athletes. Athletes of all genders may struggle with pressures to gain weight for aesthetic purposes and to optimize sport performance just as some may struggle to lose weight for aesthetic purposes and to optimize sport performance. Regardless of this struggle, understanding the connection between self-perception and body image is critical. Self-perception and body image are closely linked, and may play a role in body dissatisfaction among athletes. Self-perceptions can be differentiated by thoughts, attitudes, and feelings individuals hold about themselves, as well as formed through one's view of their skills, abilities related to sports and characteristics in a particular achievement domain, whereas body image can be viewed as the internal representation of one's outer appearance (Hesse-Biber, 2004; Thompson et al., 1999). The existing literature suggests that physical activity or sports is closely linked to, and can have a direct influence on, self-perceptions and body image. The type of influence, however, varies depending on the sport, gender and cultural context being examined. Fox and Corbin (1989) investigated the physical subdomain of self-concept and perceptions of physical self-worth and found that perceptions of physical self-worth impact global self-esteem. In other words, how individual's feel about sports competence, body attractiveness, physical condition, and physical strength contribute to their physical self-worth.

The emphasis on body objectification and ideal standards both in and out of sport have been cited as catalysts for increased body shame and thin-ideal idealization for athletes participating in leanness sports [i.e., aesthetic and endurance sports] (Varnes et al., 2015). As a result of this, athletes who participate in leanness sports are more likely to adopt the "thin is going to win" narrative drawing athletes towards body manipulation and weight control (De Bruin et al., 2007; Torstveit et al., 2008). A number of studies over the past decades have investigated the connection between athletes, body dissatisfaction and eating disorders in

women; however very little research focus on men, who also struggle with body dissatisfaction (Berry & Howe, 2000; Debruin et al., 2011; Homan, 2010; Huon et al., 1999; Huon & Walton, 2000; Milligan & Pritchard, 2006). Petrie et al. (2008) found that 19.2% of college athletes across various sports (endurance, aesthetic, weight dependent, ball game, technical, and power sports) displayed symptoms of eating disorders. Male athletes reported engaging in binge eating, purging, restrictive eating, and the use of laxatives and diuretics (Engel et al., 2003; Johnson et al., 1999; Petrie et al., 2008). Although disordered eating can be found in any sport (Petrie et al., 2008), studies have found higher rates among wrestlers and runners (Engel et al., 2003; Johnson et al., 1999).

Peden et al. (2008) in their quantitative study, consisting of 78 male and 85 female undergraduate students at a southwestern university investigated effects of external pressures and competitiveness on characteristics of eating disorders and body dissatisfaction. Participants in this study were split between general and athletic samples. External pressures and competitiveness were positively correlated with eating disorder characteristics and body dissatisfaction for the general sample, however for the athletic sample, competitiveness was positively correlated with body dissatisfaction. While some studies have included small samples with a qualitative focus (McHaffie et al., 2022), many have used quantitative surveys to examine provision of athletes and body dissatisfaction in larger, generalizable samples, (Homan et al., 2012; Neves et al., 2016), and still others used mixed methods for investigation (Buckley et al., 2021). Findings from these studies frequently focused on the importance of understanding the pressures many athletes face to fit the “normal” standards of athleticism. Regardless of the methodological approach, there is a traditional gap in literature focusing on sport performance, body image and overall wellbeing among adult men.

Kristjánsdóttir et al. (2019) examined the body image concerns and eating disorder symptoms of elite Icelandic athletes in 20 different sports. The main findings were that 17.9% of the athletes in the study presented severe or moderate body image dissatisfaction, with 18.2% being above the clinical cutoff for body image concern, 2.4% above the cutoff for bulimia, and 9.5% above the cutoff for eating disorder symptoms. Although the study highlights that women’s scores were higher than men’s, it should be noted that 90.7% of the sample were women which could have influenced the results. However, although rates were higher for men, this study draws our attention toward the abnormal thinking and behaviors among athletes that should be taken seriously. In other words, the authors noted that athletes are more likely to seek help from doctors because of decreased performance rather than because of symptoms of clinical problems like eating disorders. As such, increased awareness will not only help address this growing public health issue, but also make early intervention more likely, and thus help the affected athletes avoid suffering more harm.

An earlier quantitative study by Reel and Gill (1996) of 73 college female and 84 high school female cheerleaders revealed that 84% of cheerleaders felt pressure to lose weight or to maintain an unhealthy weight to remain competitive. The study highlighted cheerleaders’ perceptions that uniform, coach, and weight requirements were added pressures. While it is important to understand such pressures as they are an important predictor for body dissatisfaction and eating disorders, it is equally important to promote body positivity and overall sport performance, separate from ones’ body type.

Torres-McGehee et al. (2012) further explored perceptions of 136 female cheerleading athletes on the role of clothing and body image. Participants reported the more revealing

uniforms were in the midriff area, the more likely they were to experience body image dissatisfaction in comparison to cheerleaders with less revealing uniforms. Similar to Torres-McGehee et al.'s findings, Reel & Gill (2001) highlighted that 45% of college female swimmers in their study experienced the same uniform pressure, body dissatisfaction, and feelings of self-consciousness; as did college dancers who reported that their choreographer selected the thinnest dancers for the most important performance roles as a result of dancers' weight gain or loss (Reel et al., 2005).

Reel et al. (2010) investigated 204 female Division I athletes across 17 sports from three universities and found the most frequently reported pressures among female college athletes stemmed from external psychological factors such as teammates noticing weight-gain leading to weight pressure. Similarly, gymnasts also reported receiving negative comments about their bodies from coaches which reinforced the feeling that they should lose weight (Kerr, Berman, De Souza, 2006). These findings were consistent with the findings in Bell et al. (2016) quantitative study which examined the perceptions of 388 females surrounding two concepts whether athletic-ideal was associated with higher body dissatisfaction, dieting, bulimic symptoms, and compulsive exercise, and whether body dissatisfaction mediates the relationship between athletic-ideal internalization and the disordered eating, etc. Findings from this study suggest that although athletic-ideal internalization was not associated with body dissatisfaction, it was associated with a range of disordered eating and exercise behaviors. What is interesting about this study in particular is that the participants endorsed the athletic ideal in relation to 'muscle dissatisfaction' rather than 'body dissatisfaction.' However, while muscle dissatisfaction and body dissatisfaction may appear to be mutually exclusive, they are not. Instead, one may be implicit dissatisfaction, while the other is explicit. The appearance of ones' muscles whether larger or smaller is still connected to perceptions of body image which may lead to body dissatisfaction.

Weight-control behavior is commonly observed in a wide range of elite sports, such as leanness sports, where control over ones' body weight is critical for high peak performance. Nonetheless, there is a fine line between purely functional behavior and clinically relevant eating disorders. Research shows that the culture surrounding athletes may encourage or discourage disordered eating behavior. The prevalence of eating disorders varies widely, in the range 6%–45% in female athletes and 0%–19% in male athletes. In a study of 405 elite French athletes (63% male), this prevalence reached 33% (Bratland-Sanda & Sundgot-Borgen, 2013; Rousselet et al., 2017). It should be noted that while many of the studies draw our attention toward the importance of understanding psychological factors that may stem from a sports environment contributing to body dissatisfaction among athletes (Fortes et al., 2013; Reel & Gill, 2001) there are other systemic factors that play a role in body dissatisfaction among athletes. Such factors include performance-centric environments. While such environments are needed, in terms of the need to prepare athletes for the demands of present competitive performance environments, while concurrently developing athletes of the future. They do, however, pose a fundamental challenge for practitioners concerning how to support athletes in adapting behaviors to solve emergent problems during competitive performance. It is well documented that to maximize the effects of physical training or practice one needs to exert maximal effort throughout the training and practice cycles. For instance, Nash et al. (2011) reported that elite coaches repeatedly made use of highly intense, effortful, and stressful practices. These characteristics create challenging practice and training environments to enable both psychological and physiological adaptations to

take place, but can also predispose athletes to unhealthy behaviors (Fortes et al., 2013; Reel & Gill, 2001).

There is a greater need to focus on athletes' actual sport performance separate from their body type. Focusing on sport performance rather than the aesthetic appeal, which perpetuates the societal norm of valuing tall and lean bodies as the most attractive, may reduce athlete maladaptive coping mechanisms and the need to conform to unrealistic body shape standards and instead promote body positivity and self-acceptance. Viewing the athlete as a whole person and the quality they bring to the sport may help athletes develop a healthier relationship with their bodies and promote a more inclusive and accepting society. Athletes are more likely to seek help from doctors because of decreased performance rather than because of symptoms of clinical problems like eating disorders. As such, increased awareness will not only help address this growing public health issue, but also make early intervention more likely, and thus help the affected athletes avoid suffering more harm.

## Reflection

### Traditional Aesthetics

Traditionally aesthetic male and female body types often emphasize muscularity and low body fat percentages. The height and weight ranges of these body types can vary depending on personal preferences, genetics, and cultural norms.

For traditionally aesthetic males, a study published in the *Journal of Strength and Conditioning Research* found that male bodybuilders had a mean body weight of 100.4 kg (221 lbs) and a mean height of 178.6 cm (5'10.4") (Helms et al., 2014). Male fitness models, who typically have a leaner physique than bodybuilders, had a mean body weight of 83.9 kg (185 lbs) and a mean height of 183.8 cm (6'0.4").

For traditionally aesthetic females, a study published in the *Journal of Sports Sciences* found that female fitness models had a mean body weight of 56.6 kg (124.5 lbs) and a mean height of 168.9 cm (5'6.5"). Female bodybuilders, who typically have a more muscular and leaner physique than fitness models, had a mean body weight of 64.6 kg (142.3 lbs) and a mean height of 163.6 cm (5'4.4") (Rossow et al., 2013).

### Swimming

Swimming is a sport that emphasizes the importance of a lean and muscular physique. The average height and weight of male and female swimmers can vary depending on the swimmer's discipline and level of competition.

According to a study published in the *International Journal of Aquatic Research and Education*, the mean height and weight of elite male swimmers were 188 cm (6'2") and 84 kg (185 lbs), respectively. Elite female swimmers had a mean height of 174 cm (5'8") and a mean weight of 66 kg (145 lbs) (Garrido et al., 2010).

Another study published in the *International Journal of Sports Physiology and Performance* found that male swimmers who competed in sprint and middle-distance events had a mean height of 189 cm (6'2") and a mean weight of 82 kg (181 lbs). For female swimmers, the mean height and weight were 174 cm (5'8") and 64 kg (141 lbs), respectively (Lätt et al., 2010).

## Biking

Biking is a broad term that can refer to different cycling disciplines, such as road cycling, mountain biking, and BMX. The average height and weight of male and female bikers can vary depending on the specific discipline and the athlete's level of competition.

According to a study published in the *Journal of Sports Sciences*, the mean body weight of male road cyclists was 72.8 kg (160.6 lbs), and the mean height was 1.81 m (5'11.3") (Sanders et al., 2019). For female road cyclists, the mean body weight was 59.4 kg (131.0 lbs), and the mean height was 1.69 m (5'6.5").

In mountain biking, the average height and weight can vary more widely due to the nature of the sport, which requires technical skills and endurance. A study published in the *Journal of Strength and Conditioning Research* found that elite male mountain bikers had a mean body weight of 74.5 kg (164.2 lbs), and a mean height of 1.80 m (5'10.9"). Elite female mountain bikers had a mean body weight of 58.7 kg (129.4 lbs) and a mean height of 1.68 m (5'6.1") (Klish et al., 2008).

## Track and Field

The average heights and weights of male and female track and field athletes can vary depending on the specific sport or event. Here are some general ranges based on data from the International Association of Athletics Federations (IAAF, 2019):

### Men's events:

Sprinters (100m, 200m): Height - 5'9" to 6'1", Weight - 165 to 190 lbs  
Middle distance runners (800m, 1500m): Height - 5'9" to 6'1", Weight - 140 to 165 lbs  
Long distance runners (5000m, 10000m): Height - 5'9" to 6'1", Weight - 125 to 145 lbs  
Hurdlers (110m hurdles, 400m hurdles): Height - 6'0" to 6'2", Weight - 170 to 190 lbs  
Jumpers (high jump, long jump, triple jump): Height - 5'10" to 6'4",  
Weight - 155 to 190 lbs  
Throwers (shot put, discus, hammer, javelin): Height - 6'0" to 6'4",  
Weight - 245 to 275 lbs

### Women's events:

Sprinters (100m, 200m): Height - 5'5" to 5'9", Weight - 125 to 145 lbs  
Middle distance runners (800m, 1500m): Height - 5'4" to 5'9", Weight - 110 to 130 lbs  
Long distance runners (5000m, 10000m): Height - 5'4" to 5'9", Weight - 100 to 120 lbs  
Hurdlers (100m hurdles, 400m hurdles): Height - 5'7" to 5'11", Weight - 130 to 155 lbs  
Jumpers (high jump, long jump, triple jump): Height - 5'6" to 6'0",  
Weight - 120 to 150 lbs  
Throwers (shot put, discus, hammer, javelin): Height - 5'8" to 6'0",  
Weight - 180 to 220 lbs

According to a study published in the Journal of Strength and Conditioning Research, the mean body weight of elite male shot putters was 127.1 kg (280.2 lbs), and the mean height was 1.90 m (6'2.8") (Kovacs et al., 2016). For elite female shot putters, the mean body weight was 84.9 kg (187.1 lbs), and the mean height was 1.80 m (5'10.9").

## **Soccer**

The average heights and weights of male and female soccer players can vary depending on their positions. Below are the average heights and weights of male and female soccer players by position, according to a study published in the Journal of Sports Sciences (2019):

Male soccer players:

Goalkeepers: 188 cm (6'2") and 83 kg (183 lbs)  
Defenders: 183 cm (6'0") and 77 kg (170 lbs)  
Midfielders: 179 cm (5'10") and 73 kg (161 lbs)  
Forwards: 180 cm (5'11") and 73 kg (161 lbs)

Female soccer players:

Goalkeepers: 174 cm (5'8") and 68 kg (150 lbs)  
Defenders: 167 cm (5'6") and 60 kg (132 lbs)  
Midfielders: 166 cm (5'5") and 59 kg (130 lbs)  
Forwards: 167 cm (5'6") and 60 kg (132 lbs)

## **American Football**

The average heights and weights of football players can vary significantly depending on the position they play. Some general ranges based on data from the NFL (National Football League) are:

Quarterback: 6'2" to 6'5", 220 to 245 pounds  
Running back: 5'10" to 6'0", 215 to 230 pounds  
Wide receiver: 5'11" to 6'2", 190 to 215 pounds  
Tight end: 6'3" to 6'6", 245 to 260 pounds  
Offensive lineman: 6'3" to 6'7", 300 to 330 pounds  
Defensive lineman: 6'2" to 6'6", 280 to 310 pounds  
Linebacker: 6'1" to 6'3", 230 to 250 pounds  
Cornerback: 5'10" to 6'0", 185 to 200 pounds  
Safety: 6'0" to 6'2", 210 to 225 pounds

## **Rugby**

The average heights and weights of rugby players can vary significantly depending on the position they play. Some general ranges based on data from World Rugby (2021) are:

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Prop: 5'10" to 6'2", 240 to 290 pounds  
 Hooker: 5'11" to 6'2", 230 to 260 pounds  
 Lock: 6'3" to 6'8", 240 to 290 pounds  
 Back row: 6'0" to 6'4", 225 to 250 pounds  
 Scrum-half: 5'6" to 5'9", 155 to 180 pounds  
 Fly-half: 5'9" to 6'1", 170 to 195 pounds  
 Centre: 5'11" to 6'2", 200 to 230 pounds  
 Wing: 5'11" to 6'3", 190 to 220 pounds  
 Fullback: 5'10" to 6'2", 190 to 220 pounds

**Cost-Benefit Analysis: Aesthetics v. Performance**

Data suggests that though the majority of high-performing athletes fall into an arm’s reach of traditional aesthetics (Table 1), male and female throwers (shot put, discus, hammer, javelin), some male rugby players (props, hookers, locks, scrum-half), some female rugby players (props, hookers, locks, back row, centers, wings, fullbacks), and some male football players (tight ends, offensive linemen, defensive linemen, linebackers) tend to fall outside of traditional aesthetics. It should be noted that there is no such data available for female football players at this time.

*Table 1.*

*Aesthetics v. Performance*

Male Athletes		Female Athletes	
Traditionally Aesthetic	Non-traditionally Aesthetic	Traditionally Aesthetic	Non-traditionally Aesthetic
<b>Height:</b> 178.6cm to 183.8cm 5'10.4" to 6'0.4"		<b>Height:</b> 163.6cm to 168.9cm 5'4.4" to 5'6.5"	
<b>Weight:</b> 83.9kg to 100.4kg 185lbs to 221lbs		<b>Weight:</b> 56.6kg to 64.6kg 124.5lbs to 142.3lbs	
Swimmers	Throwers (shot put, discus, hammer, javelin)	Swimmers	Throwers (shot put, discus, hammer, javelin)
Bikers	Football Players (tight ends, offensive linemen, defensive linemen, linebackers)	Bikers	Rugby Players (props, hookers, locks, back row, centres, wings, fullbacks)
Sprinters	Rugby Players (props, hookers, locks, scrum-half)	Sprinters	
Middle Distance Runners		Middle Distance Runners	
Long Distance Runners		Long Distance Runners	
Hurdlers		Hurdlers	
Jumpers		Jumpers	
Soccer Players (goalkeepers, defenders midfielders, forwards)		Soccer Players (goalkeepers, defenders midfielders, forwards)	
Football Players (quarterbacks, running backs, wide receivers, cornerbacks, safeties)			
Rugby Players (back row, fly-half centres, wings, fullbacks)		Rugby Players (scrum-half, fly-half)	
● No data available for female football players			

A cost-benefit analysis of aesthetics against performance, specifically for XYZ, opens the door for a stimulating discussion. On one hand, perhaps athletes should prioritize sport performance over aesthetics: athletes who prioritize sport performance over aesthetics are more likely to achieve success in their respective sports. While it is important for athletes to maintain a certain level of fitness and physical appearance, an athlete's primary focus should be on improving their skills and abilities to compete at a high level. Studies have shown that athletes who prioritize performance over aesthetics are more likely to achieve success in their sport (Baker et al., 2013; Wayment & McDonald, 2020). For example, research has found that soccer players who focus on their performance on the field, rather than their appearance, have a greater chance of success (Baker et al., 2013).

Aesthetic goals can also distract from sport performance goals: focusing too much on aesthetics can take away from an athlete's focus on their sport performance goals. Obsessing over one's physical appearance can be a major distraction and can prevent athletes from reaching their full potential. In addition, striving for a certain aesthetic ideal can lead to unhealthy and potentially dangerous behaviors, such as extreme dieting or over-exercising, which can negatively impact an athlete's overall health and performance (Baker et al., 2013).

On the other hand, aesthetics can enhance an athlete's performance: athletes who focus on their appearance may actually improve their performance in their respective sport. Aesthetics can motivate athletes to improve their physical fitness and enhance their overall performance (Tiggemann et al., 2018). In addition, a study by Wayment and McDonald (2020) found that athletes who prioritize their appearance and engage in activities such as weightlifting and bodybuilding can actually improve their performance in sports such as gymnastics and cheerleading.

Aesthetics can also improve an athlete's mental and emotional well-being: athletes who prioritize their appearance can experience positive psychological effects, such as increased self-esteem and self-confidence (Tiggemann et al., 2018). Feeling good about one's physical appearance can improve an athlete's mental and emotional well-being, which can in turn enhance their performance. In addition, engaging in activities such as weightlifting and bodybuilding can provide a sense of accomplishment and boost an athlete's motivation to continue improving (Wayment & McDonald, 2020).

Athletes who do not conform to traditional beauty standards or have non-traditionally aesthetic bodies may face additional challenges when it comes to body image. Non-traditionally aesthetic athletes are individuals who do not conform to the traditional beauty standards of their sport or society at large. These athletes may have larger or smaller body types, scars, or other physical characteristics that do not fit the traditional athletic ideal. This can lead to feelings of self-doubt, insecurity, and negative body image.

One of the reasons non-traditionally aesthetic athletes may experience body image issues is the lack of representation in the media and popular culture. Athletes who do not conform to traditional beauty standards may not be as visible in the media or may not receive as much attention or endorsement opportunities as their traditionally attractive peers. This lack of representation can reinforce the message that non-traditional bodies are not desirable or valued.

Another potential cause of body image issues among non-traditionally aesthetic athletes is the pressure to conform to traditional beauty standards within their sport, even when it results in sub-optimal sport performance. Society often places a high value on a certain body type or

look, leading non-traditionally aesthetic athletes to feel pressure to change their appearance or hide their physical characteristics

Body image issues can have a significant impact on an athlete's mental and physical health. Negative body image can lead to anxiety, depression, low self-esteem, and eating disorders. These conditions can impair an athlete's ability to perform at their best and can also affect their quality of life outside of sports.

### **Conclusion and Recommendations**

With the immense pressure placed on athletes to succeed combined with the competitive win-lose mindset and the physical toll of pushing ones' body to its limits, these conditions can have serious repercussions. Over the past few years, sports social work specialization has formed to address and meet the needs of athletes and their wellbeing, both on and off the field. As advocates, agents of change, clinicians, researchers, and community organizers, social workers are uniquely positioned to positively impact the lives of the athletic population, including athletes who are predisposed therefore making them vulnerable (National Association of Social Workers, NASW, 2008). Sport Social Work promotes social justice and social change by focusing on the vulnerabilities of athletes including various factors at both an individual and environmental level (Alliance of Social Workers in Sports, ASWIS, 2017). Sport Social Workers not only seek to enhance the capabilities of athletes to address their own psychosocial and behavioral health needs by promoting self-determination, but also encourage athletic organizations, communities, and other social institutions to recognize athletes as a vulnerable population and to join to reduce the systemic factors and challenges present in athletics in an effort to foster overall wellbeing (NASW, 2008).

What can athletes do to manage body image issues and prioritize their mental and physical health? First and foremost, athletes should recognize that body image issues are common and that they are not alone. It can be helpful for athletes to talk to a social work practitioner or mental health professional about these feelings. Through this partnership, athletes can learn ways to prioritize self-care and self-compassion, treating their bodies with kindness and respect, and avoiding negative self-talk.

Athletes can also work on developing a healthy relationship with nutrition and fitness . This may involve a multidisciplinary approach, including seeking guidance from a sports nutritionist or a certified trainer to develop a balanced and sustainable nutrition and exercise plan that addresses how they can meet their sport goals in a healthy way. It's important to remember that food is fuel, and exercise is a means of keeping the body healthy and strong without punishing it.

Sport social workers and other mental health practitioners who work with adult high-performance athletes should discuss aesthetics in the context of performance, and performance in the context of aesthetics. Since most athletes will often prioritize conversations about sport performance over body image issues, the practitioner may have the responsibility of bringing it up in conversations. However, speaking about body image issues at times when sport performance topics are most pressing may not be an effective strategy, thus, speaking about body image issues after conversing about sport performance may be the better option. Ultimately, the practitioner should aim to help humanize the athlete and help them understand that they are more than the sport they play.

In conclusion, athletes experience body image issues like anyone else, and the pressures and expectations of their sport can exacerbate these feelings. It's essential to recognize the signs of negative body image and take steps to manage them, including seeking support from mental health professionals, prioritizing self-care, and developing a healthy relationship with food and exercise. By doing so, athletes can prioritize their mental and physical health, and ultimately perform at their best on and off the field. Likewise, from a sociocultural lens, sport environments such as coaches, etc., can join with athletes in promoting mental and physical health by doing away with the current aesthetic standard of being thin and toned and muscular as this standard may be virtually impossible for individuals to achieve without excessive exercise or dieting.

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## Power 5 University Football Athletics: Consider Offering Social Work as a Degree Plan for Athletes

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*The profession of social work is meaningful – creating agents of change who are not afraid to challenge injustices while developing better communities. As activists, social workers promoted the need for athletes to be recognized as vulnerable due to their unique and definable identity and specific needs. Sport social work continues to expand, now reaching into creating practicum field placements for social work students in athletic departments. This article asks the most prominent universities to consider empowering their football athletes to complete a social work degree. Social work is highly versatile and can be tailored to help the student-athlete who has a goal of opening a non-profit, making policies, or becoming a licensed clinician. Furthermore, this article will discuss equipping student-athletes to help each other and their communities by attaining a social work degree.*

*Keywords: sport social work, football, Division I football, Power 5, student-athlete, social work degree*

College football players experience past, present, and future forms of distinctive and specific pressures, demands, and expectations on and off the field. In addition to the pressure, Power 5 Division I football teams' athletes must be recognized as having their own athletic identity and culture. Student-athletes should be encouraged by support staff to explore career options and not simply a degree. Power 5 Division I conference schools should consider supporting a social work degree for football student-athletes, which can provide a lifelong career that empowers athletes with a purpose, a sense of belonging, and the ability to impact their community once the game inevitably ends.

### **A Vulnerable Population**

The National Association of Social Workers (NASW) (n.d.) states that the profession's mission is to improve the lives of individuals and communities. The evidenced-based practice profession heavily relies on its code of ethics which dictates a social worker's strength in values

of integrity, cultural humility, social justice, and competence (Moore & Gummelt, 2018). Furthermore, the Preamble of the National Association of Social Worker's Code of Ethics (2023) reads, "The primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty." Social work focuses on the person in their environment, can understand their background and know how to apply it to the situation, and can utilize tools and techniques to provide helpful services (NASW, n.d.).

Researchers explain that with the risk of exploitation, unique physical and behavioral health, and identity issues, the athlete population can be considered vulnerable and needs specialized services (Gill Jr., 2008; Bennett, 2022; Harper, 2018; Hruby, 2021). On a micro level, sports can inspire, teach grace and respect for others, and show how to set goals (Moore & Gummelt, 2018). On a macro level, sports can unite community members and tackle physical and psychological social problems (Moore & Gummelt, 2018). While sports have positives, there are just as many negatives, especially on an elite playing level like a Power 5 Division I conference team. Power 5 university teams make millions of dollars in programming from football and basketball, with the athletes targeted for commercial gain (Broughton, 2020; Dodd, 2023). Now that athletes can profit from their name, image, and likeness (NIL), they are heavily recruited by both universities and corporate sponsors (Thompson, 2022). High school-student-athletes frequently make long-term and psychologically intense decisions without financial or legal guidance and support (Thompson, 2022).

Athletes should be recognized as a vulnerable population by which social workers can respond to their needs accordingly. With increasing awareness, the subfield of sport social work has gained popularity (Michael, 2023). Sport social work programs and certifications currently focus on but are not limited to, understanding and supporting athletes across their lifespan, helping athletes use their platforms for social justice awareness, and providing mental health services (Moore & Gummelt, 2018). As sport social work continues to emerge, student-athletes could be encouraged to choose the field. Retired athletes can become social workers and gain licensure as clinicians who can care for themselves, each other, and their communities.

### **Inside an Athlete**

Division I college athletes are challenged to find stability between their roles as athletes and students, but internal and external influences can often obstruct the balance. Success in football relies on an equivalent outcome in the classroom, as good academic standing dictates the chance to compete (Yukhymenko-Lescroart, 2014). Moreover, all student-athletes are unique individuals with diverse socioeconomic backgrounds, coming from different stages of personal, professional, and academic development.

Athletes are not invincible to pain, mental health symptoms, or adversarial social situations. Diverse professional backgrounds agree that athletes are vulnerable to mental health concerns such as depression, anxiety, eating disorders, substance abuse, and suicide (Houltberg, 2018; Reardon et al., 2017; Ströhle, 2019). Depression and anxiety are common among athletes, especially student-athletes of color and those who report family economic hardships (NCAA, 2022). Covid-19 had a lasting effect on this population, who continue to report up to two times higher rates of anxiety, depression, and mental exhaustion post-pandemic (NCAA, 2022). Mental

health symptoms and disorders, unique social situations, and intense and often life-long pain commonly co-occurs with the athletic population.

College athletes can spend up to 50 hours a week involved physically and mentally in their sport, resulting in positive and negative consequences (Hruby, 2021; Porter, 2019). On the positive side, football coaches can teach values of hard work, respect, honesty, trust, punctuality, personal responsibility, and family (Hughes, 2010). However, hard work and long hours may not be rewarded with an National Football League (NFL) career. In 2019, for Power 5 schools, an estimated 197 athletes out of 1,769 eligible players were drafted into the NFL, resulting in an 11% chance of making it “pro” (NCAA, 2020). These statistics show the intense pressure an athlete has to perform, which can result in anxiety, increasing preseason injury rates (Li et al., 2017).

An athlete’s behavioral health extends outside of traditional diagnoses, as physical injuries, trauma to the body, and watching someone get hurt can also affect one’s mental health. Physical risk factors include concussions, chronic traumatic encephalopathy (CTE), bacterial infections, and over-training injuries (Ströhle, 2019). Researchers have found that post-traumatic stress disorder (PTSD) can be incurred from direct physical injury, abusive power dynamics, and witnessing traumatic events within teams (Aron et al., 2019). PTSD can impact an athlete’s psychosocial functioning and delay recovery from musculoskeletal injuries (Aron et al., 2019). Post-concussion depression can occur in athletes who have had a concussion; however, if neither injury nor depressive symptoms are reported, it is hard to treat the individual (Sarac et al., 2018).

Social work looks into the micro, mezzo, and macro work and will try to understand the athlete’s situational and environmental factors like social justice and racial issues, academic and learning concerns, adverse childhood experiences, and how being away from family members can pose a significant risk to the mental health of a college student-athlete (Harper, 2018; O’Hara, 2020; Reardon et al., 2017; Stokowski et al., 2017; Agyemang et al., 2010; Williams, 2010). When asked about family finances and mental health, student-athletes reported feeling overwhelmed by all they had to do (65%), that they felt mentally exhausted because of it (58%), and that they were experiencing sleep difficulties (49%) and anxiety (46%) (NCAA, 2022). Black men reported higher concerns of financial worries (38%) compared to white men (21%) (NCAA Research, 2022). The numbers are less surprising when considering research shows minority men are generally recruited from schools with fewer resources than white men, automatically giving them a disadvantage (Harrison et al., 2006). However, when black male athletes attempt to prioritize academics, researchers have found that sometimes the athletes are discouraged by coaching staff and instead told to focus on the sport (Martin et al., 2010). Sports are often a way out of past circumstances for any individual, particularly people of color and from lower socio-economic backgrounds who spend their entire lives up until this point building a career (Edwards, 2000).

## Applicable Theories

### Identity Theory

In identity theory, an individual has a role within a social structure they have identified with and belong to and have created for themselves a unique way of presenting and identifying themselves within that structure (Burke & Stets, 2009). Role, group, and personal identities will

form to create one complete identity structure (Burke & Stets, 2009). Additionally, an individual relies on verification from their social group to remain balanced; both positive and negative messages can affect an individual's emotional state (Burke & Stets, 2009). In general, identities are thought to be stable, but can change over time and can include crisis moments (Barriopedro et al., 2019; Burke & Stets, 2009).

The athletic identity is distinct, comes with values, norms, and rules, and can be measured with the Athletic Identity Measurement Scale (Brewer et al., 1993). This population presents with its own unique set of conditions, and prior knowledge and anticipation can assist. Researchers state that an athlete's expectations often require a refusal to accept limitations, strive for perfection, taking on pain and risk while defining these norms as "positive deviance" (Bennett, 2022). Most athletes begin training young to become elite-level football players, such as those that play for a Power 5 Division I conference school (Haugaasen et al., 2014; Wiersma, 2000). Additionally, research shows that black men are taught from an early age to place sports above education (Harper, 2018). Most elite-level athletes have played their entire lives, training many hours of the day to be able to play at a Division I school.

Furthermore, research shows that retirement from an athletic career could create an identity crisis (Barriopedro et al., 2019). When the time comes to transition out of football, the athletic identity can have a negative effect on the individual, including the avoidance of exploring other career options and comprehensive self-well-being (Harrison et al., 2014; Mathews et al., 2021). However, for many young men, their athletic identity is who they are, and they thrive when others know they are an athlete (Harrison et al., 2014). Researchers know that transitional responses can include psychological distress (anxiety, depression, stress) and lead to college student-athletes being unprepared for life after sport (Mathews et al., 2021).

### **Social Cognitive Career Theory**

The social cognitive career theory (SCCT) aims to explain how academic experiences influence someone's educational and future career choices, thereby gaining personal success through goal setting. The model consists of three cognitive variables in which self-efficacy, outcome expectations, and personal goals interact to affect performance and choices (Brown, 2002). As the most researched pillar of the three, self-efficacy allows for the ability to identify career goals and barriers, making transitions easier when necessary (Brown, 2002; Wendling & Sagas, 2020). Self-efficacy is a psychological concept that often refers to one's belief in themselves and can influence their confidence, behavior, motivation, and abilities to accomplish tasks and create goals. Research shows that fueling interests through goal setting strengthens competency, which will build confidence and self-efficacy (Brown, 2002). School inevitably ends for all players, regardless of an NFL career, and utilizing the social cognitive career theory model may assist with closing the gap between academic and career development. After a lifetime investment, students with strong athletic identities may need help setting goals outside their competing sport (Lally & Kerr, 2005). SCCT research in sports shows that confident, conscientious, extroverted, and open student-athletes can quickly implement steps and make goals when necessary (Wendling & Sagas, 2020). Student-athletes who perceived positive outcomes of career choices had higher self-efficacy, and those who were conscientious had a better understanding of themselves with which to create future career plans (Demulier et al., 2013). Furthermore, research has found that coaches do not directly influence an athlete's

decision but that self-efficacy and internal confidence are the keys to advancing life after sport (Wendling & Sagas, 2020). Using SCCT's transition resources to build self-efficacy, manage outcome expectations, and establish career goals, common biopsychosocial barriers among student-athletes are surpassed.

### **Life After Sports**

Activists, researchers, and athletes are asking for more options for life after sports (Harrison et al., 2014; Hruby, 2021; NCAA, 2016; Wendling & Sagas, 2020). Football players spend up to 50 hours in football-related activities, so it is crucial to responsibly manage their small academic window of time (Hruby, 2021; Porter, 2019). However, athletes recognize their time commitment to practice, and the game is extensive and directly affects their degree and career choices (Hruby, 2021; Porter, 2019). Consequentially, in a 2016 study by the NCAA, student-athletes, and coaches supported moving toward spending less time in sport-related activities for career and educational development (NCAA, 2016).

General career preparation and planning include exploring alternative career options, experiencing non-athletic activities, and acknowledging there will be a life after football eventually (Wendling & Sagas, 2020). Some research has found that at many Division I schools, athletes are forced to choose between football and academics, often resulting in a more manageable or attainable degree than the one they had wanted (Jayakumar & Comeaux, 2016). The top five popular majors at Power 5 schools include communications, social sciences, business, interdisciplinary studies, and arts and sciences (Ferguson, 2016). Social sciences, including sociology, human science, and behavioral sciences, have become increasingly popular choices for football student-athletes (Ferguson, 2016). This suggests choosing a degree to further life after sports is optimal but is only sometimes considered or pursued.

### **Understanding The Power 5's Impact**

In the NCAA, 65 universities comprise the Power 5 conferences: Atlantic Coast Conference, Big Ten Conference, Pac-12 Conference, Big 12 Conference, the Southeastern Conference, and Notre Dame. High school athletes hoping to make it to the NFL will likely want to play for one of these larger conference schools as it raises their draft chances. Between 2016 and 2021, 145 first-round draft picks were chosen from the Power 5; comparatively, 14 made it from smaller conferences (Fox Sports, 2021). Furthermore, Power 5 schools can offer better scholarships and (NIL) related initiatives (Bromberg, 2021).

The Power 5 have an immense ascendancy that should be used for the betterment of their football players. In 2015, during the NCAA annual convention, Power 5 universities were granted autonomy allowing these conferences to become a sub-division of Division I schools. The restructuring allowed for Power 5 athletic departments to disperse their resources easier, like monetary allocations to athletes, without smaller schools blocking through votes. With many schools moving conferences, some feel the need for the Division to be restructured again, primarily because of how much each school can afford to offer the athlete for scholarships (Dellenger, 2022). A future convention will likely hear of the requests for restructuring all three Divisions so that each can make its legislation according to the specific needs of their athletics (Dellenger, 2022). With newfound, growing strength, The Power 5's autonomy has created

beneficial laws such as requiring all Division I schools to make mental health resources and services available through the athletic department or a counseling service department (Hosick, 2019). Additionally, the NCAA's Constitution was updated to reflect their stance on athlete's health and overall well-being by adding the term "mental health" into the Constitution. For example, to destigmatize and legitimize mental health, the Constitution now reads, "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" (NCAA, 2023).

While these changes suit student athletes' mental health, little has changed concerning time off the playing field. Aside from a few general rules, most have remained steady, stating indeterminate education hours, training times, and games allowing dictation by the schools (NCAA, 2023). The undefined terms of the NCAA Constitution could be why smaller Division I schools can offer specialized courses, and larger schools, particularly those with Division I basketball and football programs, push student athletes into less academically challenging programs. Others believe it to be the NCAA minimum academic requirements that allow the coaches to pressure athletes into less marketable degree programs simply to keep up with a player's eligibility standards (Childs Jr., 2021).

### **Future Considerations**

Elite-level football student-athletes face numerous obstacles on their sprint to an NFL career that might not materialize for various factors. Coaches, family, doctors, teachers, and others, can influence decisions. However, the one with all the power to vindicate a player's destiny is themselves. Student-athletes have unique values and beliefs, distinct identities, and specific mental and physical characteristics but are not alone because they have each other. Student-athletes can become social workers, who in turn, can circle back to help raise up the next group of student-athletes because they understand each other best.

Power 5 Division I conference schools should consider supporting a social work degree for football student-athletes. A social work degree provides person-centered growth and professional and interpersonal development. The degree choice can be partnered with the student's athletic identity and the social cognitive career theory model to become successful. Social work provides a career that empowers the athlete with a purpose and a sense of greater belonging once the game inevitably ends. The idea is not revolutionary. For example, the Baltimore Ravens hired a former linebacker to become the team's director of player engagement, who holds a position that educates current players on financial education, community activities, and internships in careers outside of anything sports-related (Smith, 2019). Nevertheless, once again, not every athlete makes it to the NFL, and student-athletes can be equipped to help themselves and their teammates through a social work degree they can obtain while they play their sport in college.

Additionally, as sport social work is a newly emerging area, this paper recommends further research in Division I football as an exemplar for expanding and scaling programs into other athletic venues and as a bridge to further understanding resource allocation in athletic departments. Power 5 football athletic departments are the most well-financed and resourced of all collegiate sports. More research will help understand how these resources can be used to improve lifelong outcomes for all student-athletes.

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## Mental Health Training for Coaches: A Policy, Practice, and Research Commentary

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*This commentary connects policy, practice, and research to provide an update on the status of mental health education and training for coaches, specifically those in K-12 educational settings. Our aim is to discuss current needs regarding student-athlete mental health and advocate coaches be trained on best practices regarding mental health to empower them to go beyond the “X’s and O’s.” We sought to advance the conversation on training coaches by mapping the current policy landscape of coach training and education in the U.S. regarding mental health, summarizing best practices for developing mental health trainings, and outlining opportunities for future research. For sport social workers, understanding the landscape across policy, practice, and research can help us work toward the mission of promoting individual and community well-being through partnerships between social work and athletics.*

*Keywords: policy, mental health training, coaches, practice, research*

**T**he landscape of sport is constantly evolving, and so too are the needs of new generations of student-athletes. The National Collegiate Athletic Association (NCAA, 2021) Student-Athlete Well-being Survey indicated that student-athletes are experiencing elevated levels of mental exhaustion, anxiety, hopelessness, and feelings of depression. Risks for mental health concerns were the highest among females, student-athletes of color, those identifying as LGBTQ+, and athletes experiencing economic hardships. Comparable concerns also are evident among high school-aged adolescents, and about half of all high school students in the United States (U.S.) play on at least one sport team annually (Centers for Disease Control and Prevention [CDC], 2023). Among high schoolers, the CDC (2022) reported that 37% of youth reported feeling persistently sad or hopeless, and 19% seriously considered attempting suicide in the past year. In response to these alarming trends, the U.S. Surgeon General put forth an advisory statement calling for a swift, coordinated, and interprofessional response to address the

youth mental health crisis. The statement reflects growing concerns relevant to social workers across sectors of sport, education, mental health, child welfare, and other youth-serving systems regarding the need to support young people's mental health and well-being (Barker et al., 2021; U.S. Surgeon General Advisory, 2021).

Of additional concern, student-athletes playing in interscholastic school settings are known to experience stigma and immense pressures increasing their risks for poor psychological health and maladaptive coping compared to other populations. In fact, the NCAA (2020) Goals Study found 24% to 31% of collegiate student-athletes admitted feeling significantly overwhelmed while balancing academics and athletics. Moreover, 91% of high school student-athletes reported experiencing heightened stressors associated with sport participation (Ward et al., 2023). While some acute stress is healthy and may boost performance, chronic or sustained stress can lead to mental health concerns like depression and anxiety (Schneiderman et al., 2005). Coupled with these trends are the long-lasting effects of the COVID-19 pandemic and ever-evolving sociocultural issues in sport (i.e., recruitment pressures; name, image, likeness; social media; hazing; discrimination; resource inequities, etc.) that have likely only exacerbated risks for heightened stress among student-athletes. Now more than ever, coaches must be equipped to support student-athletes by teaching life skills to help them cope with adversity and recognize, address, and respond to mental health concerns.

While there is a pressing need to prepare coaches, the policy context reflects a landscape where attention is often paid to ensuring coaches are trained to respond to safety concerns and teach tactics and techniques, not to respond to mental health concerns. As a result, gaps in training likely contribute to low confidence levels and missed opportunities for coaches to support student-athletes beyond the field, mat, court, etc. Indeed, findings from the U.S. National Coach Survey (Anderson-Butcher & Bates, 2022) conducted primarily with high school coaches indicated only 29% of coaches report feeling confident in their ability to address student-athlete mental health concerns, yet 76% are interested in more training on mental health. Findings illuminate opportunities to improve coach efficacy beyond traditional coaching practices to include a focus on promoting overall health and development with an emphasis on mental health. However, the status of mental health training for coaches working in interscholastic school settings remains relatively unidentified from a policy, practice, and research perspective.

The purpose of this commentary is to (a) map the current policy landscape of training and education for school-based coaches in the U.S. regarding mental health; (b) summarize findings on best practices for mental health interventions and trainings for coaches, and (c) outline opportunities for future research regarding mental health trainings for coaches. Our commentary focuses on coaches connected to educational settings, notably those in K-12 contexts, defined as school-based coaches. School-based coaches represent educators and community members coaching sports affiliated with public, private, or charter K-12 schools and governed by state entities including sport associations, interscholastic athletic association, educational governing bodies (e.g., Departments of Education), or local boards. We focus on this population of school-based coaches in lieu of the on-going youth mental health crisis and because schools are significant to social workers as the largest subspecialty in the profession are practitioners working in child and family settings (Council on Social Work Education, 2020).

Understanding the landscape of coach education and training in K-12 contexts can inform and improve school and sport social work practice and research in areas of prevention and intervention. Our commentary also synthesizes findings from systematic and narrative reviews

published in the last five years on best practices regarding mental health training for coaches (Bissett et al., 2020; Breslin et al., 2022). We conclude by describing opportunities for future research opportunities for sport social workers to play a role in advancing coach education and training through advocacy, practice, and scholarship.

### **Policy Landscape**

Education and training for school-based coaches in the U.S. is complex and overseen by multiple entities (Fawver et al., 2020; Van Mullem & Mathias, 2021). To date, no centralized governing body in the U.S. approves coach education and training requirements, provides oversight of training content, assesses the impact of training requirements, facilitates access to open learning environments, or sets supervision standards to continuously improve coaching education. Rather, state- and local-governing bodies such as interscholastic athletic associations, educational entities (e.g., state departments of education), state activity associations, principal associations, and individual school districts are those designated to set coach training requirements and enact licenses to school-based coaches (Atkinson et al., 2022). The benefit of this decentralized approach is that individual states and municipalities can administer training requirements that meet their local, specific, and contextualized needs. Alternatively, the downfall of this approach is a lack of consistency by state, resulting in discrepancies in coach preparation and training expectations by geographic region. Atkinson and colleagues (2022) document evidence of this widespread disarray in training requirements and licensure processes for school-based coaches, noting how this structure contributes to differences in content, costs, and compliance criteria (e.g., annually, biannually) across the U.S.

Beyond variable governance structures, licensure processes for school-based coaches in most states also prioritize training on physical health and safety-related issues, not mental health. For example, all states mandate training on concussions and 92% of states cover first aid and cardiopulmonary resuscitation. In addition, 57% of states require sudden cardiac arrest training and 33% of states have added a training on heat illness/acclimatization to their coach licensure process (Atkinson et al., 2022). This emphasis on physical health and safety is important to safeguard student-athletes from injuries, a protective factor when thinking about the prevention of mental health concerns. However, only 8% of states require training on character education that covers the content areas of sportspersonship, citizenship, and ethics in youth sports. Moreover, several states only require coaches to complete one sport pedagogy-related training, which often includes coaching strategies such as establishing a team culture and using effective instruction and management skills. Unfortunately, the curricula within these trainings often fail to go beyond the “X’s and O’s” and physical health and safety. To demonstrate, Atkinson and colleagues (2022) conducted an internal audit of training content within Ohio’s coach training requirements. The authors found that only 19% of nearly 14 hours of content focused on social-emotional health or principles of positive youth development as compared to 54% of curricular content dedicated to physical health and safety. Results are concerning as a lack of emphasis on these topics certainly does not aid nor intervene in the prevention of mental health concerns.

In regard to intervening and responding to mental health crises, we argue coaches are even more ill-equipped based on the current policy landscape. To our knowledge, only two states mandate training for school-based coaches on mental health explicitly. Indeed, Ohio is the first state to mandate mental health training for coaches at the state level. House Bill 33, passed in

July of 2023, is the first of its kind in the U.S. and will be embedded within Ohio's coach licensure process. The goal of this training is to equip coaches with the tools needed to identify mental health issues and link and refer student-athletes to mental health supports in their schools and communities. Although the list of trainings that meet state requirements is not yet public, curricula are being reviewed and approved by Ohio's Department of Mental Health and Addiction Services. This partnership demonstrates evolving cross-sector collaborations that are unprecedented in other states. Moreover, in New York, coaches are required to complete a training on the "Theory and Techniques of Coaches" and "Philosophy, Principles, and Organization of Athletics in Education". These trainings cover various topics, including coaches' responsibilities as an educator, motivational techniques, and effective coaching methodologies, and recently has added topics related to supporting student-athlete mental health.

Beyond these two states that mandate mental health trainings, some states have started to offer additional opportunities for coaches to learn about supporting student-athlete mental health. For example, Wyoming and Michigan offer supplemental summer clinics for coaches; however, these trainings are not mandated at the state level. In Wyoming, coaches can enroll in the "Theory of Coaching" training, which covers sport-specific content related to human development and the developmental psychology of student-athletes. Michigan State University's Institute for the Study of Youth Sport also offers coaches the opportunity to enroll in their summer coaches' school as credit in Michigan's "Coach Advancement Program." The central theme of the summer school varies each year and allows coaches to hear from trained experts in domains of athlete development and mental health on topics such as engagement, coping, stress, burnout, and psychological safety in sport. Locally, principal associations and school districts may mandate mental health training for coaches, yet within the broader decentralized structure, one could argue that historically this is likely a small percentage due to trends in coaches' confidence levels addressing mental health concerns among student-athletes. This policy context highlights immense opportunities for coalition-building and advocacy to ensure sport is a context that focuses on the whole child, not just the athlete.

### **Practice Landscape**

If future efforts aim to address gaps in mental health training for coaches nationwide, sport social workers, policymakers, and sport leaders will need to understand best practices regarding the design and delivery of mental health interventions. Recently, Breslin and colleagues (2022) conducted a systematic review of sport-focused mental health awareness programs that utilized experimental or quasi-experimental designs. Scholars identified five studies examining mental health trainings implemented with coaches that varied in time and content. Across studies synthesized in this review, scholars found mental health trainings for coaches often ranged from 1.5 to 12 hours and included psychoeducational content, case studies, role play, videos, and discussions. Such approaches were effective for increasing knowledge, such as recognition of mental illness and depression and anxiety literacy and increasing confidence in one's ability to help (Bapat et al., 2009; Breslin et al., 2017; Pierce et al., 2010; Sebbens et al., 2016). Of interest to sport social workers, coaches who participated in an 8-hour mental health first aid training reported reductions in stigma, increased knowledge of mental disorders, and increased confidence in their ability to help someone (Bapat et al., 2009). This may be one avenue to collaborate with school-based coaches to address training gaps.

Researchers have also reviewed extant literature to frame the role of sport coaches in mental health prevention and promotion to guide education and training development. Bissett and colleagues (2020) conducted a narrative review on the role of coaches and mental health help-seeking behaviors. Across 21 studies and using a modified Delphi method, Bissett et al. (2020) concluded that at the primary level, coaches can support mental health by communicating and placing value on the role of seeking help, as well as describing their roles and responsibilities in supporting mental health in accordance with organizational protocols. In addition, coaches can engage in healthy self-care and avoid stigmatizing language to promote positive behaviors among student-athletes. At the secondary level, coaches need to attend to behavioral changes among athletes, respond within the appropriate bounds to connect athletes to resources, and initiate referrals consistent with organizational protocols in the event of an emergency. Finally, at the tertiary level, coaches can protect confidentiality and modify sport-related demands to keep athletes engaged with the team and accommodate their treatment needs while engaged in mental health services (Bissett et al., 2020). This review, informed and co-developed with and among coaches, denotes opportunities to develop trainings that helps coaches foster supportive team cultures, encourage care-seeking, and support student-athletes receiving treatment or those in crisis.

### Research Landscape

Notably, research on best practices continues to emerge, especially in lieu of the mental health crisis in schools following the COVID-19 pandemic. For sport social workers, this presents opportunities to build upon existing research to illuminate evidence-based approaches and inform policy change, as evidenced by Bates and colleagues (2023). As a starting point, however, more research is needed to identify effective design elements, dosages, and content areas that result in behavioral changes for coaches. Further, scholars have opportunities to explore whether enacting uniform regulations and consistent training requirements across states improve coaches' perceptions of readiness to support student-athlete mental health or influence the behaviors of school-based coaches in practice (i.e., Do policy mandates related to mental health trainings translate to changes in coach behaviors and competencies?).

In addition, we must focus efforts on tailoring trainings toward the developmental needs of student-athletes. Several studies within Breslin and colleagues' (2022) review did not focus on trainings implemented in K-12 settings, pointing to gaps in our understanding of what training format and content works, for whom, under what circumstances, and why. Future research studies examining implementation practices also are warranted, such as those focusing on factors associated with delivery, including coaches' levels of readiness and buy-in, the backgrounds of the trainers, and the extent of input provided by coaches, athletic directors, and mental health providers in developing the training sessions.

Scholars and practitioners must also examine the effectiveness of trainings with school- and community-based coaches to fully capture whether investments in prevention can mitigate risks for maladaptive coping and improve help-seeking behaviors as athletes reach higher levels of competition. There is also an evident need to explore outcomes associated with trainings implemented in different sport contexts (e.g., team vs. individual sport; male vs. female teams, etc.). Capturing outcomes beyond coaches' perceptions and knowledge would also strengthen our understanding of how participation in training influences coaching behaviors and

complements other important coaching outcomes, including athlete-coach relationships and coach retention, satisfaction, stress, and performance (e.g., wins and losses, promotions, etc.). In this domain, sport social work scholars are uniquely positioned to advance research in this space, given our commitment to working across athletic systems to enact social change.

## Conclusion

This commentary sought to illuminate factors associated with policy, practice, and research regarding mental health training for coaches. For sport social workers, this commentary frames strengths and opportunities to help us work toward the mission of promoting “individual and community well-being through partnerships between the profession of social work and the field of athletics (Alliance of Social Workers in Sports, 2023).” Given current needs and risks among student-athletes, addressing gaps in coach training requirements regarding mental health is imperative and can happen through advocacy for more training mandates, through practice by implementing training with the needs and voice of coaches in mind, and through research by continuing to distill best practices in design and delivery.

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## Sport Social Work: Unique Opportunities, Benefits, and Barriers

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*Sport social workers operate across all sport systems and settings, from youth recreation to professional athletics. Due to the diversity of ways in which social work practice intersects with sport, the specialization of sport social work remains nebulous. To begin to disentangle this ambiguity, the current exploratory study sought to better understand the unique perspectives and lived experiences sport social workers who: (1) use sport to promote healthy development and holistic wellbeing, and (2) provide services to those involved in sport to promote healthy development and holistic wellbeing. Following the recommendations of Braun et al. (2021)—who positioned the online survey as a qualitative research tool—a 29-item online questionnaire was administered to the Alliance of Social Workers in Sport email listserv. In total, 84 participants engaged in the survey. Findings highlight unique opportunities for sport social workers (e.g., teach life skills; engage in interprofessional collaborations), benefits of having sport social workers (e.g., enhance treatment, social work values), and barriers that sport social workers face (e.g., lack of education, sport culture). The ability to better understand the ways in which social workers operate at the intersection of social work and sport is a critical next step in advancing the profession, as well as the unique area of sport social work practice.*

*Keywords: social work practice, student-athlete, sport, mental health, social justice*

Sport social work is emerging as an important specialization of social work practice in the United States (Anderson-Butcher & Bates, 2021; Moore et al., 2018; Newman et al., 2019). However, the specific roles of a “sport social worker” remain unclear within the social work profession and across sport systems. Recent research indicates established and aspiring social workers exploring professional opportunities in sport settings are encountering limited educational opportunities (e.g., academic programs, continuing education, professional development) (Magier et al., 2022). This scarcity of applicable social work education may be hindering sport social workers’ ability to engage in competency-based social work practice.

To further establish sport social work as a unique specialization within the social work profession and competently prepare the next generation of social workers, it is necessary to delineate this broad and diverse area of practice. Prior research (see Tarr et al., 2023) has suggested that sport social work may be delineated in three distinct ways at the interpersonal (i.e., clinical) level: (1) using sport to promote healthy development and holistic wellbeing, often through sport-based programming for youth; (2) providing services to those involved in sport to promote healthy development and holistic wellbeing, often mental/behavioral health services for competitive athletes; and (3) working in sport with the goal of promoting healthy development and holistic wellbeing, often as a sport coach. The ability to disentangle the diversity of ways in which social workers operate at the intersection of social work and sport is a critical next step in advancing the unique specialization.

Within the current study, the former two distinctions were explored, as they align with the traditional conceptualizations of social work practice; specifically, the use of recreation and play by social workers to promote healthy development (Lawson, 2005) and mental/behavioral health services offered by social workers to competitive athletes (Hanna, 1993). For instance, Anderson-Butcher et al. (2018) examined the impact of a community-based youth sport program designed to promote the development and transfer of life skills among youth recognized as being socially vulnerable (i.e., youth of color, youth from low-income communities). Findings from their study indicated that youth with relatively low levels of life skills (e.g., self-control, effort, teamwork, social responsibility) experienced consistent long-term growth over the course of two years. On the other hand, Beasley et al. (2021) underscored the alignment of social work ethics and values for sport social workers who are embedded within collegiate athletic departments and provide distinct perspectives within multi-disciplinary sports medicine teams. Further, findings from their study suggest that sport social workers recognized athletes as a diverse, yet vulnerable population with unique needs—a notion underscored by the International Olympic Committee’s consensus statement on mental health in elite athletes (Reardon et al., 2019).

## The Emergence of Sport Social Work

The origins of sport social work date back to at least the Hull House era in the late 1800’s. The Hull House was one of the first established community-based social service agencies in the United States that used sport/recreation as an intervention to promote physical wellbeing and fostering community engagement (Reynolds, 2017). However, it was not until the early 2000s, when Lawson and Anderson-Butcher (2000) penned a pivotal manuscript advocating for *the social work of sport* that the specialization began to become recognized by social work and sport professionals alike. Since the turn of the century, scholars have illustrated the use of sport to promote healthy youth development (Riley & Anderson-Butcher, 2012) and demonstrated the

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need for social workers within competitive athletics to support athlete mental/behavioral health (Beasley et al., 2022). Even outside of social work, disciplines and professions—including sport psychology (Newman et al., 2019), counseling (McHenry et al., 2022), and sport management (Cox et al., 2022)—have begun to explore the emergence of sport social work.

However, the professionalization of sport social work can be traced back to 2013 when the Social Work and Sport Association at the University of Michigan School of Social Work hosted an interdisciplinary conference entitled *Beyond the Playing Field: The Social Impact of Sport* (Newman et al., 2016). This conference convened many of the leading scholars, policymakers, administrators, and practitioners who had been working at the intersection of social work and sport. Speakers and panelists included youth sport scholars from The LiFEsports Initiative and the Institute for the Study of Youth Sports, as well as community leaders, high school coaches, University of Michigan athletic directors, and mental health professionals.

To structurally support the emergence of sport social work as a unique social work specialization, the Alliance of Social Workers in Sports (ASWIS) became an official 501(c)(3) in 2017. As the preeminent sport social work organization, ASWIS hosts an annual symposium, offers a professional certificate program, and provides networking opportunities for practitioners, administrators, educators, and students alike. In 2022, as interest in this unique area of social work practice continued to grow, the University of Michigan School of Social Work created an *Online Sport Social Work Certificate Program* as a form of continuing education. Because the Council on Social Work Education (CSWE), American Psychological Association (APA), and other adjacent accrediting bodies do not currently require mental health professionals to engage in curriculum specific to understanding sports across the lifespan, the certificate program aims to advance social workers' knowledge, skills, and abilities as they relate to sports. Additionally, in 2022, the *Sport Social Work Journal* was established, which holds a mission to advance individual and community wellbeing by offering scholarly insights into the convergence of sports and social work practice, theory, and research.

While more academic courses and professional certificate programs are emerging (Bates & Kratz, 2022), most learning opportunities occur informally (Magier et al., 2022). In fact, Clark et al. (2022) suggested that the limited availability of practicum sites to train students in sport social work is a challenge that social work field education needs to remedy. Thus, despite the evolution of sport social work, there is still a great deal of uncertainty surrounding this unique intersectional area of social work practice. For example, research by Beasley et al. (2021), which explored the experiences of licensed social workers in collegiate athletics, found that the role of the social worker is often misunderstood. Indeed, sport social workers are often lumped into *sport psychology* services, despite performance psychology (i.e., sport psychology) and mental/behavioral health (i.e., a component of sport social work) being two distinct areas of professional competence (McHenry et al., 2021). Further, sport social workers have expressed concerns about common misconceptions of the profession, which have fostered the widespread belief that social work is solely focused on child welfare and/or social welfare programs (Newman et al., 2022).

These misconceptions may stem from the diversity of ways in which sport social workers operate. The current exploratory study aims to disentangle this ambiguity, by exploring the unique experiences and perspectives of sport social workers. Specifically, the current exploratory study seeks to increase understanding of the experiences of sport social workers who: (1) use

sport to promote healthy development and holistic wellbeing, and (2) provide services to those involved in sport to promote healthy development and holistic wellbeing.

## Method

### Procedures

All study procedures were approved by the first author's university institutional review board. Participants were recruited from the ASWIS email listserv, which included approximately 150 individual members, most of whom, but not all, practice within the United States. At the time of the study, ASWIS was the only organization focused specifically on the practice, policy, advocacy, and networking of social workers in sport ([aswis.org](http://aswis.org)). The recruitment email provided overviews and examples of sport social workers who: (1) use sport to promote healthy development and holistic wellbeing (e.g., community organization using sport to teach life skills to youth participants) and/or (2) provide services to those involved in sport to promote healthy development and holistic wellbeing (e.g., a licensed social work clinician embedded within a college athletic department).

### Population

To participate in the study, participants had to be at least 18 years old and have earned (at minimum) a Bachelor of Social Work (BSW) degree. In total, 84 participants<sup>1</sup> consented to participate in the current study. Demographic information was collected at the end of the questionnaire, with both multiple choice and open-ended questions such as age, race/ethnicity, gender, licensing, and education. Among sport social workers who shared their demographic characteristics, most participants self-identified as white ( $n = 34$ , 70.8%), followed by Black ( $n = 7$ , 14.6%), multiracial ( $n = 4$ , 8.3%), and another race/ethnicity (e.g., Asian, Latin@;  $n = 3$ , 6.3%). Additionally, most participants identified as female ( $n = 28$ , 58.3%), and participants were, on average, 42.4 years old. Approximately 74.0% ( $n = 37$ ) of participants earned an MSW as their highest level of education, had an averaging of 15.1 years social work experience, and the majority earned their social work licensure ( $n = 39$ , 78.0%).

### Instrument

Braun et al. (2021) positioned that “qualitative surveys, which prioritize qualitative research values, and harness the rich potential of qualitative data, have much to offer qualitative researchers, especially given online delivery options” (p. 641). Thus, as a way to inclusively increase participation and enhance the diversity of voices represented in the research, an online “qualitative survey” may help to mitigate common barriers when conducting qualitative research (e.g., travel logistics, financial restrictions, technology issues). The current study featured a 29-item online questionnaire, which was developed from a previous questionnaire designed to explore experiences and practices of social workers using adventure therapy techniques (for

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<sup>1</sup>Please note that not all participants disclosed their demographic information; thus,  $n$ 's do not add up to 84.

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more details about the questionnaire, see Tucker & Norton, 2013), which was at the time, a similarly emerging area of social work practice.

For the current study, the revised questionnaire was reviewed and pilot tested among a small group of social work students (bachelor- and master-level) and social work professionals who had knowledge of sport social work (but were not members of ASWIS at the time of the study, thus could not participate in the study). This group was convened through the research team's professional networks. This review helped to ensure that the questionnaire followed a logical flow and coherence of the open-ended questions. Specifically, the questionnaire was comprised of a series of multiple-choice options and question stems that routed participants to specific open-ended questions. These open-ended questions were organized into five main sections: (1) previous experiences in sport, (2) experiences using sport in social work practice, (3) professional experiences as a social worker in a sport setting, (4) perspectives of social work and sport, and (5) work history and demographics. The questionnaire took approximately 15-20 minutes to complete, and participants did not receive compensation.

The previous experience in sport section included multiple-choice questions such as, "Please indicate your previous personal experiences in sport." and "Please indicate if you have ever worked in or with the following sport settings as part of your social work practices...". Therefore, the multiple-choice options were only to ensure that each participant responded to the appropriate series of questions, which was dependent upon their sport social work experience. For instance, those who indicated they use to promote healthy development and holistic wellbeing were asked, "Please explain your role and how you used sport as part of your social work practice, including the setting and population." and "From your perspective, how can sport be used in social work practice?" Whereas participants who provided services to those involved in sport to promote healthy development and holistic wellbeing were asked, "Please explain your position and role when professionally working in or with a sport setting, including the setting and population." and "What are the benefits of having social workers in traditional sport systems?"

## Data Analysis

The questionnaire was administered online via Qualtrics. Microsoft Excel was used to help organize and clean the data. Qualitative data were analyzed using a combination of content analysis (Rubin & Babbie, 2016) and thematic analysis (Braun & Clarke, 2006) approaches, which helped to construct relevant themes and subthemes within the data. Specifically, categories (e.g., sport as a component of social work practice) and subcategories (e.g., opportunities, benefits, barriers) were preemptively delegated. Responses to specific open-ended questions (i.e., raw data) were then organized within the categories and subcategories. Once the raw data were organized, unique codes were then inductively generated to represent the unique responses to each open-ended question. Upon coding the data, themes (e.g., health promotion, life skills) were inductively constructed from the data. Quotes from participant responses to the open-ended questions are provided throughout to highlight the meaning of themes.

## Results and Discussion

The following sections are oriented around sport social workers who: (1) use sport to promote healthy development and holistic wellbeing, and (2) provide services to those involved

in sport to promote healthy development and holistic wellbeing. Further, within these two distinctions, findings are organized around the subcategories of *opportunities*, *benefits*, and *barriers* are discussed.

### **Sport as a Component of Social Work Practice**

Participants provided insight related to when and how they used sport as a component of their social work practices. For some, sport was used as a medium (i.e., setting, platform, vehicle) when providing services and/or as a tool (i.e., approach, technique, intervention) to promote targeted outcomes. In other words, sport was an essential treatment component in working with clients.

#### ***Opportunities to Use Sport in Social Work Practice***

Sport social workers described several unique opportunities that allowed them to intentionally use sport to promote intended outcomes when working with clients. Specifically, participants shared how sport can be used to support overall health and wellness, as well as promote the development and transfer of life skills.

**Health Promotion.** Participants described how sport can be used to support and promote both mental and physical health. For example, SW23 shared, “I access sport and physical activity with clients in my practice from kids, youth, adults of all ages. I recommend sport and [physical activity] to all clients for fitness and mental wellbeing.” Similarly, SW50 stated, “sport can be used as an intervention to treat numerous mental health concerns.” SW57 added, “it can be a catalyst...to deal with anxiety, depression, and overall mental health.” For instance, SW51 shared that they use sport as “an outlet for emotional frustrations” when working with clients. Participants also highlighted how sport can be used to provide avenues for physical health, such as serving to “help sedentary people become more active” (SW5) and to “educate persons who may not know how to be physically active” (SW77). In the end, sport was described as being used “as a source of healing, tying physical and mental health together” (SW63). Overall, participants emphasized that sport could serve as a viable tool to support mental and physical health. Specifically, sport social workers utilize sport to enhance fitness, address mental health concerns, alleviate emotional frustrations, promote physical activity, and foster belonging and community.

**Teaching Life Skills.** Advancing from general health promotion, sport was identified as a way to teach valuable life skills in clinical settings, afterschool activities, and community-based programs. In fact, SW31 stated, “sports provide a great format for teaching life skills across the entire [life] span.” SW72 added, “sports can be used to build resilience, relationships, social skills, perseverance...” SW51 provided several examples, “sports are great for teaching social interactions, for teaching emotional regulation, for teaching a sense of achievement.” SW58 continued, “in my school social work role, I use sports activities (i.e., shooting hoops) to guide my students in lessons around emotions and behaviors, coping skills, and brain functioning to name a few things.”

SW53 provided further explanation about how life skills can be taught through sport and said, “[sport] allows opportunities for conversation around leadership, communication skills, diversity, and much more.” SW33 provided additional insight:

At the clinical level, sports used in group therapies help build trust, teach healthy skills for self-care and emotional outlet, and build social skills. At the community level sports can increase youth social skills, healthy living and fight childhood obesity, build healthy relationships, and create diverse environments to help increase acceptance and inclusion. Several others discussed the importance of life skills transference, specifically that “how to relate life skills and mental health to sport” (SW17); and conversely, that “sports offer unique opportunities to teach skills and support healthy development” (SW18). With sport social workers highlighting the role of sport in fostering resilience, social interactions, emotional regulation, leadership, and communication skills, sport was recognized as a valuable means of teaching life skills across various settings.

### ***Benefits of Using Sport in Social Work Practice***

Participants also discussed the benefits of using sport in their social work practice. Namely, the use of sport provided access and increased treatment opportunities among unique populations who are often challenging to reach due to accessibility and resource allocation or resistance to engagement with social services.

**Serving Unique and Challenging to Reach Populations.** Participants spoke of the ability to use sport to reach unique populations who have distinct needs. SW67 explained, “athletes may be [an] underserved, at-risk, population” and that “sport allows the social worker or practitioner to engage with the client in a way that is easy and natural for [the athlete]” and helps them “meet the client where they are.” In fact, SW18 suggested that “athletes have unique behavioral and developmental characteristics that social workers should be prepared to address in practice.” For example, SW53 wrote, “it is also beneficial to understand sports and the demanding pressures that are placed upon these athletes.” SW58 noted, “...because of this [their unique needs], interventions [and] therapy may not feel as invasive for athletes, which is a good thing because more athletes will seek out services.” In the end, “certain populations that were previously difficult to reach are more likely to receive care” (SW43). Interestingly, SW33 suggested that sport social workers may be uniquely equipped to provide “peer support [as] there are a lot of former athletes who are now social workers.” In all, participants highlighted the unique position of sport social work in comprehending the unique needs of athletes, enabling them to effectively service challenging-to-reach populations, thus increasing the likelihood of providing care to athletes.

**Enhancing Treatment.** Sport can be used to enhance assessments for, and services provided to, athletes and other sport stakeholders. As SW67 noted, “Sports can be, and are, great mechanisms to promote rapport and counseling adherence.” This sport social worker went on to explain:

I’ve used sports as an introduction... I have spent a lot of time engaging with collegiate athletes in their own environment, that is, at practice, in the training room, at team meetings and randomly on campus, all with the hopes to build a relationship that might serve, in the future, as an impetus to get into counseling.

Participants also describe how sport can be used to provide a safe place for some clients. This was the case for SW72, who indicated that “sport can also be a safe haven.” SW77 added, “sports are an outlet, just like music and art,” and “sports are a lot of people’s coping mechanisms.” These uses of sport seemed to be especially important during difficult times in

both treatment and life. In fact, SW50 explained that sport was seen as a way to aid treatment goals because sport can help “promote understanding of difficult concepts.” SW26 added, “sport can be used to reduce stress... and boost health.” Ultimately, these sport social workers believed that sport was a setting that provided “enjoyment and fulfillment in the activity” (SW30), which both directly and indirectly contributed to their ability to meet the diverse needs of their clients.

### ***Barriers When Using Sport in Social Work Practice***

Although the use of sport helped sport social workers provide care, participants also identified a variety of barriers. Specifically, participants indicated that as an emerging area of practice, there is a general lack of understanding from other social workers. In this same vein, participants also discussed the lack of education and training available, both during their academic preparation and as a part of continuing education.

**Lack of Understanding.** Participants discussed that the relative novelty of using sport as a component of social work practice was, at times, a barrier. This resistance stemmed from several sources, including clients and other social workers. As SW50 noted, “sport within social work is a relatively new idea and some may not understand.” SW26 echoed this sentiment and said, “[sport] is not widely accepted yet. Thus, sport may be seen as a non-essential or inappropriate intervention with many ‘classical’ social work clientele (e.g., individuals struggling with homelessness, addiction, etc.)”

There were also perceived barriers related to other social workers, social work programs, and social work organizations. SW33 explained:

Another massive barrier is the lack of support of sport social work by social work organizations, NASW<sup>2</sup>, CSWE<sup>3</sup>, SSWR<sup>4</sup>, schools of social work, and athletic departments. Though it is a newly developing field, there has been little to no support from within the social work profession. Social work claims to be inclusive, but just like many other bias views of athletes and athletics, the social work community has not seen athletes or athletics as a vulnerable population, which is a massive negative effect on the growth of sport social work.

In fact, SW57 themselves stated, “[sport social work] has not yet received enough evidence-based data that has been able to adequately demonstrate its effectiveness.” However, even with such shortcomings, SW34 felt that “older generation of faculty do not want to bring any new ideas into the profession. We are teaching today’s students for yesterday’s problems. We need to teach them for today’s challenges in our society.” As highlighted, sport social workers feel that their social work colleagues often maintain an inaccurate understanding of athlete populations and their unique needs across the lifespan.

**Lack of Education and Training.** Participants also cited a lack of educational opportunities as a perceived barrier for using sport as a component of social work practice. This included specific training for using sport as a medium and tool for treatment. Both SW3 and SW31 both stated that there is currently a “lack of resources to support a new emerging field,” and SW23 cited a “lack of sport-specific education and training... as well as qualified supervisors.” Another respondent cited a specific example and stated that there is currently “a

<sup>2</sup>National Association of Social Workers (NASW)

<sup>3</sup>Council on Social Work Education (CSWE)

<sup>4</sup>Society for Social Work and Research (SSWR)

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lack of expertise” (SW18). Ultimately, there was a general sentiment that there is an overall lack of education and training available to teach sport social workers how to effectively use sport as a component of their practices. SW5 concluded, “There isn’t much training, there isn’t much knowledge on how this can be implemented.” The notable scarcity of educational opportunities for individuals pursuing a career in sport social work underscores the challenge of effectively integrating sports into evidence- and competence-based social work practice.

### **Provide Services within Sport**

In addition to using sport as a component of their social work practices, participants discussed the provision of services within organized sport systems and settings. In other words, these sport social workers outlined where and how they operate within sport systems such as in community-based sport settings (e.g., community or local recreation centers), high school athletic teams, and the National Collegiate Athletic Association (NCAA).

### ***Opportunities for Social Workers in Sport Systems and Settings***

Participants identified several ways in which sport social workers can provide services within a variety of sport systems and settings. Distinct categories include providing direct practice, supporting macro-level social work, advocating for social justice, and engaging in interprofessional collaborations.

**Direct Practice.** Participants discussed opportunities for sport social workers to provide direct practice within sport by using generalist and clinical skills. As SW20 indicated, sport social workers within sport can act as “athletic counselors, providing mental health and substance education, assessment, treatment, consultation and referral.” The ability to provide a range of services within a diversity of roles may be because of foundational social work education and training. For instance, SW68 cited the use of a “holistic approach to engage, understand, and support the athlete as a human being.” By using a holistic approach, which is unique to the social work profession, sport social workers are able to “provide counseling to athletes seeking to manage [both] mental health and improve performance, in and out of their sport” (SW59). SW67 echoed this sentiment and said, “social workers come in at a great location, with a holistic approach to serving for the entire wellbeing of athletes, therefore helping them with sports performance and more general life issues.” SW23 also shared, “I also provide psychotherapy for athletes of all ages, abilities, and levels (specialize in working with high performance/elite athletes).” Much like how some sport social workers use sport for health promotion and to teach life skills, sport social workers who work within sport systems and settings are able to serve the many needs of athletes and other sport stakeholders through a myriad of direct practices.

**Macro Practitioners.** In addition to providing direct practice, sport social workers indicated that they are involved in a variety of macro-level initiatives. SW72 explained this opportunity:

I think social workers can professionally work in or with sport settings in a variety of ways. Community development, at the collegiate and professional level, at the high school and even elementary level. This all can be done in individual and group formats; it can be done on the micro, mezzo, and macro level.

SW77 also noted that “community programs/organizations could utilize social workers with administrative focus.” To this point, sport social workers may be capable of fulfilling administrator roles, providing “macro level management” and program development (SW33). Regardless of the type of macro initiative, social workers are able “to raise awareness for the needs of athletes and enhance the wellbeing and effective functioning of athletes through advocacy, research, . . . , and policy change” (SW19). Taken together—direct practice and macro-level social work—help to illustrate the diverse skill sets that sport social workers are capable of embodying as service providers within a variety of sport systems and settings.

**Advocating for Social Justice.** Additional opportunities for sport social workers situated in sport settings involve the social justice promotion and the enhancement of diversity, equity, and inclusion. This “social justice orientation” is at the heart of the profession and is specified in the NASW Code of Ethics (SW25). SW53 explained:

Social justice is extremely important as athletes identify with various identities and ethnic backgrounds. It is critical for social workers to share perspective with others on athletes being considered a vulnerable population as it is necessary to look at these individuals as holistic human beings and not value them based on their sport and talent.

Even on the international stage, SW23 advocates for social justice, specifically “gender equality and inclusion” in their “international work as a United States Sport Envoy with US Dept of State on special assignment.”

Regardless of the sport system or setting, “social workers can focus on injustices and help create a new paradigm” (SW28) and be “a means to reduce barriers to social justice” (SW71). In fact, as SW19 stated, sport social workers are positioned to “give athletes a voice so they can destigmatize mental health problems.” This role as an advocate for athletes was also echoed by SW67, who said sport social workers have an opportunity to serve “as an advocate for the athletes and their entire performance – both as athletes and people. There is, after all, not much of a legitimate barrier between who someone is as an athlete and as a person” (SW67). Thus, aligning with the mission of the profession, social workers should “be a support for athletes who may not have anyone that has their best interest in mind” (SW65). Overall, sport social workers underscored the importance of the holistic health of athletes, address injustices, and reduce barriers, all of which ultimately strengthen equity and social justice efforts.

**Interprofessional Collaboration.** Sport social workers working within sport can provide clarification around roles and procedure, improve communication, and ensure interprofessional collaborations and interdisciplinary teams consider the needs of individual athletes (e.g., strengths-based and client-centered approaches). For instance, SW65 stated that sport social workers are trained to “. . . work interprofessionally with others and be a mediator in different situations.” SW67 added that sport social workers “could also serve as case-managers and more of a liaison, detached case-management style.” Further, SW30 described sport social workers as being able to “blend in with the training and medical staff as part of their team to help work with athletes as an added support system.” Respondents also noted that social workers can be available as “consultants for programs, teams, coaches, individual athletes” (SW57) and “as consultants for overarching bodies, such as USA Swimming” (SW77). Ultimately, these sport social workers indicated that they are capable and equipped to work alongside other mental and behavioral health specialists, as well as a range of sport-specific stakeholders.

### *Benefits of Social Workers Providing Services in Sport*

Participants discussed many benefits of having social workers embedded in sport organizations. These benefits included social work values, ethics, and skills, as well as a focus on holistic health and advocacy.

**Social Work Ethics, Values, and Skills.** Several distinctive aspects of the social work profession were viewed as uniquely beneficial when providing services and support within sport. Many of these were centered around the NASW Code of Ethics and professional values. SW65 explained, “the core values of the social work profession really benefit us in the sports setting. The sports setting can be a high stakes, intense environment and social work brings a calming approach to this environment.” SW59 added, “social workers are trained in person-in-environment and system perspective, which gives a broader scope when assessing and supporting individual athletes who have pressure from several systems in their lives.” Moreover, participants, such as SW6, highlighted specific skills that social workers possess including “case management and therapeutic skills, [and] compassion.” In fact, SW3 noted, “social workers are trained to address a wide range of issues including life skills, diversity, substance use, ...prevention, etc.” And SW30 added that social workers are trained related to “knowledge of the baseline of mental health conditions that could affect [athlete] health and mindset.” In the end, sport social workers—because of their professional ethics and values—are positioned to serve the diversity of unique needs that athletes and other sport stakeholders may have, regardless of the specific sport system or setting.

**A Focus on Holistic Health.** In addition to the social work profession’s unique ethics, values, and skills, participants discussed their focus on supporting holistic health. As SW28 explained, “in a sports environment where all are taught to be mentally tough, it’s imperative to know that athletes are human and have emotions that need to be attended to.” To this point, SW3 remarked, “social workers can support the health and wellness of athletes by looking beyond their athletic identity.” SW76 described this holistic perspective:

They [social workers] are a more holistic approach to the wellbeing of athletes. Moreover, they are necessarily trained to approach situations more holistically; and therefore, have a broader understanding of athletes and the worlds in which they inhabit. This, by definition, blesses [social workers] with a more total, complete perspective of athletes and all the barriers and challenges to wellbeing and sports performance that they may face.

As SW68 noted, sport social workers are trained “to embrace mental wellness as a supportive human experience.” Additionally, sport social workers are often trained to support major life transitions. Within a sport context, this may illustrate an athlete’s acclimation to intercollegiate athletics or an athlete’s eventual retirement from sport. As SW49 suggested, “life after support [post-athletic career] is a prime opportunity for social workers to use the skills we possess.” Ultimately, participants felt that “social work and sport work go hand in hand” with social work being “an assets to sports because of an internal focus supporting athlete success” (SW58). In essence, sport social workers can support athletes’ holistic health and elevate wellbeing beyond their athletic identity.

**Advocacy.** Much like opportunities to promote social justice, sport social workers highlighted “the need for advocacy and access to sports for all” (SW77). In fact, SW33 stated that “the most important is the focus social work puts on advocacy and speaking for

marginalized populations.” The ability to advocate for populations who may be socially vulnerable and/or marginalized may be especially important for athletes of color and international athletes in “NCAA<sup>5</sup> DI<sup>6</sup> programs at predominantly white institutions” (SW18). More generally, as SW57 reflected, “many people still have a skewed perspective of athletes as not being ‘human’ in many ways and thus don’t really need any help (that is beginning to change thankfully).” SW76 concluded, “in my eyes, this put [sport social workers] in the perfect place to be an advocate and server of athletes in all their pursuits, both athletically and personally.” As such, sport social workers have a critical role of addressing misconceptions about athletes, and positioning themselves as advocates to support athletes both in their athletic and personal endeavors across the lifespan.

### ***Barriers for Social Workers Providing Services in Sport***

In addition to identifying benefits of having social work professionals operate within sport systems and settings, participants also identified several barriers that hinder their ability to provide services. These barriers included sport culture itself, stigma around help-seeking behaviors, and the confusion about social work.

**Sport Culture.** At the macro-level, social work, as a profession “may not be aligned with profit and productivity objectives” of sport leagues, sport teams, and sport administrators (SW18). At the team and individual levels, athletes are often achievement-oriented and value “sports performance” and “immediate outcomes/results” (SW68). SW67 added that there is “less appreciation for mental health...as compared to physical [performance] in sport and those who inhabit the athletic world.” Thus, the overvaluation of winning, immediacy, and sport performance is, at times, at odds with the process-oriented, holistic perspectives, and multi-level approaches used by social workers.

**Help-Seeking Stigma.** Aligned with sport culture, participants, such as SW65, recognized that the “stigma in seeking a mental health professional is a major barrier when working in the sports setting.” SW57 added—that related to mental health—there is “a lack of genuine knowledge of many people involved in sports” and there is a need for “overcoming the stigma of utilizing any services (particularly mental health)”. In fact, SW68 suggested that “the stigma around mental health clashes against the mindset of sports performance and tough mindedness.” However, as SW53 mentioned, “sport should be discussed within the same conversations of mental health. Individuals need to be educated around the stigmatization of mental health within the world of athletics and different techniques to challenge this stigma.” While stigma surrounding mental health persists across sport, particularly competitive sport, sport social workers may be uniquely equipped to help address and assuage this issue.

**Confusion about Social Work.** Sport social workers also noted that, within sport, there was a lack of understanding about the social work profession. For instance, SW19 stated there is a “lack of knowledge [from] others about the role of social workers.” SW67 also suggested that there is a “newness and novelty of sport social work” throughout the sport community. To this point, SW77 added that there is a “lack of awareness of what we [sport social workers] can

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<sup>5</sup>National Collegiate Athletic Association (NCAA) regulates collegiate athletics among about 1,100 schools in the United States, Canada, and Puerto Rico.

<sup>6</sup>Division I (DI) is the highest level of intercollegiate athletics sanctioned by the NCAA in the United States, which accepts players globally.

offer.” They continued, “sports psychology is commonly known, however the role of a social worker in sport settings is largely unheard of” (SW77). SW1 added that there may actually be “competition from sport psychology.” However, this lack of clarity—and at times, competition—was not only resigned to the sport community and traditional sport-based service providers, such as sport psychology professionals. As SW43 noted, a barrier to providing services is that “people, including the social worker, not knowing what their role is.” Therefore, much like there is a perceived lack of understanding within the broader social work profession, there may also be a general lack of understanding throughout sport systems and settings.

### Concluding Remarks

Sport social work is an emerging specialization within social work practice. However, social workers have been using sport and/or working within sport systems for decades (Hanna, 1993; Lawson, 2005; Reynolds, 2017). Still, many aspects of this unique area of practice remain unexplored within social work literature. Findings help illustrate the diversity of ways in which social workers engage with sport. For instance, sport social workers who utilize sport as an intervention use a holistic perspective to assess, treat, and serve athletes. Further, findings suggest that sport can be used as an experiential learning technique to promote the development and transfer of life skills. Another example may include youth who are learning to use mindfulness and positive self-talk as a strategy to better regulation their emotions. However, there are limits to what can be acquired within the confines of a traditional therapeutic environment. By practicing such skills outside of an office setting, youth (athletes and nonathletes, alike) can actively engage in unique learning opportunities that may help them not only develop critical life skills but allow them to practice transferring such skills to other life domains (Pierce et al., 2022).

Sport social workers are increasingly stepping into a variety of interprofessional roles across sport systems and settings by providing clinical mental/behavioral health support to elite athletes, designing and implementing community- and faith-based youth sport programming, advocating for social justice both in and through sport, and leading macro-level policy initiatives. Findings gleaned from the current study suggest that the profession’s unique ethics, values, and skills position sport social workers to competently serve the diverse needs of athletes and other sport stakeholders. This positionality has been discussed in previous research, which explored how the values of the social work profession are applied when providing mental and behavioral health services in collegiate athletics (Beasley et al., 2022). More tangibly, social workers working within sport can provide clinical treatment, mental health education, and case management—growing areas of need from youth sports to professional leagues (Vella et al., 2021). Further, sport social workers can continue to break down mental health stigmas and assuage concerns about seeking mental health support, particularly within competitive and performance-oriented climates.

At the macro-level, findings from the current study highlight sport social workers’ commitment to social justice, which helps to advance the understanding of sport social workers from a non-clinical perspective. As sport is a microcosm of society (Newman et al., 2019), athletes have continued to speak out against systemic inequities and economic, political, and social injustices (Kluch, 2021; Mac Intosh et al., 2020; Martin et al., 2022). Thus, sport social workers—due to the NASW Code of Ethics—may be uniquely educated and trained to disrupt

injustice and promote social change. Just as within any ‘traditional’ social work setting, sport social workers must meaningfully partner with communities (e.g., athletes, teams, organizations) to advocate for social justice.

### **Limitations and Future Directions**

Findings notwithstanding, several methodological limitations should be recognized. First, participants were recruited through the ASWIS listserv. As an emerging area of practice, there may be other social workers outside of the ASWIS network who are using and/or working in sport, particularly sport social workers outside of the United States. For instance, Moreau et al. (2018) forwarded the notion of eductrainers (i.e., a combination of social work and coach) within a Canadian context, and Spruit et al. (2018) demonstrated the effect of a Dutch sport-based intervention to prevent juvenile delinquency. Future studies should consider using Tucker & Norton’s (2013) approach for participant recruitment, which randomly sampled members of a national social work organization (i.e., NASW) that was not specific to a particular social work specialization. To gain perspectives of sport social work outside of the United States, international organizations—such as the International Federation of Social Workers and the International Association for Social Work with Groups—may be helpful in recruitment efforts. The ability to sample a larger and more diverse population may lead to further insights and estimates into how vast (or limited) sport social work may be.

Additionally, although most of the items in the questionnaire were open-ended, semi-structured interviews and/or focus groups may provide a more nuanced understanding of the diversity of ways in which sport social workers operate. However, the current study does advance our understanding of sport social work through a novel qualitative approach (i.e., the online survey as a qualitative research tool; Braun et al., 2021), as much of the previous research in this area has used semi-structured interviews (Beasley et al., 2021; Beasley et al., 2022; Magier et al., 2022; Newman et al., 2021; Newman et al., 2022).

As sport social work continues to grow, so too must the education and training available for social workers. Findings from the current study discussed the current lack of known education, training, and supervision related to all forms of sport social work (i.e., using sport, working in sport). This too was highlighted through research conducted by Magier et al. (2022), which advocated for the official recognition of sport social work from the major social work governing bodies within the United States (e.g., NASW, CSWE, SSWR). Without appropriate education and training, social workers may not have the requisite professional competence to provide culturally (i.e., sport culture) appropriate services to athletes and other sport stakeholders (Beasley et al., 2021). Moreover, by further professionalizing sport social work, other mental and behavioral healthcare professionals (e.g., sport psychologists, athletic trainers, team medical doctors, etc.) may become more aware of the unique ethics, values, and skills of the social work profession. This ability to serve on interprofessional and interdisciplinary teams also has been suggested by McHenry et al. (2021). Working with interprofessional and interdisciplinary teams will not only help to better serve the diverse needs of athletes and sport stakeholders, but also may help to decrease help-seeking stigma and disrupt the current sport culture that values winning over wellness.

Finally, future research should consider exploring the dual role of the social work sport coach (Newman et al., 2022), which was outside of the original scope of the current study.

Similar to eductrainers (Moreau et al., 2018), those who simultaneously embody both roles may hold key insights, particularly related to youth sport coaching and promoting social justice (Camiré, 2022) and positive youth development (PYD)-focused coach education (Santos et al., 2019). Further, as sport social workers continue to serve the unique needs of elite athletes, research is needed to explore if/how social work practices can enhance athlete performance, particularly within interprofessional and multi-disciplinary sports medicine teams. In the end, findings from the current study help to illustrate the diversity of ways in which sport social workers use sport and/or work within sport systems. As the needs of athletes and sport stakeholders continue to evolve, so too must the professions and professionals who aim to serve their needs. Social workers, due in part to their education and training, may be uniquely positioned to help enhance human wellbeing and meet the basic human needs of all people, with particular attention to the needs of people who are recognized as socially vulnerable.

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## **The Management of Spectators Through the Lens of High School Athletic Directors**

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*The purpose of this study is to explore the perceptions of athletic directors at high school sporting events during the COVID-19 pandemic. Four hundred twelve (412) high school athletic directors were surveyed and 112 responded. Participants responded to demographic items, and a qualitative, open-ended prompt to elicit detailed experiences, emotional responses, and perceptions of sporting events during the COVID-19 pandemic. Through a grounded theory approach, the following themes emerged: a strong desire for in-person attendance at sporting events, community responses that challenged health and safety of spectators and athletes, and the necessity for COVID-19 related changes such as digital ticketing virtual spectating opportunities. The study illuminates the necessity for flexibility and innovation during a crisis, in ways that are relevant to school leaders entrusted to foster a positive environment at athletic events. Some level of demand for virtual spectating experiences is likely to continue or increase in the future for post-pandemic sporting events. Further research can identify exemplary practices, and those exemplars can serve as a model for other schools and athletic directors.*

*Keywords: high school athletics, spectator behavior, athletic directors, COVID-19*

**A**ccording to 2018-19 estimates from the National Federation of High School Sports (NFHS, 2022), 7.9 million athletes participate in sanctioned high school athletics in the United

States. For these high school athletes, athletic directors provide the oversight of athletic programs in their school settings. This oversight includes event management, hiring, scheduling, fundraising, budgeting, compliance, and spectator management (Hums & McLean, 2013; Ratts et al., 2022; Sullivan et al., 2014). These responsibilities require athletic directors to make decisions about how to foster a safe and positive sporting environment for their student-athletes. Decision about fostering a safe and positive sport environment to on a new meaning as a result of the COVID-19 pandemic (Ganzar et al., 2022; Zviedrite et al., 2021).

The COVID-19 pandemic forced the first closure of a U.S. school on February 27, 2020, and by March 30, 2020, more schools across the U.S. school closed (to remain closed through the end of the 2019-2020 academic year) (Zviedrite et al., 2021). Most schools offered virtual learning formats to mitigate the academic effects of school closure. The educational, physical health, and mental health effects of widespread school closures, and the closures' effectiveness in combating the spread of COVID-19, will take years to research and understand (Curran et al., 2020; Pyo, 2020; Reid, 2021). Of particular concern with this study is the impact COVID-19 had on athletic directors responsible for the overall climate, health, and safety of high school sports (Bellibas & Liu, 2018; Capp et al., 2022; Reid, 2021). Athletic directors faced challenging leadership decisions necessitated by the pandemic (DeMatthews et al., 2023; Grooms & Childs, 2021; Hayes & Derrington, 2023).

Even before the pandemic, the role of an athletic director was emotionally demanding (Hums & McLean, 2013). Managing athletic programs during the pandemic presented the heightened challenge of managing participant (e.g., athletes, coaches, officials) and spectator behavior (e.g., families, students, and community members) in an environment that was unfamiliar (virtual) and/or potentially hazardous (COVID-19 itself) or volatile (spectators' responses to COVID-19 regulations) (Ratts et al., 2022; Sullivan et al., 2014). Specifically, these challenges included community response and behavior with the health and safety guidelines of multiple entities (i.e., Department of Health, Centers for Disease Control) and minimizing barriers to in-person participation. These challenges were important to address knowing the importance of high school sports on mental health, physical activity, and quality of life for student-athletes, families, and communities (Easterlin et al., 2019; Eime et al., 2013; Marques et al., 2016; McGuine et al., 2021). A key factor to high school sport outcomes is the presence of spectators at events (Dorsch et al., 2009; Knight & Holt, 2014; Wiersma & Fifer, 2008).

While, high school athletic directors regularly manage spectator behavior among their many responsibilities, the academic years 2020-2021 and 2021-2022 posed heightened challenges to athletic directors in this regard. In order to encourage spectator involvement, athletic directors had to think strategically about the deployment of technology and differentiated methods of communicating with stakeholders and engagement of spectators. These included, but were not limited to cashless transactions, digital ticket sales, and the use of various tools to live stream games and virtual spectating opportunities because of attendance restrictions at school venues. Ratts and colleagues (2022) conducted interviews with high school athletic directors and found these new uses of technology were helpful in navigating these challenges of the pandemic and many athletic directors elected to continue using tools going forward. Among these are the provision of live streaming competitions and games.

Though the prevalence of live streaming is of high school athletics is newer, scholars such as Reynolds et al. (2022) explored the psychosocial experiences of parent spectators in youth settings, building upon limited research in this area (Weed, 2007, 2008, 2020). Reynolds et

al. (2022) found virtual experiences brought both negative and positive psychosocial experiences for parent spectators. These associated experiences included feelings of gratitude for the continuation of sports, modified interactions with both the athlete participants and other spectators, and feelings of detachment, grief, and loss associated with modifications to spectator engagement, stemming from the pandemic. Participants wanted a return to in-person attendance. Pierce et al. (2020) highlighted the importance of spectator presence through a survey of 10,000+ stakeholders in the youth sports domain (administrators, coaches, and parents). The survey concluded limits placed upon spectator presence evoked elevated levels of dissatisfaction among spectators (i.e., fans and parents).

This study specifically examined the reflections of athletic directors about whether and how to admit spectators during the COVID-19 pandemic. This included questions about both the positive and negative impacts of such decisions (Legg, 2021; Omli & Wiese-Bjornstal, 2011; Stefanson et al., 2020). The aim of this research study was to (a) explore the experiences of athletic directors as it pertained to spectator behavior during the pandemic. This study is relevant to any athletic director or school leader who is entrusted to foster a positive sporting environment. Even though this study focused on interscholastic athletics within the United States, findings from this study have relevance in any nation where interscholastic sporting events are played before spectators.

## Method

### Data and Participants

We limited the study pool to high school athletic directors from a midwestern state. Participants worked for both public and private high schools with sanctioned sport programs. The research team sent a secure link to a Qualtrics© electronic survey to a high school athletic administrators list serve. A convenient sample along with the use of a virtual platform allowed the research team to reach a large sample in a cost-effective manner. The final sample included 112 out of a possible 412 participants (Indiana High School Athletic Association, 2022). This was a 27% response rate. This was a cross-sectional, exploratory study. Within the state involved in this study, there are approximately 152,000 students (of all identified genders) who participate in high school athletics, ranking 18<sup>th</sup> nationally. The state where data collection occurred allowed decisions about sport spectating to happen at the local level. Athletic directors shared in this decision-making process. All in-person spectating did require compliance with masking, social distancing, and other safety requirements.

### Demographic Characteristics

All study participants listed their title as athletic director (n = 112). The largest percentage of participants reported being in their current position between 1-4 years (n = 43, 38%). Another 32% (n = 36) reported serving as an athletic director for 5-9 years with the remaining 30% (n = 33) reporting more than 10 years of service. 80% of participants (79.5%, n = 89) identified as White. The remaining 20.5% (n = 23) identified as Black or African American. Individuals identifying as a male (90%, n = 101) comprised most of the sample. The remaining

10% (n = 11) identified as female. Participants ranged in age from 29-75 years old with a median age of 48.5 (SD = 6.2).

Participants reported the largest percent of their schools had a rural designation (57%, n = 64) with 23% (n = 26) being urban, and 20% (n = 22) suburban. There was an equal number of schools within each class. Classes sizes are based on the number of students attending schools and the historical athletic success of programs. Both Class 2A and 4A represented 28% (n = 21) of the sample with Class 3A (26%, n = 29) and Class A (18%, n = 21) representing the remaining schools. The largest percentage of schools reported 25-50% of their students received free or reduced lunch (43%, n = 48). 70% (n = 78) of schools reported less than 25% of their students identify as an ethnic or racial minority. Over 92% (n = 104) reported a public-school designation. 86% percent of schools (n = 96) offered virtual spectating options at some point during the COVID-19 pandemic.

### Procedure

After the sponsoring university's Institutional Review Board granted approval, the research team sent study information through the approved list serve. The list serve posting provided details on the nature of the study, described the inclusion and exclusion criteria, and provided individuals with a secure link to the survey. We collected informed consent via the survey software prior to participation. Participation in the study was voluntary and anonymous.

### Instrumentation

Participants provided demographic information about themselves, and their high school as noted in the previous section. Following these demographic questions, participants read an adapted open-ended prompt (Omli & Lavoie, 2012) about their leadership experience. The prompt read:

*The COVID-19 pandemic changed the spectator environment for all involved in high school athletics. Recall your experience as an administrator over the past two years at your school, in terms of managing the behavior and physical presence of spectators. If you were responsible for creating virtual spectating experiences for parents and fans, please share your experiences in this domain as well. Describe your experience in as much detail as possible.*

The open-ended question sought to prompt robust descriptions of emotional experiences and the lived experiences of the studied population (Omli & Lavoie, 2012). A pilot test with five athletic directors not involved or included in the research provided the research team an opportunity to evaluate and clarify the wording of the open-ended question. The pilot group made no suggested edits to the prompt.

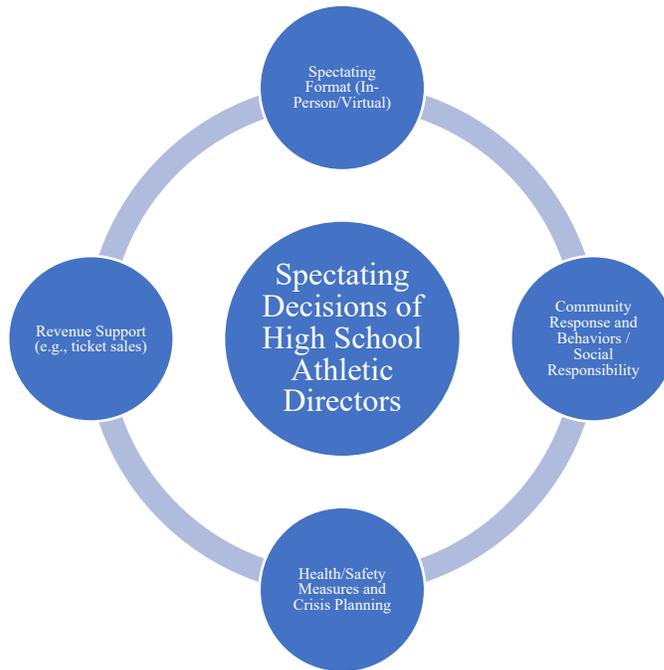
### Data Analysis

Given how COVID-19 prompted many changes to the spectator environment for high school sports, we employed an exploratory design. Given the novelty of how athletic directors

managed spectator experiences throughout a global pandemic, we used a grounded theory approach for data analysis (Creswell, 2003; Oliver, 2012; Omli & Lavoie, 2009; Reynolds et al., 2022). Grounded theory is different from typical theories in the social sciences in that it often does not include causal relationships between variables (Corbin & Strauss, 1990) and is appropriate for analyzing responses from a sample of more than 30 participants (Oliver, 2012; Omli & Lavoie, 2009; Author et al., 2022). This approach is important when the phenomena associated with research has limited precedent (Creswell, 2003). Specifically, the research team followed these procedures for data analysis (Omli & Wiese-Bjornstal, 2011):

1. The research team retrieved participant responses to the aforementioned prompt from a secure online database. Responses ranged from one sentence to over 300 words in length. Qualtrics© did not place limitations on the number of characters participants could type.
2. Members of the research team read all responses to the prompt multiple times to become familiar with the spectating experiences of athletic directors. Members of the research team also used an intercoder agreement (O'Connor & Joffe, 2020). This agreement provided guidelines for coding strategies, definitions, and coding procedures.
3. Each member of the research team reviewed responses to the prompt line-by-line. Members of the research team created a preliminary code for each unit of meaning derived from the prompt (i.e., a sentence or paragraph used by a participant to describe a specific event). The research team triangulated these preliminary codes amongst the various coders.
4. During the coding process, members of the research team grouped data themes with common properties into a single code until a set of three themes emerged that provided a comprehensive account of the data while minimizing conceptual overlapping among themes. The consolidation of data themes involved a constant comparative process which is a hallmark of grounded theory (Oliver, 2012; Omli & Lavoie, 2009; Author et al., 2022). Throughout the constant comparative process, codes that emerged from participant responses were repeatedly compared to the raw data (e.g., responses from other athletic directors). We revised responses until the codes most accurately described a collective summarization of the participant experiences (Creswell, 2003). Three themes emerged to broadly describe the spectating experiences: (1) powerful desire for in-person attendance (e.g., increased ticket sales and spectators), (2) community response and behaviors (e.g., desire to promote health and safety and strategies to offset financial loss), and (3) COVID-19 related changes (e.g., increase in virtual spectating and need for crisis planning management). These key themes were central to shaping spectator behaviors in the minds of athletic directors.
5. After finalizing lower- and higher-order themes, the research team developed a theory to provide a holistic representation of the data related to positive spectator experiences and the stability of high school sport offerings. According to Creswell (2003), a grounded theory can “assume the form of a narrative statement, a visual picture, or a series of hypotheses or propositions” (p. 56). For this study, the research team created a diagram to illustrate the prompt responses of study participants. (See Figure 1.)

Figure 1. Spectating Decisions of High School Athletic Directors



### Trustworthiness of Findings

The research team followed protocols for grounded theory research and exceeded the requirement for at least 30 participants (Creswell, 2003). This result allowed for the development of a theory grounded in the experiences of a large sample of informants. The research team employed triangulation to ensure greater veracity of interpretations than would have been possible if a single coder had developed the theory alone (Omli & Wiese-Bjornstal, 2011). To establish greater trustworthiness of the findings, we engaged an additional individual with experience in qualitative methodology to review and validate the suggested themes.

### Results

This section expounds on various themes constructed from the analysis of the open-ended prompt. We intend for each participants' voice to be heard through examples used as illustrations for themes. We categorized statements into one of three themes: (1) a powerful desire for in-person attendance, (2) community response and behaviors, and (3) COVID-19 related challenges. Each of these larger themes included two subthemes. These themes emerged from initial coding/surface content analysis (first iteration of thematic analysis), identification of pattern variables (second iteration, subthemes), and application to the data set (third iteration, primary themes) (Anfara et al., 2002). We also reviewed the data to identify potential trends in groups defined by the characteristics of the athletic directors and their schools. Utilization of

crosstabs demonstrated the absence of such trends. Thus, it appears athletic director experiences remained consistent across characteristics.

### **A Powerful Desire for In-Person Attendance**

High school athletic communities across the Midwest state “craved in-person attendance.” While participants felt virtual spectating provided a “fine short-term solution,” athletic programs experienced “excitement as spectator attendance went from zero to full capacity.” One athletic director responded, “Managing spectators throughout the pandemic was exceedingly difficult for several reasons. Guidance was varied from the CDC, state, and local authorities, which made it difficult to hear one voice. Everyone had an opinion on the risks or severity of the pandemic, which made enforcement difficult. However, one voice remained consistent – the desire to watch our student-athletes in person.” This desire led to an increase in ticket sales when permitted and a commitment from community members to be socially responsible to ensure in-person attendance could continue as long as possible.

#### ***Increase in Ticket Sales***

Many athletic directors reported, “Our ticket sales have gone through the roof,” since allowing in-person attendance. One respondent shared, “When we returned the fan bases were great as they were happy to be able to see sports again, even if they had to follow crazy guidelines to do so. We saw a large spike in our attendance pre-COVID.” Another athletic director shared, “There were times early in the pandemic that our county was considered red, and we did not allow any spectators. While this was obviously easy to manage, it was very depressing and did not provide the same positive atmosphere for our student-athletes and families. As restrictions decreased, there was a powerful desire for in-person attendance, which spiked ticket sales. Multiple athletic directors noted how recent crowd sizes are the best in recent history. One athletic director stated, “Our fan base was starving for in-person sports after being without that opportunity for over a year. They showed up in full force.” In the process of showing up, spectators knew they had to “be compliant with rules so we could keep in-person events going. If they did not, we would end in-person watching right away.”

#### ***Social Responsibility***

The increase in ticket sales led to both positive and negative experiences for athletic directors as it relates to spectators fulfilling their civic duties. Athletic directors shared, “Managing spectators was better than I expected. We had a few issues with masks at first, but then our families became used to our policies,” and “Most of our fan behavior experiences were positive.” Another athletic director conveyed, “I am pleased overall with spectator behavior at our school over the past two years. On a rare occasion I may need to briefly remind a fan about appropriate game day behaviors. However, the positive fan experiences far outweighed the negative.” Numerous athletic directors reported “no difference in fan behavior before and after COVID.”

While many athletic directors experienced positive outcomes with the return to in-person spectating, this experience varied for other athletic leaders across the state. One athletic director

voiced, “There is a sharp rise in inappropriate fan behavior coming out of COVID. We say all the time we live in a world where people want to protest.” Another added, “Once we returned to full attendance, we saw an uptick in unsporting behaviors compared to events prior to COVID.” Several athletic directors communicated, “Managing spectators throughout the pandemic was difficult for several reasons. Everyone had an opinion on the risks or severity of the pandemic” and “Some parents and many fans had unreasonable expectations and at times refused to cooperate with policies.” Athletic directors also conveyed that they did not get “enough help from the school community.” One athletic director recounted, “I felt like the COVID police, trying to get everyone to adhere to the restrictions. Some people would cooperate, while others would not.” Another athletic director echoed this sentiment, “The only problem with spectators was getting them to wear their masks while seated and out in the communal areas. I did not like policing this and many spectators did not want to be told what to do.” A final athletic director shared, “many people did what they could do support in-person spectating, others made it a large challenge and did not respond the way we would expect from our school community.”

### **Community Response and Behaviors**

As evident with the social responsibility section above, athletic communities across the state varied in their spectator responses. Of particular concern to athletic directors was promoting the health and safety of all involved and finding ways to work through the budgetary impacts of revenue loss. All the respondents indicated, “COVID-19 was extremely challenging in maintaining health and safety measures for our athletes, fans and coaches.” Athletic directors relied on the “compliance of others to follow state and local guidelines consistently.” With these guidelines came financial hardships for many athletic programs. During COVID, there was a decrease in ticket sales, the need for exploring new revenue streams, and trying to be respectful of the impact COVID-19 had on the financial status of many student-athletes and their families. One athletic director shared, “It was really challenging to balance health and safety with the need to financially support our efforts. I would wish that challenge upon nobody.”

### ***Health and Safety***

All athletic directors shared similar thoughts about “ever changing protocols for the different sports, seasons, and venues making their job challenging.” Athletic directors reported, “overseeing capacity limits, mask wearing, and social distancing for spectators.” Various programs established attendance restrictions such as “two people per athlete, presale tickets only, and immediate family only.” Athletic directors referenced additional responsibilities to promote health and safety such as, “signage, marking off seats, adjusting entrances and exits, monitoring restroom use, separating home versus away fans, sending detailed COVID protocols for visiting schools and ensuring social distancing with fans.” Furthermore, athletic directors often “led contact tracing of student-athletes in multiple practice and competition scenarios.

While athletic programs worked to promote the health and safety of spectators, they did not always receive an appreciative response from community members. One athletic director shared, “Our population was very reluctant to wear masks and follow rules that were set. This led to much conflict.” Other athletic directors expressed how their oversight of COVID-19 protocols led to increased job stress, in ways above and beyond those noted by Hums & McLean (2013).

One athletic director mentioned, “Repeatedly asking spectators to comply with COVID-19 policies like masks and social distancing was stressful.” Another administrator added, “As we got into the year, mask fatigue, frustration, and other factors crept in and it became increasingly difficult to manage, especially as some communities lifted their mask requirements or did not enforce them.” A final athletic director voiced, “Parents were understanding, but we have had several issues where parents become vocal about us not doing enough or that we are doing too much. In the beginning spectators were very compliant with the rules and regulations, but as we got further in, they became more unruly. Health and safety became less important in the eyes of others.”

### ***Revenue Support***

Despite the mixed reactions to COVID-19 protocols, members of the community understood the fiscal impact of the pandemic on high school sports. Numerous athletic directors expressed appreciation for families who were willing to “pay for digital tickets or subscription fees for online viewing to help offset ticket sales.” One athletic director discussed, “teaming with a local cable service to broadcast sports and to generate revenue from advertisement.” A second athletic director shared a similar partner with a “local radio station with advertisement buys.” Additionally, several athletic directors reported, “many families and local businesses offered sponsorships to offset lost revenue.” Athletic directors also received “donations to the athletic office, which helped during the pandemic due to low crowds. These types of changes would not be needed if it were not for the pandemic.”

### **COVID-19 Related Changes**

The COVID-19 pandemic triggered multiple changes to the world of high school athletics. Two key changes were the need for alternate spectating options for students, families, and community members and the ability to plan in a crisis environment. The transition to virtual spectating and managing the crises associated with a global pandemic provided athletic directors with both teachable moments and significant challenges, as a rough equivalent to the challenges faced by school principals in transitioning to virtual instruction during this time (DeMatthews et al., 2023; Grooms & Childs, 2021; Hayes & Derrington, 2023).

### ***Virtual Spectating***

Athletic directors understood the need for digital ticket sales and virtual spectating options, but experienced mixed emotions with delivery. Many athletic directors reported virtual spectating was “frustrating at time with glitches and internet issues,” “underutilized by the community,” and “had such inadequate quality and customer service it was not worth the investment.”

On the reverse side, outside of the challenges noted above, athletic directors believed virtual spectating provided opportunities for community engagement and school spirit. One athletic director responded, “when we reduced spectator entry, we offered a free live stream to many of our events. We had incredible numbers tune in to watch.” Another athletic director added, “This was a fantastic way for our school corporation to engage grandparents and out-of-

town friends and family in the sporting events of their loved ones.” Several athletic directors noted, “It was nice to offer spectators the option of watching from home if they were not able to attend in person” and “Live streaming became a necessity to engage our families, community members, and student-athletes.” A final athletic director summarized, “virtual spectating was not perfect, but it provided fans the safety and comfort needed to not spread COVID-19 and still support their team.”

### ***Crisis Planning***

The COVID-19 pandemic presented an opportunity for athletic administrators to think critically about future crisis planning. One athletic director noted, “We had to adapt on the fly. We had to try innovative approaches to programming, and we learned along the way. For instance, we learned how to increase the number of sporting events we stream online. We learned about new software and strategies to keep individuals engaged.” A different athletic director shared, “We used COVID-19 as an opportunity to engage our students in a new way. We developed our media class to extend it into athletic home events. We used student-based groups to keep school spirit alive.” Some other athletic directors shared how they, “Developed a virtual plan for future sporting events,” “Created a crisis plan for future pandemics or community emergencies, and “found ways to use COVID-19 to bring the community closer together and find new purpose in sport.”

### **Discussion and Conclusions**

This study explored the experiences of high school athletic directors during the COVID-19 pandemic, who went to great lengths to reintroduce athletics and allow student-athletes to enjoy the benefits of participation (Easterlin et al., 2019; Eime et al., 2013; Marques et al., 2016). Through an open-ended qualitative prompt and grounded theory approach, participants were able to document varied experiences associated with both their role as leaders in a high school athletic department and interactions with various stakeholders. This study is among the first known to document these experiences. The authors found that despite the challenges associated with promoting health and safety, there was a strong demand for the continuity of high school sports, even amid environments filled with several risk factors. Additionally, community members had varied responses to the adaptations required to comply with local COVID-19 guidelines. Some of these practices were aided by technology (i.e., digital ticket sales, live streaming of events) and were welcomed changes, yet in other situations, there was resistance to change. Additionally, there were some noted changes deemed positive, as others stated the pandemic heightened concerns about inappropriate fan behavior.

The COVID-19 pandemic necessitated creative approaches (some successful, some unsuccessful) by athletic directors related to fostering a positive in-person environment, launching and facilitating a virtual spectator experience, crisis planning and safety measures, generating revenue, and enduring the emotional toll of it all. With all of these themes, there were strong elements of interconnectedness that supported the grounded theory model (Figure 1). There is a give and take response required in these types of situations (Reynolds et al., 2022). In-person spectating was reliant upon a community response and behavior that promoted the health and safety of student-athletes and others. The changes in spectating plans led to fiscal challenges

and need for new revenue streams to account for more virtual opportunities. The intertwining of these themes made it challenging for athletic directors to promote the physical, mental, and social health of student-athletes, their families, and the community (Bellibas & Liu, 2018; Capp et al., 2022; Reid, 2021).

These findings can be helpful to any school leader entrusted to foster a positive athletic environment, especially when operating in a crisis environment like that created by COVID-19. The challenges with making decisions about spectator management, budgeting, compliance, and how to host events (Hums & McLean, 2013; Ratts et al., 2022; Sullivan et al., 2014), came across in each of the themes. For example, while some athletic directors noted benefits of virtual attendance similar to those found in previous studies about in-person attendance in the United States (Dorsch et al., 2009; Knight & Holt, 2014; Wiersma & Fifer, 2008), it is unclear whether student-athletes and spectators benefit to the same extent from virtual attendance.

Regardless of whether a public health emergency of similar magnitude reemerges in the future, further research in the above areas is warranted. For example, some level of demand for virtual spectating experiences is likely to continue or increase in the future for various reasons: to cater to would-be attendees who cannot attend an event due to being out-of-town, or contending with injuries, illnesses, transportation issues, scheduling conflicts, or other factors.; to serve as a student-run action learning opportunity for a media program within the school; to generate advertising revenue for the school; etc. Further research can identify exemplary practices in these areas, and those exemplars can serve as a model to other schools and provide athletic directors with evidenced-based approaches to support their decision-making.

Follow-up interviews or further outreach to study participants could benefit study results. This study only collected information at one point in time from participants. While this approach is consistent with prior research (Author, 2022a; Author, 2022b), this lack of follow-up did not enable us to explore unanticipated responses and obtain nuanced answers (e.g., crosses based on participant responses) when the initial response might be too general or simplistic (Rubin & Rubin, 2005). Future studies will offer study participants the ability to opt in to a follow-up focus group.

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## **It's a thin line: Mental health and mental toughness within the context of Hughes and Coakley's Sport Ethic Model**

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*In recent years, the landscape of college athletics has become increasingly more competitive. This exacts a greater commitment and dedication from athletes. This dedication and commitment to a given sport(s) is often inextricably linked to mental toughness. However, within this phenomenon of commitment and dedication may lie risk for mental health challenges. That is, while mental toughness is generally seen as a positive trait that may help individuals cope with stress and adversity, there is some evidence to suggest that heavy reliance on mental toughness may increase the risk of developing a mental illness over time (Grobler et al., 2022). The current discussion utilizes the Sport Ethic Model developed by Hughes and Coakley (1991) to explore the sometimes-tedious differentiation between mental toughness for high level competitive athletics and mental illness among college / university student-athletes. Practice implications for sports social workers are also discussed.*

*Keywords: sport social work, mental toughness, mental health, student-athlete, sport ethic model*

Recent data from the Sports & Fitness Industry Association indicates that in the United States approximately 61% of children between the ages of 6 and 17 participate in team sports (State of Play Report, 2023). This perhaps contributes to the notion that in recent years, youth and amateur athletics have become increasingly competitive. Indeed, national sports organizations like MaxPreps, Perfect Game, and Rivals, produce local, state, and national rankings of young athletes (according to their skill level) as early as age 12 (Bennett, 2023). Some have argued that this has spawned the professionalization of youth sports (Gould, 2009). Further, the number of student-athletes competing in NCAA championship sports in 2021-22 increased to over 520,000. This represents a record high, according to the latest data from the NCAA Sports Sponsorship and Participation Rates Report (NCAA, 2022). The recent NCAA ruling permitting student-athletes to profit from their name, image, or likeness (NIL), and earn income from endorsements, sponsorships, and other financial opportunities is perhaps further

evidence of the widespread magnitude of youth and amateur sports (Caulfield et al., 2023; Kunkel et al., 2021).

The increased competitiveness of youth sports now demands greater commitment and dedication from athletes and requires them to do so at younger ages. Dedication and commitment to a given sport(s) is often inextricably linked to mental toughness. That is, endemic to the ever-increasing competitiveness of youth sport is not only dedication and commitment, but also a requisite measure of mental toughness. This is thought to provide the resilience, motivation, discipline, pressure management, persistence, focus, and self-confidence needed to overcome challenges, excel in competition, and continuously strive for improvement (Liew et al., 2019). Prior research has also referred to this phenomenon as a performance-centric outlook and argued that it may be detrimental to the student-athlete (Whitehead & Senecal (2020).

However, within this phenomenon of increased competitiveness may lie the risk for mental health challenges. That is, while mental toughness is generally seen as a positive trait that may help individuals cope with stress and adversity, there is some evidence to suggest that heavy reliance on mental toughness may increase the risk of developing a mental illness over time (Grobler et al., 2022). The current discussion explores the sometimes-tedious differentiation between what is considered the requisite mental toughness for high level competitive athletics and mental illness among college / university student-athletes. The Sport Ethic Model developed by Hughes and Coakley (1991) will serve as a framework for this discussion.

### **The Sport Ethic Model**

The Sport Ethic Model was introduced to examine the potentially harmful aspects of intense competitiveness and emphasis on winning in sports culture. The Sport Ethic Model highlights the extreme pursuit of victory and the associated attitudes, behaviors, and consequences that can arise within competitive sports (Hughes & Coakley, 1991).

Within the Sport Ethic Model, Hughes and Coakley (1991) developed a definition of positive deviance and applied that definition in an analysis of behavior among athletes. The concept of positive deviance posits that deviant behavior among athletes involves excessive over-conformity to the norms and values embodied within sport itself. That is, athletes may use the “*sport ethic*” - which emphasizes sacrifice for “*the game*”, to seek distinction, take risks, and challenge limits - as a sole guide for behavioral practices within a sport context (Shogan & Ford, 2000).

Hughes and Coakley (1991) argue that strict adherence to this ethic may cause athletes to become especially vulnerable to corruption (e.g., performance enhancing drugs) by transforming behaviors that conform to positive norms into deviant behaviors that are prohibited and negatively sanctioned within society and within sport organizations themselves. In the current discussion the Sport Ethic Model is used as a framework to explore the potential relationship between mental toughness and mental illness among student-athletes.

### **Mental Toughness through the Lens of the Sport Ethic Model**

While the Sport Ethic Model may focus primarily on the cultural norms and values within a sports context, it may also tacitly influence the development of mental toughness in athletes. The sport ethic model highlights cultural norms that are prevalent in most competitive sports

(Fournier et al., 2022). These norms emphasize the importance of rigorous training, sacrificing personal interests for their sport, and prioritizing success. That is, the “*sport ethic*” is thought to give credence to a host of psychological constructs that loom large for mental toughness.

The Sport Ethic Model posits that athletes may face external pressure to conform to the norms of the sport culture, which may include ignoring pain, injuries, or personal well-being (Budziszewski, 2019). This may relate to mental toughness by encouraging athletes to push through physical and mental barriers, demonstrate resilience, and display mental and emotional strength in the face of adversity (Fourie & Potgieter, 2001).

The Sport Ethic Model also emphasizes the pursuit of excellence and optimal performance. This pursuit may lead to internalized pressure to perform at a consistently high level. Athletes who embrace these expectations may cultivate mental toughness as they learn to cope with pressure, handle stress, and maintain focus and confidence under demanding circumstances (Caulfield et al., 2023).

Athletes who adhere to these “*sport ethic*” norms may also be more likely to develop some measure of mental toughness due to internalizing the values of perseverance, discipline, and a strong work ethic. In this regard, mental toughness may help athletes recover from setbacks, failures, and injuries (Johnson et al., 2023). Moreover, it may enable them to maintain focus and motivation despite encountering obstacles or experiencing disappointment. Further, sustaining a high level of dedication and commitment to a sport is thought to require intrinsic motivation (Liew et al., 2019). As such, mental toughness may help some athletes stay motivated even when the initial excitement wanes or external circumstances become challenging.

Mental toughness also has strong implications for self-discipline. That is, athletes must develop self-discipline to adhere to training regimens, follow nutrition plans, prioritize rest and recovery, and make sacrifices to achieve their goals. Mental toughness imbues athletes with the ability to resist temptations, overcome distractions, and stay focused on their long-term objectives (Weinberg et al., 2022).

The tacit influence of the “*sport ethic*” further extends to constructs like managing pressure, persistence, focus, concentration, and handling criticism; all of which have implications for mental toughness. Competing in college / university athletics often involves high-pressure situations. Developing mental toughness enables athletes to remain composed under said pressure, make calculated decisions, and perform optimally when it matters most (Calmeiro et al., 2014). It may also help them control their emotions, manage anxiety, and maintain confidence in their abilities.

Competitive athletes understand that progress is derived through persistence and consistent effort over time. As such, many athletes develop a sense of perseverance and a “never give up” attitude (Le Bars et al., 2009). Athletes who have curated mental toughness are more likely to keep pushing forward when faced with challenges, setbacks, or plateaus in their performance.

In order for athletes to be successful, it is imperative that they are able maintain focus and concentration during both training and competition. Doing so allows them minimize distractions, maintain attention to detail, and stay fully engaged in the athletic endeavor. Achieving focus and concentration allows athletes to make split-second decisions, execute techniques accurately, and seize opportunities during games (Antonini-Philippe et al., 2022; Zakrajsek et al., 2019).

## Ethical Complexity

Differentiating between mental toughness and mental illness in elite level competitive athletes can be challenging, as both can at times involve similar behaviors and symptoms (Souter et al., 2018). Further, mental toughness may sometimes mask underlying mental health issues. For example, an athlete experiencing symptoms of depression or anxiety may push themselves even harder in an effort to maintain optimal performance (Souter et al., 2018). While some may view this as mental toughness, this type of behavior may inevitably lead to burnout and ultimately become detrimental to an athlete's mental health over time.

Adding to the complexity of this issue is that currently there is no consensus as to how mental toughness is defined or developed. Stamatis et al. (2023) explored perspectives on the conceptualization, measurement and training of mental toughness. They found that while coaches may value mental toughness and believe it plays an important role in competitive sport, most were unclear on how mental toughness is actually achieved. In some instances, anecdotally based physical protocols were used to develop athlete's mental toughness. However, the effectiveness of these training approaches, using psychometrically sound instruments, was rarely assessed (Stamatis et al., 2023).

Adding even further complexity to the concept of mental toughness is the specter of mental illness. That is, in some instances athletes may push themselves too hard, neglect time for rest and recovery, and thus may place themselves at increased risk for developing symptoms of anxiety, depression, or burnout (Martin et al., 2022; Strand & Samuelson, 2021). At times mental toughness may become so extreme that it leads to self-destructive behaviors, such as disordered eating, substance abuse, or other risky behaviors that negatively impact mental health (Lynch, 2021).

Due to what may often be a complex presentation, coupled with the mental toughness ideal, and couched within the sport ethic model, mental illness among competitive athletes can be challenging to diagnose and effectively treat. Several barriers specific to the athletic context exists which may inadvertently delay or prevent access to the appropriate clinical interventions (Lynch, 2021). It's also important to acknowledge that mental toughness and mental illness may coexist. To be sure, it may not always be easy to discern between the two. In some instances, the context of sport or competitive athletics, along with over-conformity to the sport ethic, may provide a means by which to mask certain symptoms of mental illness (Parrott, 2023). Ultimately, it's important to understand that mental toughness and mental illness are not mutually exclusive, and it's possible for an athlete to exhibit both traits.

### What it is? What it isn't?

And so, it is at this point that the critical question becomes "*how does one differentiate between the presentation of mental toughness and the presentation of mental illness among competitive athletes?*" As stated previously, it may not always be easy to discern between mental toughness and mental illness in elite-level competitive athletes. At times both may manifest in similar ways. Yet, there may also be subtle areas of distinction. Practitioners in the athletic context must be aware of this and be able to make such a distinction.

Application of the ecological perspective may provide a means by which to determine where mental toughness ends, and mental illness potentially begins. The ecological perspective is

based on the premise that athletes are best understood in the context of the various systems in which they live (Bronfenbrenner, 1977; Moore & Gummelt, 2019). This framework acknowledges micro, mezzo, and macro level factors and examines person-in-environment transactions and how said transactions may impact student-athlete mental health and well-being (Bennett, 2023). This approach broadens understanding of the multiple factors that ultimately influence athlete behavior.

In an effort to offer some guidance in this area, there are several areas of examination that warrant consideration. Once again, it is important to understand the concept of mental toughness. So, while mental toughness broadly and somewhat abstractly refers to an athlete's ability to persevere, maintain focus, and perform well under pressure, even in adverse circumstances (Benjamin & John, 2021), it should also be regarded as a positive trait that enhances performance and well-being, and helps athletes push through difficulties and setbacks without experiencing significant distress (Gucciardi et al., 2017). That is, while athletes who exhibit mental toughness may invariably experience stress, anxiety, or negative emotions, they may also, because of their psychological disposition, effectively manage and channel those phenomena to maintain optimal performance (Kalinin et al., 2019).

Where symptomatology may be concerned, mental toughness typically involves the display of resilience, determination, and the ability to handle adversity. Various coping strategies, including positive self-talk, visualization, or seeking support from coaches or teammates may also be employed. Mental toughness may therefore be viewed as a contextually dependent character trait (Gucciardi et al., 2015). It may involve short-term stress or anxiety that subsides once the situation or circumstance improves.

While athletic performance is a key objective within the athletic context, it is imperative for practitioners to remain cognizant of the overall health and well-being of the student athlete. In this regard, it should be clear that while mental toughness is generally associated with positive outcomes and an athlete's ability to thrive in competitive situations, it should not result in long-term harm to an athlete's mental health or overall well-being.

Therefore, in contrast to mental toughness, the presentation of mental illness is likely to impair not only athletic performance, but adversely impact overall social functioning as well. The presentation of mental illness is typically characterized by chronic, persistent, and significant impairment in multiple aspects of life, including athletic performance, personal relationships, and social functioning (Chow et al., 2020). This may include intense feelings of sadness, anxiety, hopelessness, changes in eating or sleeping patterns, difficulty concentrating, social withdrawal, and mood swings (Castaldelli-Maia et al., 2019). Further, these phenomena may last for extended periods of time and ultimately require clinical intervention.

It's important to note that mental toughness and mental illness are not mutually exclusive. Athletes can possess mental toughness while also experiencing mental health challenges. The distinction lies in the context of a particular behavior, its duration, severity, persistence, and magnitude of functional impairment. Therefore, it is important to consider the context in which the behaviors or emotions are occurring. As stated previously, mental toughness encompasses pushing through temporary discomfort (Benjamin & John, 2021), while mental illness often presents persistent and distressing symptoms (Chow et al., 2020). It is also important to determine whether an athlete's mental state is causing functional impairment in various other areas of their life, such as academic performance, relationships, and training. This requires open

communication, promoting mental health awareness, and the provision of appropriate support systems to help athletes maintain their mental well-being while striving for elite performance.

### **Put me in Coach!**

It is essential to involve mental health professionals including sports social workers when attempting to differentiate between mental toughness and mental illness in student-athlete populations. These professionals have the proficiency to evaluate an athlete's psychological well-being, assess the severity and impact of symptoms, and provide appropriate recommendations or interventions if needed. To be sure, this is a proposition that is incumbent upon appropriate education and awareness to continue to de-stigmatize mental health in the athletic community.

Although education and awareness of athlete mental health has increased in recent years, it continues to compete with prevailing stigma and false misconceptions that athletes must have an indestructible psyche (Larsen et al., 2021). This represents a key obstacle. That is, mental toughness may lead some individuals to resist seeking help when they are struggling with mental health issues. Moreover, this can delay diagnosis and treatment and worsen the severity of the mental illness.

It's important to recognize that mental toughness is just one aspect of an individual's overall mental health. Attending to one's mental health and well-being involves a balance of challenges and self-care. Although mental toughness may be a valuable tool for coping with adversity, it's important to be mindful of potential risks and seek appropriate intervention when needed in order to prevent the further onset of mental illness (Bauman, 2018).

Once again, it should be noted that mental toughness and mental illness can coexist in athletes. Indeed, both are related to an individual's psychological well-being and can affect their behavior, emotions, and thoughts. An athlete may exhibit mental toughness in their ability to persevere through challenging situations and maintain a positive attitude, while also experiencing symptoms of mental illness. In such an instance, the challenge would be to not let the athlete's mental illness impact their ability to compete at their best.

It is at this point that sports social workers play a vital role in the process. Sports social workers can conduct thorough assessments and screenings to identify whether an athlete's experiences are indicative of mental toughness or potential mental health concerns. Sports social workers may then collaborate with other mental health professionals, such as psychologists or psychiatrists, to provide comprehensive care for athletes (Newman et al., 2019).

Once mental illness in an athlete has been identified, it is vital to collaborate with qualified mental health professionals, including sports social workers. This will allow for the proper monitoring and evaluation of performance, overall social functioning, and potential modification of training approaches (Bennett, 2022). To be sure, an attitude of mental toughness can be maintained despite the presentation of mental illness. However, it is important to have a support system in place, consisting of coaches, teammates, and family members to provide encouragement and support during difficult times (Sullivan et al., 2020). Ultimately, maintaining an attitude of mental toughness requires a balance of challenge and self-care. Athletes with mental illness may need to adjust their expectations and approach to training and competition. Yet, given the appropriate support and resources, they may still excel in their sport while effectively managing their mental health.

## Conclusion

The efficacious use of the aforementioned strategies and techniques are predicated on several key factors. It is vital to establish a means of open communication wherein a safe environment is created for student-athletes to discuss their well-being. Such an environment may also serve to educate student-athletes about mental health and encourage them to seek help when needed. It is also important to recognize that each student-athlete is unique and their responses to stress and challenge are likely to vary. Thus, those working with student-athlete populations should take an individualized approach to understanding their experiences.

Ongoing education about mental health and athlete specific concerns is essential. Sports social workers are knowledgeable and can play a vital role in this regard. They can be instrumental in promoting the overall health and wellness of the student-athlete, creating programming, and developing psychoeducational training tools/materials for all members of the athletic department community (athletes, coaches, support staff, administrators, etc.) on issues relating to the total health of student-athletes.

Lastly, it is important for sports social workers to build intentional relationships with all members of the athletic department. Establishing a rapport with all those involved in athletics may help to promote a culture that normalizes conversations about mental health and thereby reduces the stigma that may hinder athletes from seeking help. Once again, the line between mental toughness and mental illness can be precarious at times. A comprehensive and compassionate approach that considers the overall well-being of the student-athlete is vital for providing effective support.

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## Mental Health Education and Self-Reported Depressive Symptoms Among College Athletes

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*Depression among collegiate student-athletes is a subject of growing research interest. The time demands and performance-related pressures that collegiate student-athletes face increase the risk for possible mental health diagnoses. It is recommended collegiate student-athletes receive training on mental health issues to learn about symptoms or identify early warning signs. This study investigated whether receiving or not receiving pre-sport mental health education influenced reported depressive symptoms of National Association of Intercollegiate Athletics (NAIA) collegiate student-athletes. This quantitative, cross-sectional study included voluntary collegiate student-athletes aged 18 years old or older ( $n = 361$ ). Descriptive statistics were utilized to describe the characteristics of the participants. An independent sample  $t$ -test compared the mean scores between two groups. Most participants ( $n = 229$ , 63.7%) indicated they did not receive mental health training from their college or university prior to sport participation. A web-based instrument that consisted of a demographic questionnaire and Patient Health Questionnaire (PHQ-9) was used to identify collegiate student-athletes who reported depressive symptoms. Collegiate-student athletes who did not receive pre-sport mental health training scored in a higher category of depression symptoms than their student-athlete peers who did receive mental health training. This study recommends that college athletic programs should explore the importance of as well as implement mental health training sessions*

*and practices to prepare collegiate student-athletes to recognize and respond promptly and appropriately to mental health challenges.*

*Keywords: mental health literacy, college athletes, depression, NAIA*

Collegiate student-athletes face many challenges such as balancing academics, social life, work, and family issues (Hagedorn et al., 2022). Over the past few years, uncertainty due to a global pandemic and loss of face-to-face learning opportunities added to these challenges (Hagedorn et al., 2022). With the increase in challenges, there has been a global increase in mental health conditions, especially depression. According to the National Institute of Mental Health (2023), approximately 8.3% of adults aged 18 or older experienced a depressive episode in the past year. When the data was limited to college-aged students ranging from 18-25 years old, the depression prevalence was 18.6%. The American College Health Association (2019) found 45.1% of college students reported significant signs of depression that affected their ability to function. A subsection of the college student population of focus in this study is collegiate student-athletes.

Collegiate student-athletes face the additional pressure and demands of competing in a high-level sporting event. Although exercise can serve as a protective factor for mental health issues like depression, the time demands and pressure to perform that collegiate student-athletes face increases their risk for depression (Cox et al., 2017; Moore, 2017; Moore et al., 2022). Various studies found the prevalence of depression in collegiate student-athletes ranges from 15.6% to 33.2% (Cox et al., 2017; Proctor & Boan-Lenzo, 2010; Weber et al., 2023; Wolanin et al., 2016).

The increased risk for mental health issues like depression has caused concern in the athletic ecosystem (Moreland et al., 2018). Historically, knowledge of depression in collegiate student-athletes and those surrounding them remained limited (Moreland et al., 2018; Weber et al., 2023). Mental health training is one approach to increase help-seeking behaviors as well as increase the recognition of conditions by coaches/trainers and the collegiate student-athletes themselves to expedite the referral process (Daltry et al., 2021).

Research into the effects of mental health training on collegiate student-athletes remains ongoing (Gorczyński et al., 2024; Moore et al., 2022). The purpose of this study is to examine how pre-participation mental health training that focuses on mental health literacy offered by NAIA programs might impact reported depressive symptoms. To date, there are no studies exploring the impact of pre-participation mental health training on reported depressive symptoms in NAIA college athletes.

## Literature Review

Mental health literacy is defined as the knowledge and beliefs about mental health disorders which aid one's recognition, management, or prevention (Jorm et al., 1997). Other scholars conceptualize mental health literacy as an individual's capacity to obtain, evaluate, and utilize health information autonomously in order to make informed decisions concerning their health and medical care (Chinn, 2011; Sorensen et al., 2012). Being mental health literate includes the following components: (1) ability to recognize specific disorders, (2) knowledge of how to seek

mental health-related information, (3) knowledge about risk factors and causes of mental health disorders, (4) knowledge about how to self-treat and of the availability of professional help, (5) attitudes that promote the recognition of mental health problems, and (6) attitudes that promote seeking appropriate help (Jorm et al., 1997; Moore et al., 2022).

A prior study showed that possessing sufficient mental health literacy at an individual level such as college students is correlated with improved health results, including suicide prevention (Pearce et al., 2003). Having knowledge about mental health literacy has also been associated with greater propensity to seek assistance and adhere to medication regimens, leading to enhanced mental well-being (Bonabi et al., 2016). Moreover, other research demonstrates that increasing mental health literacy through training decreases the risk of depression (Moore, 2017; Walker et al., 2010). For example, Walker et al. (2010) provided mental health education to 909 adults. As their data collection method, Walker et al. (2010) used the PHQ-9, which is a self-reported questionnaire that assessed the severity of depressive symptoms among the sampled participants. After six weeks, depressive symptoms were lower for those receiving the training when compared to the control group. Researchers found the same results in high school aged students. A study of 1,678 Chinese students found there was an increased odd of about 60% of moderate to severe depression for those students demonstrating inadequate levels of mental health literacy (Lam, 2014). Shim et al. (2022) investigated the effectiveness of psychoeducational tools in enhancing awareness and mitigating stigma associated with mental health. Their study revealed that completion of the Abnormal Psychology course was associated with a discernible decline in stigma among students as well as a significant positive change in beliefs and awareness about mental health. Their findings underscored the potential of mental health education in fostering awareness and comprehension, while reducing stigma surrounding mental health issues. By equipping students with education and training in mental health, the study highlights the importance of fostering understanding and empathy towards mental illness, thereby promoting overall well-being (Shim et al., 2022). Although research is showing increased mental health literacy decreases the risk for depression, there is a need for more research to determine the best method of improving mental health literacy. Specifically, there is a need to learn more about the availability of such mental health training to collegiate student-athletes and the impact mental health training has on a collegiate student-athletes self-reporting of depressive symptoms.

Collegiate student-athletes suffering from mental health conditions like depression need to seek help from an appropriate mental health provider. Unfortunately, there is hesitation to reach out and ask for help. The most often cited barrier to help-seeking by collegiate student-athletes is the stigma associated with mental health disorders (Moore, 2017; Moore et al., 2022). Other commonly cited barriers include: (1) feeling weak for seeking help, (2) belief that mental health providers do not understand demands placed on collegiate student-athletes, (3) fear that seeking help will impact sport performance, (4) concern about disappointing coaches and teammates, (5) concern about privacy and confidentiality, (6) lack of mental health literacy, and (7) negative past experiences when help-seeking (Gulliver et al., 2012; Moore, 2017).

While many barriers exist, ways to support collegiate student-athletes as well as increase help-seeking have also been identified. Increasing mental health training on literacy, having an established relationship with a mental health provider, and creating a supportive athletic environment that encourages self-care have been identified by collegiate student-athletes as approaches that facilitate help-seeking (Gorczynski et al., 2024; Moore et al., 2022). Ensuring

confidentiality is another key to encouraging help-seeking. Cutler and Dwyer (2020) found collegiate student-athletes were more likely to seek help from a mental health provider within the athletic department than to go to a university counseling center – as long as confidentiality is ensured.

Understanding the signs and symptoms of mental health, along with the realization that mental health symptoms can be a normal part of the collegiate student-athlete experience, increases the likelihood a collegiate student-athlete will recognize they are struggling and seek help earlier (Simons et al., 2023). Lack of mental health training could lead to delay in help-seeking and increased risk for development of more severe mental health reported symptoms (Paulus et al., 2015). The current study seeks to build on previous literature by looking at an understudied population – NAIA collegiate student-athletes. Specifically, the NAIA has invested time and resources in trying to bolster their mental health training offerings (Neal et al., 2015). Offering education on stress, stress-management techniques, and the resources accessible to collegiate student-athletes for enhancing stress management can be equally advantageous as guidance on hydration, nutrition, and sleep for enhancing performance (Neal et al., 2015). Neal et al. (2015) further states that this comprehensive approach addresses not only physical but also mental well-being, optimizing the athlete's capacity to excel both in their athletic pursuits and in their daily life activities. Additionally, mental health issues are at the forefront of the NAIA's (2024) commitment to collegiate student-athlete health and safety. Understanding and appreciating the complexity of topics related to these issues are key components of the NAIA's holistic approach to collegiate student-athlete development. Recognizing mental health issues are not only detrimental to performance, but disrupt the healthy function of college students, it is the desire of the NAIA to create a culture where collegiate student-athletes feel safe to reach out about mental health concerns in the same way one might reach out for care of an athletic injury. Identifying whether pre-sport mental health training decreases reported depressive symptoms can both illustrate the importance of such mental health training efforts and provide support for the NAIA in their ongoing efforts to promote collegiate student-athlete well-being and mental health literacy. Specifically, the study addresses the following research question: Does receiving mental health training prior to sport participation decrease reported depressive symptoms for NAIA collegiate student-athletes?

## Methods

### Research Design

This exploratory study received approval by a university's institutional review board. Researchers utilized a cross-sectional, web-based survey design to gather data from NAIA collegiate student-athletes. Web-based surveys are crucial strategies for collecting data from large sample groups quickly and with minimal cost. Furthermore, dissemination, data storage, and analysis are efficient and user-friendly (Greenlaw & Brown-Welty, 2009). Considering the size of the NAIA collegiate student-athlete population, alpha level (0.05) confidence intervals (95%), statistical test (one-tailed independent samples *t*-test), statistical power (0.8), and effect size (0.5) the minimum sample for this study was 102 collegiate student-athletes (Faul et al., 2007). The effect size used in this study was similar to other studies involving NAIA collegiate student-athletes (Moore & Abbe, 2021).

## Sampling

Researchers utilized a cluster sampling procedure to identify collegiate student-athlete participants. The clusters included each of the varsity sports offered by the NAIA in each gender, and then teams were randomly selected from these clusters (Nguyen, 2021). This approach ensured all member institutions participating in various sports had an equal opportunity for inclusion in the survey. In total, the survey was sent to 1,800 collegiate student-athletes from over 30 NAIA member institutions. The final response rate for this study was 20.1%.

## Participants

Voluntary collegiate student-athletes aged 18-years-old or older and attending an NAIA member institution participated in the study (n = 361). The data for all participants was used in the analysis. Most participants were 18-21 years old (53.5%, 46.5% indicated being over the age of 21). Survey participants were primarily juniors (30.7%, 23.8% sophomores, 23.1% first years, 22.1% seniors or graduate students). More women completed the survey (59.8%, 40.2% men). The largest percentage of participants were White/Caucasian (55.4%, 21.9% Hispanic or Latino, 14.9% Black or African American, 6.6% multiracial, 1.2% from other groups). Participants recorded which NAIA athletic team they were primarily affiliated with (20.2% baseball, 19.9% soccer, 12.5% track volleyball, 8.0% softball, 6.4% cross country, 6.1% basketball, with all other sports being under 5% each [e.g., football, bowling, cheer, dance, track and field, swimming and diving, golf, tennis, and lacrosse]). Participants were further examined regarding NAIA college/university demographics (See Table 1).

Table 1.  
*NAIA Institutional Demographic Information*

University Demographic	%
Private	20.2%
Public	79.8%
Suburban	33.3%
Urban	33.9%
Rural	32.8%
Faith Based	62.9%
Non-Faith Based	37.1%

Participants also responded to whether or not they received mental health training from their college or university before participating in their sporting season. The largest majority (n = 229, 63.7%) indicated they did not receive such training. The other 36.3% (n= 132) indicated they did receive some form of training.

## Measures and Instruments

Collegiate student-athletes completed a web-based instrument that consisted of the following: (1) demographic questionnaire (see above demographics) and (2) Patient Health Questionnaire (PHQ-9). The PHQ-9 is a self-administered version of the PRIME-MD diagnostic instrument for common mental disorders (Kroenke et al., 2001). It is used to make criteria-based diagnoses of depressive and other mental disorders commonly encountered in primary care. This is a nine-item depression module upon which the diagnosis of Diagnostic and Statistical Manual (DSM) depressive disorders is based. Reliability, predictive validity, and sensitivity of the tool have indicated it has sound psychometric properties. Internal consistency of the PHQ-9 has been shown to be high (American Psychological Association, 2023). The reliability and validity of the Chinese version of the PHQ-9 as a depression screening tool have been confirmed through extensive studies conducted in Hong Kong ( $n = 6028$ ) and Taiwan ( $n = 1954$ ) (Yu, 2012). In bolstering its efficacy, additional studies conducted in China (Chen, 2010; Laks, 2016) have provided further evidence supporting the effectiveness of the PHQ-9 in identifying and assessing depression. There is precedent for using the PHQ-9 in research with collegiate student-athletes (DaCosta et al., 2020; LoGalbo et al., 2020).

### **Data Collection**

Researchers identified athletic trainers through the NAIA database to establish contact information. Athletic trainers provided survey information to their assigned collegiate student-athletes. Athletic trainers did not receive incentives for their participation and were prompted to send reminder emails to their college athletes on three occasions throughout the data collection process. It is unsure if all athletic trainers provided the survey to their assigned collegiate student-athletes. Collegiate student-athletes were made aware that their datum was anonymous to try and encourage participation. This approach was successful in other NAIA research efforts (Moore & Abbe, 2021).

The research team believed the athletic training staff would provide consistent help with data collection across NAIA institutions. Athletic training staff received the list of teams from their institution for inclusion in data collection. Researchers provided athletic training staff detailed instructions for data collection and a copy of the informed consent. Athletic training staff were asked to distribute the electronic survey to their collegiate student-athletes. Collegiate student-athletes were able to opt-out of the survey at any time. Survey data were collected on a voluntary basis. The survey took approximately 10-15 minutes to complete. Once data was collected across NAIA institutions, researchers imported survey results into a statistical software program (SPSS 28) on a secure, private platform.

### **Data Analysis**

Researchers utilized descriptive statistics to provide details about the sample and overall survey results. Researchers used inferential statistics to infer information from the sample data to the overall NAIA college athlete population. For this study, the independent variable was the presence or absence of mental health training. The dependent variable was the composite score on the PHQ-9. Researchers used an independent sample *t*-test for this study. There was no missing data for this study.

## Results

Researchers conducted an independent sample *t*-test (assuming equal variances) to determine the impact of mental health training prior to sport participation on a collegiate student-athletes' self-reported depressive symptoms. The assumption checks for using a *t*-test were deemed tenable. The 230 collegiate student-athletes not receiving mental health training before participating in their sport ( $M = 16.21$ ,  $SD = 5.60$ ) compared to collegiate student-athletes receiving training ( $M = 14.31$ ,  $SD = 4.73$ ) demonstrated higher scores on the PHQ-9,  $t(359) = 3.28$ ,  $p < 0.001$ . This indicates those not receiving training reported more depressive symptoms than collegiate student-athletes receiving training. The effect size was medium, with a Cohen's  $d$  of 0.36.

The minimum clinically important difference (MCID) between collegiate student-athletes receiving mental health training versus those that did not receive mental health training was not clinically significant. The MCID for the PHQ-9 is 3.0 to 3.7 (American Psychological Association, 2023). The difference in clinical significance between collegiate student-athletes who underwent mental health training and those who did not was found to be minimal in terms of the minimum clinically important difference (MCID). This suggests that the observed disparities in mental health outcomes between trained and untrained collegiate student-athletes did not meet the threshold considered clinically meaningful according to established criteria for depression severity change. However, according to the PHQ-9 scoring scale collegiate student-athletes receiving mental health training had an average score in the moderate depressive category, while those not receiving mental health training had an average score in the moderately severe category.

## Discussion

This exploratory study investigated the reported depressive symptoms between two groups (group receiving mental health literacy training and a group that did not) of NAIA collegiate student-athletes using a web-based survey design. This outcome was of particular interest to researchers because awareness about mental health literacy can decrease self-stigma, including the negative attitudes and internalized shame collegiate student-athletes may have about living with a mental illness (Lam, 2014; Moore, 2017; Moore et al., 2022; Walker et al., 2010). The results of the independent sample *t*-test revealed a significant difference in self-reported depressive symptoms between collegiate student-athletes who received mental health training before participating in their sport and those who did not. As revealed in this study, the mean PHQ-9 score for collegiate student-athletes who did not receive mental health training ( $M = 16.21$ ,  $SD = 5.60$ ) was notably higher than for those who did receive training ( $M = 14.31$ ,  $SD = 4.73$ ). This suggests that, on average, collegiate student-athletes who did not undergo mental health training reported experiencing more severe depressive symptoms compared to their counterparts who received training. However, it is critical to note that the lower PHQ-9 scores among collegiate student-athletes who received training suggest that such interventions may play a crucial role in promoting mental well-being in this population. These findings are consistent with research conducted by Anderson et al. (2023), who examined the Sports Mental Health

Assessment Tool 1 (SMHAT-1) among Team USA athletes. Their study similarly emphasized the significance of integrating mental health interventions into collegiate sports programs to foster the overall well-being of student-athletes (Anderson et al., 2023).

Furthermore, results from  $t$ -value of 3.28 with 359 degrees of freedom indicated the magnitude of the difference between the two groups. In the context of this study, the  $p$ -value being less than 0.001 indicates that this difference is statistically significant, meaning that it was unlikely to have occurred by chance. These findings highlight the potential efficacy of mental health training in mitigating depressive symptoms among collegiate student-athletes. Existing studies revealed that mental health literacy improves help-seeking behavior (Gorczyński et al., 2024; Moore et al., 2022). Knowing when to seek help for mental health challenges and being willing to do so is important for recovery. Mental health training often addresses these issues as this is crucial for the well-being of collegiate students-athletes. In the present study, the researchers were curious about the percentage of collegiate student-athletes who participated in mental health training and the relationship between participation in training and self-reported depressive symptoms. Of the 361 NAIA college athletes surveyed, 63.7% reported they had not received mental health training before beginning their college sport. This was a surprisingly high percentage, leading researchers to wonder whether collegiate student-athletes had mental health training but did not recognize it as that or did not transfer what was learned to participation in athletics.

Student-athletes who participated in mental health training reported fewer depressive symptoms. This finding supports a prior study by Lam (2014). Lam found collegiate student-athletes that lacked mental health literacy were at an increased risk of depression. However, the relationship between mental health training and depression are still somewhat unclear and raise questions that may guide future research, such as the following:

Does mental health training provide collegiate student-athletes with feelings of control over depressive symptoms? Does the increased knowledge of mental health literacy that accompanies mental health training, make depressive feelings less urgent? What methods of instruction are most effective? Are people who are literate in mental health able to recognize signs and symptoms of depression sooner and seek help or engage in effective self-care strategies before symptoms escalate? These future studies are pivotal for helping the NAIA promote the safety and well-being of their collegiate student-athlete population. These studies also develop initial studies of this nature into studies that can impact practice at the micro and macro levels.

### Study Limitations

First, while efforts were made to decrease discomfort with the survey, it is possible collegiate student-athletes felt pressure to respond in particular ways out of personal and/or athletic concerns. This raises concerns about a halo effect. Second, this study relied upon self-reported data. Without having the ability to verify participant responses, there was no way of knowing the legitimacy or honesty of participants' responses. This brings into question recall bias. Third, the study was unable to control for the multiple covariates or confounding variables that influence a college athlete's mental health. Therefore, as a remedy towards addressing these limitations, the researchers propose the following suggestions for future research and these include: (1) conducting a comprehensive study to investigate the historical context of mental health, (2) analyzing the significance and implications of self-reported depressive symptoms

prior to mental health training (3) examining the extent of engagement in current mental health services and practices, and (4) exploring the variations in mental health training approaches across schools with regard to race, ethnicity, gender, sexuality, and religious factors

### **Conclusion**

The conclusion that collegiate student-athletes who participate in mental health training report fewer depressive symptoms underscores the potential value of mental health training. The result of this study indicates the need to provide mental health training to collegiate student-athletes, which really should include both pre-participation and consistent training throughout their college athletic career. We strongly recommend this ongoing training to ensure collegiate student-athletes recognize signs and symptoms of mental health issues and know how to respond appropriately, seeking help for themselves or teammates.

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