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NCAA DI Assistant Coaches' Understanding of Mental Performance and Mental Health Services

Heather Hill

NCAA DI ASSISTANT COACHES' UNDERSTANDING OF MENTAL

PERFORMANCE AND MENTAL HEALTH SERVICES

by

Heather M. Hill

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Approved by:

Dr. Morgan Eckenrod, Committee Chair
Dr. Paul Donahue
Dr. Laurie Neelis
Dr. Melissa Thompson

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ABSTRACT

The National Collegiate Athletic Association (NCAA) has acknowledged the importance of providing student-athletes with psychological services throughout their athletic careers (NCAA, n.d.). Two vital services for student-athletes are mental performance services that are focused on sport-related issues and mental health services that are centered around personal issues (Sudano & Miles, 2017). Previous literature around mental performance and mental health services has not distinguished between them, making it difficult to understand key stakeholders' perceptions and knowledge of both mental performance and mental health services. Assistant coaches play an important role in NCAA athletic departments and spend substantial amounts of time connecting and working with student-athletes (Cote & Gilbert, 2009), yet no research to date has examined their knowledge of mental performance and mental health services. Therefore, the *purpose* of this study was to learn about NCAA DI assistant coaches' understanding of mental performance and mental health services. Semi-structured interviews were conducted with 13 NCAA DI assistant coaches employed at universities with at least one Mental Performance Consultant and one Licensed Mental Health Provider. Thematic analysis procedures (Braun & Clarke, 2019) were used to analyze the interviews, and five themes were constructed: (1) day-to-day responsibilities of the assistant coach, (2) needing mental performance and mental health services, (3) factors influencing understanding of mental performance and mental health services, (4) factors impacting student-athlete utilization of mental performance and mental health services, and (5) confusion between mental performance and mental health services. Practical implications for the NCAA, MPCs, LMHPs, and coaches will be discussed.

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DEDICATION

This thesis is dedicated to my parents, Jackie and Kathy Hill. I thank you for your

persistent support and encouragement throughout this time and throughout the duration of

my college career. I appreciate all you have sacrificed to help me receive a quality

education, and I am grateful that you could each be a part of this journey. I could not

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CHAPTER I - INTRODUCTION

National Collegiate Athletic Association (NCAA) Division I (DI) collegiate

athletes require a number of supports in order to excel athletically, academically, and

personally within their environments (NCAA, n.d.). To satisfy these needs, NCAA DI

athletic departments often utilize an interprofessional team model where various

professionals with different service expertise collaborate to address the full range of

student-athlete needs (Hammick et al., 2009). This interprofessional team often includes

athletic trainers (ATs), academic advisors, nutritionists, strength and conditioning

coaches, mental performance consultants (MPCs), and Licensed Mental Health

Professionals (LMHPs; Arvinen-Barrow & Clement, 2015). Accordingly, MPCs are

focused on meeting the mental performance needs and LMHPs are tasked with

addressing student-athletes mental health needs (McHenry et al., 2021).

Although MPCs and LMHPs both focus on the psychological needs of student-

athletes, they are two distinct professionals with different education, credentials, and

expertise (McHenry et al.,). MPCs are trained to address student-athletes' mental

performance needs, such as focus or confidence, and are encouraged to obtain the

Certified Mental Performance Consultant (CMPC) credential endorsed by the

Association for Applied Sport Psychology (AASP; McHenry et al., 2021; Wrisberg et al.,

2009). On the other hand, LMHPs are trained to address psychological needs beyond

sport, such as depression and anxiety (Mellin & Weist, 2011; Sudano & Miles, 2017).

Additionally, LMHPs can obtain degrees in psychology, social work, or counseling

(McHenry et al., 2021). Because MPCs and LMHPs have their own unique competencies

and training, it is encouraged that NCAA DI athletic departments provide access to both

MPCs and LMHPs who collaborate to meet the varying needs of student-athletes (Bader & Martin, 2019; McHenry et al., 2021). Some NCAA athletic departments have attempted to address student-athletes' psychological needs by employing one LMHP to deliver both mental performance and mental health services (Connole et al., 2014). However, this is problematic because LMHPs are not always trained to address the full range of mental performance needs exhibited by student-athletes; thus, asking them to do so could negatively influence service provision, which could directly impact student-athletes (Bader & Martin, 2019; McHenry et al., 2021). Further, grouping these two services and service providers under the umbrella term of "sport psychology" within the literature is problematic because it does not allow for understanding the full extent of knowledge, experiences, and utilization of each individual service (Connole et al., 2014; McHenry et al., 2021).

When seeking to expand the knowledge of mental performance and mental health service utilization among collegiate student-athletes, it can be crucial to understand what coaches know about these services (Biggin et al., 2017) as coaches are an important figure for addressing student-athletes' needs and connecting them with the appropriate services (Coté & Gilbert, 2009). Coaches spend an extensive amount of time with student-athletes, which places them in an optimal position to build strong relationships and connect them with necessary services (Coté & Gilbert, 2009). Specifically, assistant coaches are a crucial piece of this dynamic and often have stronger working relationships with the student-athletes and have connections to services in the athletic department (Zakrajsek et al., 2020), yet no research to date has explored assistant coaches' roles or their knowledge about the different service providers. For these reasons, the current study

seeks to explore NCAA DI assistant coaches' understanding of mental performance and mental health services. By exploring mental performance and mental health services independently with a population that spends a substantial amount of time around the student-athletes and has yet to be explored (i.e., assistant coaches), it is possible to gain valuable insight into what this key athletic department member understands about each individual service in hopes of maximizing effective service utilization among student-athletes.

<div align="center">Statement of the Problem</div>

Mental performance and mental health services are often included under the same umbrella, which influences athletic department members' understanding of these services (Connole et al., 2014). Extensive work has been done to better understand athletic administrators' (AAs), athletic trainers' (ATs), student-athletes', and coaches' attitudes toward and willingness to use mental performance services. However, there is little work done to explore these same topics in the mental health arena. Although there have been some studies conducted with high school and college coaches surrounding mental performance services, no study to date has solely explored assistant coaches' understanding of mental performance or mental health services.

Coaches have a variety of responsibilities that include creating a positive working environment and culture for their team, building relationships with student-athletes and other key departmental stakeholders, and making game decisions while reflecting and adjusting their coaching practices (Coté & Gilbert, 2009). Although assistant coaches perform many of these responsibilities, they may have some differing roles that could include gaining more knowledge and information about athletic department services and

building stronger connections with student-athletes. Because of this, they may be in a unique position to influence student-athletes' utilization of mental performance and mental health services. To gain more information, research is needed to first gain knowledge of assistant coaches' understanding of mental performance and mental health services. Gathering this information could help provide more insight into their knowledge and utilization of mental performance and mental health services and how that impacts the value they place on those services for student-athletes.

<div align="center">Purpose of the Study and Research Questions</div>

The purpose of this study is to explore NCAA DI assistant coaches' understanding of mental performance and mental health services. Assistant coaches who work in an athletic department that employs both a MPC and LMHP could provide unique insight about their understanding of both psychological services. The following research questions were explored.

1. How do NCAA DI assistant coaches describe mental performance services?

2. What knowledge do NCAA DI assistant coaches have about the referral process for mental performance services?

3. How do NCAA DI assistant coaches describe mental health services?

4. What knowledge do NCAA DI assistant coaches have about the referral process for mental health services?

5. How does employment at a university that offers both services in the athletic department impact NCAA DI assistant coaches' understanding of mental performance and mental health services?

Limitations

1. NCAA DI assistant coaches have very busy schedules and have limited availability to engage in a 45-60 minute interview.

2. Depending on the time of year, some NCAA DI assistant coaches that are in season for their sport may have limited availability to participate in a 45-60 minute interview. This could also impact the types of assistant sport coaches included.

De-Limitations

1. The sample is limited to NCAA DI assistant coaches who work in an athletic department that employs at least one MPC and one LMHP full-time.

Relevant Definitions

Interprofessional team: A group of individuals with various roles that interact and mutually depend on one another to deliver comprehensive services (Hammick et al., 2009; McHenry et al., 2021)

Mental performance consultant: A professional who implements mental skills training with student-athletes to improve performance (Wrisberg et al., 2009)

Licensed mental health provider: A professional who focuses on mental health issues such as depression, anxiety, disordered eating, or substance abuse (McHenry et al., 2021; Mellin & Weist, 2011; Sudano & Miles, 2017)

Mental performance services: Mental skills training aimed at improving athletic performance – often delivered by mental performance consultants (McHenry et al., 2021; Wrisberg et al., 2009)

Mental health services: "Any interventions—assessment, diagnosis, treatment, or counseling—offered in private, public, inpatient, or outpatient settings for the maintenance or enhancement of mental health or the treatment of mental or behavioral disorders in individual and group contexts" (American Psychological Association, n.d.).

CHAPTER II – LITERATURE REVIEW

Historical Considerations

Over the last 18 years, AAs, support staff, student-athletes, and coaches have begun shifting their attention toward the mental aspect of sports (Martin et al., 2004; Wrisberg et al., 2009, 2010, 2012; Zakrajsek et al., 2015, 2016). Lately, more NCAA DI institutions have started providing mental performance services to student-athletes (Hosick, 2019; Sudano & Miles, 2017; Wrisberg et al., 2009), and the NCAA as an organization has shifted its attention to requiring more mental health resources to student-athletes in athletic departments (NCAA, 2016; Sudano & Miles, 2017). Even before the NCAA shifted its focus, DI athletic departments were starting to hire professionals to meet the psychological needs of student-athletes (Hayden et al., 2013). Researchers have found that AAs (Wrisberg et al., 2012), athletic trainers (Zakrajsek et al., 2015), student-athletes (Wrisberg et al., 2010), and coaches (Zakrajsek et al., 2011) that had access to or worked with an MPC believed in the value of mental performance services and felt that the MPC could positively impact student-athletes' performance and overall well-being.

Unfortunately, there has been little research done to learn about AAs', support staff's (e.g., ATs), student-athletes', and coaches' understanding of mental health services. More specifically, there has been limited research investigating assistant coaches' understanding of mental performance and mental health services. Although there have been some studies conducted where coaches' perceptions of and attitudes toward mental performance services were examined (Wrisberg et al., 2010; Zakrajsek et al., 2011, 2013), none of those studies solely focused on assistant coaches, and none explored their understanding of services. With barriers to seeking services still existing

(Biggin et al., 2017; Rahill, 2020; Sudano & Miles, 2017), it is important to gather more information regarding assistant coaches' understanding of mental performance and mental health services as they could play a critical role in student-athletes' utilization of both services. Therefore, the purpose of this study was to explore NCAA DI assistant coaches' understanding of mental performance and mental health services. Before diving into the literature surrounding mental performance and mental health, it is first important to understand the NCAA protocols and initiatives surrounding psychological heath.

The NCAA

In recent years, the NCAA created a mental health initiative focused on providing mental health services to student-athletes while encouraging NCAA athletic departments to hire a professional to assist with student-athletes' mental health needs (NCAA, 2016). Specifically, the NCAA describes mental health as being "a part of, not apart from, athlete health", meaning that mental health cannot be separated from the person as a whole (NCAA, n.d.). A component of mental health is mental well-being, which Hosick (2019) cited as the number one issue NCAA student-athletes face. Mental well-being is comprised of three dimensions: subjective, psychological, and social well-being (Foster, 2017). Subjective well-being is characterized largely by emotion and concepts such as satisfaction and happiness. Psychological well-being refers to one's ability to function on a daily basis and continue growing. Finally, social well-being refers to one's ability to function in society with other people (Foster, 2017). Collectively, these components contribute to an individual's overall mental well-being, which is vital for physical well-being and athletic performance (Brown et al., 2021).

One way to ensure student-athlete's physical and psychological well-being is addressed is to provide an interprofessional team within the athletic department comprised of different support staff members that can assist student-athletes with varying physical and psychological needs (McHenry et al., 2021). An interprofessional team is defined as the interaction and mutual dependency of professionals with different backgrounds delivering services to assist their client (Hammick et al., 2009). Essentially, a number of professionals coexist to complement each other's roles and provide the most comprehensive care for student-athletes. More specifically, an interprofessional team serves to promote and develop collaboration among involved parties to increase efficiency and best utilize resources (Arvinen-Barrow & Clement, 2015; Chatalalsingh & Reeves, 2014; Supper et al., 2015). In NCAA DI athletic departments, interprofessional teams often include ATs, strength and conditioning coaches, nutritionists, and psychological professionals (Arvinen-Barrow & Clement, 2015). There are three different types of psychological professionals including MPCs, LMHPs, and Licensed Sport Psychology Professionals (LSPPs). All three of these professionals are trained to help student-athletes struggling with psychological challenges and can provide either mental performance, mental health, or a combination of both services (McHenry et al., 2021).

However, researchers found mental performance and mental health services seem to be unequally distributed throughout NCAA athletic departments (Sudano & Miles, 2017). NCAA DI athletic departments include any combination of MPCs, LMHPs, and LSPPs (Hayden et al., 2013), and researchers have commonly grouped these professionals under the same umbrella of sport psychology (Connole et al., 2014) This

makes it difficult to distinguish between experiences with, perceptions of, and understanding of each specific psychological professionals' role. NCAA DI athletic departments may employ one of these professionals (i.e. MPC, LMHP, and LSPP), a combination of two professionals, or in some cases, none of the professionals listed, which leaves AAs, support staff, student-athletes, and coaches at different universities having varying levels of exposure to mental performance and mental health services. For the purpose of this research, the focus will be on MPCs and LMHPs because they are each trained to deliver either mental performance or mental health services (McHenry et al., 2021).

<div align="center">Psychological Professionals</div>

Mental Performance Consultants

MPCs, formerly referred to as sport psychology consultants, implement mental skills training with student-athletes to achieve improved performance and manage psychological related concerns (Wrisberg et al., 2009). MPCs serve a multitude of purposes within the athletic department, with their primary role being to help student-athletes improve performance, contributing to not only their athletic performance but their overall well-being (Friesen & Orlick, 2011). MPCs receive sport science, psychological science, and sport psychology training that requires a graduate degree to deliver services (McHenry et al., 2021). MPCs responsibilities include assisting with performance pressures (Beilock & Carr, 2001), improving athlete confidence (Myers et al., 2004), teaching athletes how to manage anxiety (Mamassis & Doganis, 2004), controlling emotional responses (Lazarus, 2000), enhancing communication skills (Sullivan, 1993), and building team cohesion (Carron et al., 2002). A MPC's influence

can extend far beyond sport performance and into an athlete's personal life, academics, and overall well-being (Papacharisis et al., 2005).

Licensed Mental Health Professionals

LMHPs focus on mental health issues such as depression, anxiety, eating disorders, or family issues (Mellin & Weist, 2011; Sudano & Miles, 2017). These professionals receive distinct educational training surrounding mental health challenges and diagnoses, but they do not have education, training, or applied experience in delivering mental performance services to student-athletes. After earning their graduate degree, LMHPs can become counselors, social workers, or psychologists depending on the degree obtained (McHenry et al., 2021). Having LMHPs within an athletic department can be particularly useful for extending student-athlete care beyond the performance realm. Their work focuses on the personal challenges outside of sport and how that may contribute to performance improvements; however, these professionals are specifically equipped to address deeper psychological needs student-athletes may face.

Over the last five years, researchers found that student-athletes are just as likely or even more likely than the general population to develop and suffer from mental health disorders (Biggin et al., 2017; Brown et al., 2021; Drew & Matthews, 2019; Moreland et al., 2018; Rahill, 2020); however, there is limited research describing mental health resources for NCAA DI student-athletes and the utilization of these services (Sudano & Miles, 2017). On the NCAA website, there are various links providing educational resources to help support staff, student-athletes, and coaches recognize, improve, and seek help for mental health challenges (NCAA, n.d.). However, the majority of these resources provide warning signs for mental health issues and/or encourage the use of

stigma free language, but they do not provide information regarding where student-athletes can seek services in their own athletic departments. Some researchers have examined student-athlete substance abuse, sport wagering, the pressures of a DI student-athlete, and the environment they participate in, yet there is no data or information describing the prevalence of mental health issues at the NCAA DI level (Biggin et al., 2017). Sudano and Miles (2017) stated that the NCAA lacks a standard of care for handling mental health concerns, meaning there was no set protocol in place for discussing and working with student-athletes experiencing mental health challenges. Further, although there has been much research discussing the benefits of mental performance services and MPCs' work (Wrisberg et al., 2009, 2010), this information was not included nor addressed within the NCAA mental health initiative. Each NCAA DI university employs different psychological professionals and handles their resources and referral procedures for student-athletes in their own unique ways.

Although there was not a clear delineation and description of mental performance and mental health services on the NCAA website, the NCAA has begun making changes to better meet the mental health needs of student-athletes (Hosick, 2019; NCAA, n.d.). In 2016, the NCAA released the *Inter-Association Consensus Document: Best Practices for Understanding and Supporting Student-Athlete Mental Wellness* (NCAA Sport Science Institute and the NCAA. 2016) in an effort to outline practices to guide athletic departments in providing mental health care for student-athletes. In 2019, the NCAA autonomy conferences (ACC, Big Ten, Big 12, Pac-12, and SEC) adopted a policy of guaranteed access to mental health care for student-athletes (Hosick, 2019). This proposal required NCAA power five athletic departments provide services and resources to meet

the mental health needs of their student-athletes (NCAA, n.d.). The NCAA further acknowledged that student-athletes are taking steps on their own to bring awareness to the presence of mental health disorders (e.g., anxiety and depression) and are attempting to eliminate the stigma while changing the culture around mental health (Hosick, 2019). According to the associate commissioner for compliance, the NCAA is committed to these services and has taken an oath to increase mental health awareness and resources throughout the organization (Hosick, 2019).

With the NCAA making a push toward increasing awareness, resources, and information on mental health services, they have yet to provide information about mental performance services and MPCs on their website (NCAA, n.d.). Although MPCs are not acknowledged on the NCAA website, researchers have highlighted the value of and belief in mental performance services for student-athletes (Wrisberg et al., 2009, 2010, 2012; Zakrajsek et al., 2015, 2016). Next, mental performance services will be discussed in relation to the benefits for student-athletes as well as how AAs, ATs, student-athletes, and coaches perceive the services.

<center>Mental Performance Services</center>

Mental performance services, previously known as sport psychology services, consist of mental skills training provided by MPCs (McHenry et al., 2021; Wrisberg et al., 2009). Mental skills training can be implemented to help student-athletes build confidence (Beilock & Carr, 2001), cope with pressure (Wrisberg et al., 2009), improve focus (Orlick & Partington, 1988), enhance communication (Sullivan, 1993), elevate game performance to the same level as practice performance(Bemiller & Wrisberg, 2011), deal with injury (Wiese & Weiss, 1987), assist with personal issues (Papacharisis

et al., 2005), manage anxiety and emotions (Lazarus, 2000; Mamassis & Doganis, 2004), and enhance sport enjoyment (Scanlan et al., 2009).

MPCs are encouraged to obtain a certification endorsed by the Association for Applied Sport Psychology (AASP) titled: Certified Mental Performance Consultant (McHenry et al., 2021). To earn this certification, MPCs must take a comprehensive exam covering coursework they completed in their graduate training to ensure they have a strong understanding of the content necessary to deliver effective services. Mental performance services are designed to help student-athletes manage the demands of sport pressures while also improving mental skills that can help them perform optimally (Wrisberg et al., 2010). However, in order for MPCs to be included in NCAA DI athletic departments, AAs must hire them. To understand AAs' perceptions of and experiences with mental performance services, the next section focuses on the research done with AAs over the last 20 years.

Athletic Administrators and Mental Performance Services

NCAA DI athletic departments are headed by AAs who serve as the gatekeepers to all parts of the athletic department including athletic programs, support staff, student-athletes, and coaches (Miller, 2014). AAs serve as a key stakeholder in determining whether student-athletes have access to mental performance services. AAs have the power to make hiring decisions within the athletic department and determine how funds are allocated (Miller, 2014). For this reason, researchers have sought to understand AAs' understanding of mental performance services (Wilson et al., 2009; Wrisberg et al., 2012), attitudes toward providing mental performance services (Connole et al., 2014; Wilson et al., 2009; Wrisberg et al., 2012), and reluctancies to employing MPCs

(Kornspan & Duve, 2006; Miller, 2014; Voight & Callaghan, 2001). Gaining a deeper understanding of AAs perceptions of MPCs and mental performance services could provide valuable insight into the level of access student-athletes have to these services.

Voight and Callaghan (2001) were the first who sought to gain insight into the numbers of consulting positions offered to MPCs within collegiate athletic departments. In this study, 51 (53%) of the 96 athletic departments included in the survey utilized some type of mental performance services, which means that roughly half of the included athletic departments had some belief in the value of MPCs and their services. However, only 7 (14%) of the 51 who indicated having mental performance services employed the MPC full-time in the athletic department. Most MPCs were employed either part-time in the athletic department, servicing many sports or only working with one sport team (Voight & Callaghan, 2001). Although Voight and Callaghan (2001) found that athletic departments value mental performance services, the number of MPCs employed full-time calls into question how much AAs truly believe MPCs can assist student-athletes and how much priority they receive compared to other support staff members (e.g., ATs). Voight and Callaghan (2001) revealed that budget was the primary reason for not employing MPCs, which may have impacted the low number of MPCs employed full-time in the athletic department. This study was the first to shed light on AA's belief in and utilization of mental performance services and set the stage for researchers to continue exploring this line of work.

Kornspan and Duve (2006) expanded on Voight and Callaghan's (2001) research and surveyed AAs across NCAA Division I, II, and III levels on the need for hiring MPCs. They found that of the 286 AAs surveyed, 68 (23.7%) AAs believed it was

necessary to hire MPCs; however, most of these were reported by AAs at the DI level. Accordingly, the number of "yes" responses declined drastically as the divisions surveyed descended from I to III (Kornspan & Duve, 2006), which was largely attributed to budget restrictions at the Division II and III levels. Although this survey was disseminated in 2006, at the time, MPCs were underutilized across all NCAA responding institutions. However, AAs noted that hiring MPCs could help student-athletes deal with the pressures of sport and life, improve performance, and enhance the sport experience (Kornspan & Duve, 2006). Despite acknowledging these benefits, many AAs still answered "no" to the question of whether it is necessary to hire an MPC. This could be due to their lack of understanding of the services MPCs provide or not having the financial means to hire this professional for the athletic department.

Kornspan and Duve (2006) paved the way for Wilson et al. (2009) to learn about NCAA DI AAs' perceptions of MPCs and mental performance services. Wilson et al. (2009) contacted 376 NCAA DI AAs who had at least one DI sport in their athletic department about their experiences with, exposure to, and attitudes toward mental performance services. Of those AAs surveyed, 72 (19.1%) responded and indicated that they valued mental performance services, however, most acknowledged that they did not have any understanding of MPCs educational training, which was exemplified by the fact that 48 (66.7%) AAs were unaware of the CMPC certification that MPCs are encouraged to obtain through AASP (Wilson et al., 2009). Further, AAs previous experiences with MPCs did not seem to influence their perceptions of their role or the services they delivered; however, AAs with previous experiences with MPCs had significantly greater

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attitudes toward them, which impacted the belief they held in the services they provide to student-athletes (Wilson et al., 2009).

Three years later, Wrisberg et al. (2012) extended Wilson et al.'s (2009) research and surveyed 256 NCAA DI AAs about their perceptions of mental performance services. When asked about their perceptions of and support for MPCs, 124 (48.4%) AAs surveyed indicated they supported mental performance services and believed they could be useful in helping student-athletes cope with sport-related challenges such as dealing with performance pressures (Wrisberg et al., 2012). Furthermore, AAs reported being less likely to support MPCs in handling life-related concerns unrelated to the performance domain. In this study, 31 (60.8%) of 51 AAs who responded to the open-ended questions reported being supportive of MPCs delivering mental performance services, but AAs suggested that MPCs be hired to fill part-time positions, and they did not support MPCs attending practices or competitions (Wrisberg et al., 2012).

These findings indicate a disparity between the perceived support of mental performance services and the actual understanding and utilization that occurs within athletic departments. AAs only voicing their support for hiring MPCs as they have done since 2001 (Kornspan & Duve, 2006; Voight & Callaghan, 2001; Wilson et al., 2009) cannot directly lead to the successful utilization of mental performance services by student-athletes. Additionally, if athletic departments, specifically AAs, do not understand the time and access necessary for student-athletes to reap the benefits of MPCs, they will not hire nor advocate for the utilization of services. This lends itself to question how many MPCs have been hired as full-time interprofessional team members and are delivering mental performance services to student-athletes. To learn about the

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number of MPCs working at NCAA DI institutions, Hayden et al.'s (2013) research will be discussed.

Hayden et al. (2013) conducted a content analysis to better understand the prevalence of MPCs in NCAA DI athletic departments. Previous researchers focused their attention on the need for MPCs and AAs' perceptions of mental performance services (Kornspan & Duve, 2006; Wilson et al., 2009; Wrisberg et al., 2012). Instead, Hayden et al. (2013) analyzed the websites of 120 Football Bowl Series (FBS) NCAA DI athletic departments and found that 39 (32.5%) of 120 institutions claimed to provide mental performance services for student-athletes. These institutions differed in the number of providers employed and the department the provider belonged to (i.e., counseling or athletic). Of these, 34 (87.5%) of the 39 universities listed mental performance services as being part of their athletic department (Hayden et al., 2013). Although 39 universities indicated having mental performance services available to student-athletes on campus, the vast majority of FBS universities did not provide mental performance services to their student-athletes, leaving them to cope with the challenges and struggles of being a NCAA DI athlete on their own.

Connole et al. (2014) corroborated many of the previous findings but utilized a different approach for understanding AAs' preferred characteristics for mental performance positions. Connole et al. (2014) identified 2,976 AAs across all three divisional levels and invited them to participate in their survey research. Of the 2,976 total AAs, 471 (15.8%) AAs participated in a survey created to understand their preferences for and usage of mental performance services. Voight and Callaghan (2001) previously found that 53% of athletic departments utilized mental performance services

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in some manner; however, Connole et al. (2014) found that only 186 (39.5%) of 471 AAs reported having mental performance services available to student-athletes. Thus, over time, the availability of mental performance services has decreased in NCAA athletic departments, meaning fewer MPCs were employed in 2014 than in 2001 (Connole et al., 2014; Voight & Callaghan, 2001). This further exemplifies the reality of the inconsistencies between the need for and support of services, and the access student-athletes have. Further, 170 (36.1%) of 471 AAs in this study preferred hiring a MPC part-time to deliver both mental performance and mental health services (Connole et al., 2014). This was greater than the 156 (33.1%) of 471 AAs who would prefer to hire a MPC full-time and 144 (30.6%) who reported they would not hire a MPC.

This expectation to manage both roles creates an even greater workload for the professional and requires these individuals to have qualifications in mental performance and mental health. Accordingly, student-athletes will likely not gain the full benefit of the MPC and the related services because of the limited access they have to the professional who is hired part-time and delivering both mental performance and mental health services. However, in this study, 163 (34.6%) of 471 AAs reported that more than one MPC would be necessary to provide sufficient services to student-athletes (Connole et al., 2014). Despite this, the reality is that having more than one MPC in the athletic department rarely occurs although many AAs believe having multiple MPCs will help to better deliver services. Even so, 195 (68.4%) of the 285 AAs at institutions that did not already provide mental performance services said they did not intend to develop a mental performance position in the next five years (Connole et al., 2014). There seems to be a discrepancy between AAs at different divisional levels, the preferred employment status

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of the MPCs, and how many MPCs should be hired to deliver services. Despite this study taking place 12 years later, these findings were lower than that of Voight and Callaghan's 2001 findings that revealed 19 (19.8%) of 96 AAs planned to hire a MPC and 23 (23.9%) of 96 AAs were already considering hiring a MPC to deliver mental performance services.

Ultimately, AAs have repeatedly voiced support for mental performance services to NCAA student-athletes (Connole et al., 2014; Kornspan & Duve, 2006; Wilson et al., 2009; Wrisberg et al., 2012), yet mental performance services remain largely inaccessible and underutilized (Connole et al., 2014; Kornspan & Duve, 2006; Miller, 2014; Wrisberg et al., 2012) by NCAA DI student-athletes. Results of the aforementioned studies suggest that providing AAs opportunities to have positive experiences with MPCs (Wilson et al., 2009), addressing budgetary concerns (Kornspan & Duve, 2006; Miller, 2014; Voight & Callaghan, 2001; Wilson et al., 2009), and presenting the potential benefits of mental performance services (Miller, 2014; Wrisberg et al., 2012) can be effective strategies for increasing AAs receptivity to mental performance services. Although AAs are considered the stakeholders for the hiring of MPCs, ATs arguably spend more time with student-athletes and have a stronger understanding of the services MPCs provide; therefore, it is important to learn more about their understanding of mental performance services.

Athletic Trainers and Mental Performance Services

Although AAs are essentially the gatekeepers to the athletic department and control who they hire to fill department roles, ATs are arguably one the most important support staff members in the athletic department. ATs have some mental skills training as it is one of their competencies within their curriculum to become a Certified AT through

the National Athletic Training Association (NATA; NATA, n.d.). Further, ATs often have great relationships with student-athletes because they are the first on the scene of an injury and spend an extensive amount of time helping the student-athletes rehabilitate back to health (Zakrajsek et al., 2018). Over the last seven years, there has been an increase in research done with ATs in learning about their perceptions and utilization of mental performance services. Zakrajsek et al. (2015, 2016, 2017, 2018) were some of the first researchers to connect with ATs to learn about their understanding of mental performance services and perceptions of MPCs. First, Zakrajsek et al. (2015) surveyed 659 NCAA ATs about their experiences with and perceptions of mental performance services and found that ATs acknowledged a need for MPCs to help student-athletes reduce anxiety, deal with pressure, manage emotions, improve focus, and build confidence. Additionally, 428 (64.9%) of 659 ATs who responded to the survey rated the addition of an MPC as a "highly or extremely beneficial" resource for student-athletes (Zakrajsek et al., 2015, p.286).

Zakrajsek et al. (2016) expanded on their previous research and examined ATs experiences with MPCs, willingness to refer athletes for mental performance services, and perceived benefits of mental performance services. In this study, Zakrajsek and colleagues (2016) surveyed 659 ATs regarding mental performance service utilization and found that many ATs believed the services of a MPC to be useful for a number of performance related and rehabilitation related factors. Out of 659 ATs surveyed, 509 (77.2%) believed MPCs could help manage anxiety, 451 (68.4%) felt they could help student-athletes improve coping skills, 388 (58.9%) thought they could assist in managing emotions, and 385 (58.4%) felt MPCs could help student-athletes build

confidence (Zakrajsek et al., 2016). Additionally, Zakrajsek et al. (2016) found that ATs'
willingness to use MPCs was contingent on the availability of services and the quality of
the interactions the AT had with the MPC. Consequently, increasing the interactions
between ATs and MPCs could prove to be useful in implementing mental performance
services in the rehabilitative setting and in better connecting student-athletes with MPCs.

In a follow-up study, Zakrajsek et al. (2017) interviewed nine ATs to learn about
their experiences with and knowledge of mental performance services and found the
participants identified similar benefits to those of the ATs previously surveyed (Zakrajsek
et al., 2015, 2016). Specifically, ATs believed the mental component of sport, especially
in injury rehabilitation, could be crucial to student-athletes overall success in the
rehabilitation setting and could positively impact return to sport rates (Zakrajsek et al.,
2017). ATs are positioned to interact regularly with student-athletes on the field or in the
training room, and they recognize the need for the implementation and utilization of
mental performance services. This, along with positive attitudes toward mental
performance services, makes ATs a key component in connecting student-athletes with
MPCs (Zakrajsek et al., 2017).

Although Ats acknowledged many benefits of mental performance services, they
did share hesitations in implementing mental skills training with their student-athletes in
the rehabilitation setting. One of the biggest drawbacks for Ats was the expectation for
them to be the one to deliver mental skills training to student-athletes. Although they
have training in this realm, they reported having limited knowledge and minimal training,
making them uncomfortable delivering mental performance services to student-athletes.
Ats reported preferring to have a MPC deliver mental performance services to student-

athletes since they had the greatest amount of education, knowledge, and training to be able to successfully implement the services (Zakrajsek et al., 2017). Despite Ats receiving some mental performance content and education in their athletic training undergraduate and graduate degrees, their academic course work focuses more on the physical aspects of sport versus the implementation of mental skills training programs. To echo previous sentiments, many Ats reported feeling unqualified to deliver mental performance services to student-athletes and preferred to include a MPC as part of their sport medicine team to help with the psychological demands of rehabilitation and return to sport (Zakrajsek et al., 2017).

Most recently, Zakrajsek et al. (2018) interviewed nine certified Ats on three major mental performance services domains: (1) knowledge of availability and understanding of services, (2) perceptions of services pertaining to injury rehabilitation, and (3) use of services for sport performance. Within domain one, which addressed knowledge and understanding of services, Zakrajsek et al. (2018) found that Ats, even at institutions with access to a MPC, did not have a clear understanding of the availability of mental performance services. Additionally, these Ats did not feel confident in their knowledge of mental performance services despite having completed coursework in sport psychology and the NATA certification, which includes mental skills training as a competency within the exam (Zakrajsek et al., 2018). This finding further expanded upon Zakrajsek et al.'s (2017) previous findings and established a recurring theme, which is Ats feeling unqualified to deliver mental performance services to injured student-athletes.

The second domain examined ATs' perceptions of mental performance services for rehabilitation purposes. ATs reported many instances where mental performance

services could have been useful for injury rehabilitation and the psychological toll an injury has on student-athletes (Zakrajsek et al., 2018). Although ATs have a strong belief in mental performance services, they also shared that utilizing mental performance services or including a MPC into the rehabilitation setting rarely comes to mind and is often an afterthought. Furthermore, ATs' reasons for limiting their use of mental performance services boiled down to a lack of awareness of the services, mental skills training being outside the scope of service delivery, lack of confidence in delivering or asking for assistance with the services, and referral procedures not being explicitly stated (Zakrajsek et al., 2018). The third domain examined ATs' perceptions of the use of mental performance services for sport performance. ATs believed that MPCs were used more for "big" competitions, simulating practice scenarios as if they were competition, helping student-athletes transition out of sport, and improving sport performance (Zakrajsek et al., 2018). Overall, ATs recognized the value of MPCs and the services they provide but did not seem to feel comfortable delivering services or asking for assistance, which could explain why MPCs are seldomly used in the rehabilitation setting.

ATs repeatedly acknowledged the potential benefits of MPCs delivering mental performance services in a rehabilitative setting, yet they lack training in implementing mental performance services and are hesitant in using these services (Zakrajsek et al., 2015, 2016, 2017, 2018). If ATs, who have some mental performance training, are unsure of delivering services to student-athletes and are unaware of the referral procedures in connecting a student-athlete to a MPC, how do student-athletes and coaches know of these services? Although it is valuable to gain insight into important support staffs' understanding of mental performance services, it is also imperative to learn about

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student-athletes' understanding of mental performance services, since they are the ones who are utilizing the MPCs.

Athletes and Mental Performance Services

Despite consistent findings of the effectiveness of mental performance services, student-athletes still underutilize MPCs (Donohue et al., 2004; Maniar et al., 2001). Across years of research, student-athletes have maintained mostly positive and supportive views of mental performance services (Brooks & Bull, 1999; Fortin-Guichard et al., 2018; Green et al., 2012; Martin, 2005; Wrisberg et al., 2009). Even so, a number of factors still prevent student-athletes from seeking these services such as stigma, lack of time, and limited access to providers (Donohue et al., 2004; Fortin-Guichard et al., 2018; Green et al., 2012; Wrisberg et al., 2009). Therefore, it is important to gain an understanding of student-athletes' knowledge of mental performance services, as this information can better inform coaches, AAs, ATs, and other staff members on how to implement and improve service delivery and availability.

Brooks and Bull (1999) surveyed 90 female student-athletes on their perceptions of MPCs and found student-athletes tended to hold favorable views and preferred working with a service provider who was primarily focused on mental performance rather than mental health services (Brooks & Bull, 1999). Researchers revealed that (1) student-athletes were partial to providers with more sport background and relatability and (2) the roles surrounding mental performance mental health service providers were unclear to student-athletes. Maniar et al. (2001) expanded on this research two years later and found student-athletes preferred discussing performance issues with someone who had a sport background. Furthermore, the title of "psychologist" was found to be a deterring factor

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for student-athletes seeking services because of the stigma around psychological services (Donohue et al., 2004; Maniar et al., 2001; Martin, 2005; Wrisberg et al., 2009). Researchers found that student-athletes preferred to work with someone who understood their sport, related to them as student-athletes, and whose services were focused on mental performance (Anderson et al., 2004; Lubker et al., 2008; Maniar et al., 2001).

Anderson et al. (2004) continued this research and interviewed 30 elite athletes about their experiences with mental performance services and found MPCs were effective when they communicated well, understood the relevant sport, provided feedback, and delivered services in the correct format. During the same year, Donohue et al. (2004) surveyed student-athletes on their attitudes toward mental performance services and then individually spoke with each student-athlete about either sport related experiences or the benefits of mental performance services. Researchers revealed that student-athletes who discussed the benefits of mental performance services expressed a higher level of belief in the need for these services as opposed to those who were only asked to discuss their sport-related experiences (Donohue et al., 2004). These findings illustrate that unless probed about mental performance services, student-athletes do not know or connect the services to their sport experience. These results illustrate the value in educating student-athletes on the benefits of mental performance services, which could improve receptivity toward service providers. However, Donohue et al. (2004) found that discussing the benefits of utilizing mental performance services did not directly lead to an increase in willingness to discuss personal issues or stigma. Accordingly, a different approach may be necessary to encourage student-athletes to address personal concerns or eliminate the stigma surrounding mental performance services within athletics.

Shortly thereafter, Martin (2005) continued this research with student-athletes and explored their attitudes toward mental performance services. Student-athletes' gender, age, and type of sport (physical contact or non-contact) were analyzed to understand impact on attitudes toward seeking mental performance services. Martin (2005) found that if student-athletes had a previous experience with mental performance services, it was more likely that they would utilize the service again. Differences were also found between male and female student-athletes and their stigma level for mental performance services. Specifically, male athletes had higher levels of stigma toward mental performances services and were less receptive to seeing a MPC compared to female athletes (Martin, 2005). The type of sport also played a role in student-athletes' attitudes and stigma levels. For example, student-athletes who participated in contact sports (i.e., football) stigmatized mental performance services more than those participating in non-contact sports (i.e., golf), which led contact sport athletes to hold more negative attitudes toward services (Martin, 2005). Overall, these findings suggest that male athletes involved in contact sports have more negative attitudes and higher stigma levels related to mental performance services. To change this dynamic, it is critical that important stakeholders (e.g., coaches) provide more information and opportunity for exposure to mental performance services in order to change male athletes' attitudes toward seeking mental performance services. Wrisberg et al. (2009) continued this work and examined willingness of NCAA DI student-athletes to seek mental performance services.

Wrisberg et al. (2009) surveyed 2,440 NCAA DI student-athletes to learn about their willingness to utilize mental performance services, what they believe are the benefits of using mental performance services with their team, and their thoughts related

to hiring a MPC at their university. Gender, sport type, previous experience, and perceived effectiveness emerged as determining factors of college athletes' perceptions of mental performance services (Wrisberg et al., 2009). More specifically, results from this research supported Martin' (2005) findings that females were more receptive to mental performance services compared to male student-athletes (Wrisberg et al., 2009). Furthermore, Wrisberg et al. (2009) found contact versus non-contact sport delineation did not significantly impact perceptions of mental performance services, which differs from Martin's (2005) findings.

However, there were differences in the services desired between team sport student-athletes and individual sport athletes (Wrisberg et al., 2009). Team sport athletes expressed a greater desire for training in the area of team cohesion and communication, whereas individual sport athletes were more concerned with strategies to improve competition performance to the level achieved in practice. Although student-athletes across different sport settings believed mental performance services could be beneficial, there still seems to be a need to increase student-athletes' exposure to mental performance services in order to change their attitudes and increase receptivity. To increase exposure, services must be available, and Wrisberg et al. (2009) found that 277 (78.2%) of 354 student-athletes who responded to the open-ended questions were supportive of having a MPC available to them (Wrisberg et al., 2009). The findings from this research showed that student-athletes, even with different sport experiences and requirements were willing to seek services and believed it would be beneficial to employ a MPC in the athletic department. Over time, it seems that some stigma levels in contact sports may have been reduced and student-athletes are becoming more receptive to

mental performance services. In order to dive deeper into contact sport athletes' attitudes toward mental performance services, Green et al. (2012) explored rugby players' attitudes toward psychological service providers.

Eight elite rugby players were interviewed about their attitudes toward MPCs and reported having positive outlooks on mental performance services. Despite these positive attitudes, the rugby players further supported the notion that stigma is still a major barrier to seeking mental performance services. Specifically, rugby players discussed being concerned as to how they would be perceived by their peers and coaches if they were to seek the assistance of a MPC (Green et al., 2012). All eight interviewees supported the use of mental performance services and believed the services were necessary and could help improve performance. However, only one athlete in the sample had access to mental performance services (Green et al., 2012), indicating that access to mental performance services is another hinderance to student-athletes seeking the assistance of a MPC. If there is no MPC, how can student-athletes gain increased exposure, change their attitudes, and seek out mental performance services? If student-athletes are going to change their attitudes and beliefs, MPCs must be accessible to facilitate interactions and educational sessions and/or resources need to be provided to coaches and club members in order to increase their awareness and shift their attitudes around mental performance services (Green et al., 2012). Making these changes could help athletes feel more comfortable seeking help and provide them an opportunity to work with an MPC. To further understand why student-athletes seek or do not seek services, coaches' understanding of mental performance services must be explored.

Coaches and Mental Performance Services

Coaches hold a high level of influence over student-athletes, and those working at the highest levels of sport often have the authority to allow or deny student-athletes access to mental performance services, which can greatly impact student-athletes' attitudes and perceptions of these services (Orlick & Partington, 1987; Wrisberg et al., 2010). Research in this realm began in 1987 when Orlick and Partington interviewed Olympic coaches to learn about their attitudes and experiences with mental performance services. First, coaches shared their support for mental performance services and believed they could be beneficial for Olympic athletes, assisting them with various aspects of their performance. Although the coaches interviewed shared mostly positive experiences, one coach specifically stated that they wished they could have met with the MPC one-on-one to develop a utilization of service schedule so both they and the athletes knew when mental skills training would occur (Orlick & Partington, 1987). Yet, overall, coaches believed in the services and felt they could be beneficial to Olympic athletes.

This study was one of the first to investigate coaches' perspectives of mental performance service delivery. Over time, researchers have analyzed what factors contribute toward coaches' attitudes and willingness to utilize mental performance services and found most coaches maintain a positive outlook toward services but have acknowledged things that influence their attitudes and prevent them from encouraging student-athletes to utilize the services (Barker & Winter, 2014; Fortin-Guichard et al., 2018; Speed et al., 2005; Wrisberg et al., 2010; Zakrajsek et al., 2011, 2013; Zakrajsek & Zizzi, 2007). Throughout this section, research conducted over the 15 years is discussed at length to better comprehend coaches' understanding of mental performance services.

Zakrajsek and Zizzi (2007) investigated the factors that influenced track and swimming coaches' decisions to utilize mental performance services. Researchers found that the most beneficial approach to increasing openness to using mental performance services is to increase coaches' level of confidence in MPCs delivering the services, rather than only educating coaches on the services provided. Zakrajsek and Zizzi (2007) believed that if student-athletes and coaches shared their positive experiences of how they benefitted from mental performance services, it could help improve other coaches' attitudes toward the services, which could lead to an increase in coaches' willingness to encourage student-athletes to utilize mental performance services. Previous researchers also provided this recommendation and believed that coaches became more receptive to mental performance services when they heard about others' experiences of how the services positively influenced their performance (Speed et al., 2005). Furthermore, Speed et al. (2005) argued that providing more anecdotal information would be more beneficial than simply sharing information about the services and the interventions that can be utilized. Coaches' attitudes toward mental performance services appear to be more positive and their willingness to encourage service utilization is greater when they hear about other coaches' and student-athletes' positive experiences (Speed et al., 2005).

In 2010, Wrisberg and colleagues surveyed 815 DI coaches on their willingness to encourage student-athletes to use a MPC, their support of having a MPC at their university, and their willingness to use mental performance services for a variety of purposes (Wrisberg et al., 2010). In this study, 788 (96.7%) of 815 coaches indicated having interest in using mental performance services for the purpose of mental training and addressing performance related needs such as dealing with pressure or improving

performance focus (Wrisberg et al., 2010). Accordingly, 650 (79.8%) coaches reported

being less supportive of seeking mental performance services to address personal

concerns (Wrisberg et al., 2010). Furthermore, coaches seemed to have a more favorable

mindset toward mental performance services when it directly connected to on-field

performance, specifically, 688 (84.5%) coaches reported being supportive of having a

MPC available to student-athletes in order to improve athletic performance. Additionally,

634 (77.8%) indicated hiring a MPC full-time for the athletic department would be

beneficial to them and their student-athletes. Coaches' competitive nature was expressed

in the finding that when they heard of other NCAA DI schools adding a MPC to their

support staff, their belief and encouragement for hiring one for their own athletic

department rose dramatically (Wrisberg et al., 2010). These data illustrate coaches' desire

to have advantages over other programs they compete against and suggests that as more

institutions introduce and utilize mental performance services, more universities may

follow suit in order to keep up with the competition.

Additionally, Wrisberg et al. (2010) found that increased exposure to MPCs led to

more openness to using mental performance services, which also impacted coaches'

belief in the services and the support for hiring a MPC for the athletic department. Unlike

the results of Zakrajsek and Zizzi (2007), coaches in this study who met with a MPC

more than five times had a more favorable mindset toward mental performance services

than those who rarely or never met with the MPC (Wrisberg et al., 2010). Perhaps the

greatest determinant of the willingness to encourage student-athletes to use mental

performance services is the level of effectiveness a coach perceives the services to have.

Coaches who rated MPC effectiveness as "high" also indicated support for seeking

services (Wrisberg et al., 2010). On the other hand, only 349 (42.9%) coaches surveyed supported having MPCs at practices and games, which could have been influenced by NCAA regulations, coach control, and boundary challenges with a MPC being visible in the student-athletes' sport setting. Overall, the more positive the coach's mindset toward the services, the more likely they were to support the hire of a MPC and encourage student-athletes to use the services.

Zakrajsek et al. (2011) continued these studies and examined high school football coaches' attitudes toward mental performance services and factors that impact receptivity to seeking MPCs. In total, 235 high school football coaches participated, and Zakrajsek et al. (2011) found that younger, less experienced coaches and coaches with less educational training were less receptive and less likely to utilize mental performance services. These coaches also indicated that stigma was a deterrent from utilizing the services, arguably because coaches were unable to delineate between mental performance and mental health services (Zakrajsek et al., 2011). Arguably, the sport is likely an influence since this research was conducted with football coaches, and based on previous findings, those involved in contact sports are often less receptive to services (Anderson et al., 2004; Martin, 2005). Further, since football is often considered a "masculine" or "macho" sport, those engaged in this sport that seek psychological services often worry about being perceived as weak (Zakrajsek et al., 2011). These findings were supported by Zakrajsek and Zizzi (2007), who reported that swimming coaches possessed a higher stigma tolerance compared to track and field coaches, which illustrates the way that coaches of various sports view mental performance services differently based on the socialization of their sport. Ultimately, Zakrajsek et al. (2011) found that even though many high school

football coaches believed mental performance strategies were valuable and could be learned by student-athletes, very few of these coaches actually utilized services. A limited number of coaches encouraged student-athletes to use the services, and many had no intention of engaging in the services in the future.

To further understand coaches' views of MPCs, Zakrajsek et al. (2013) interviewed NCAA DI coaches about their perceptions of and potential to work with MPCs. This study focused on coaches' opinions of who MPCs are, what they do, and how they do it. Within the "who they are" domain, coaches indicated a preference for MPCs with knowledge of athletics and familiarity with varying sports. They also indicated wanting the MPC to have good character, passion for the work they do, strong work ethic, and competence in their realm (Zakrajsek et al., 2013). Furthermore, coaches desired well-trained and competent MPCs but were uncertain about the training and certifications required to hold the MPC title.

Within the second domain of "what they do", coaches emphasized the importance of strong communication skills and relational capabilities in order to connect with the student-athletes and coaches, which would help the coaches build trust with the MPC and increase their confidence in service delivery (Zakrajsek et al., 2013). Coaches also indicated wanting a MPC to be able to assist with both performance and personal development while helping student-athletes see the value in the services (Zakrajsek et al., 2013).

Lastly, the "how they do it" domain addressed the role of the MPC within the team dynamic in which coaches reported wanting MPCs to be readily available for student-athletes. However, some coaches expressed concerns about how this would fit

into allotted training time. Another concern highlighted was the balancing of power among staff members and the MPC fitting into the landscape of the team atmosphere. Coaches indicated that they wanted MPCs actively involved with their student-athletes but also wanted them to be used on a "when needed" basis (Zakrajsek et al., 2013, p. 265). Coaches' responses in this area indicate a problem for MPCs trying to best serve student-athletes as coaches stated a desire for two completely different levels of involvement. Coaches wanted to be on the same page as the MPC, but this could prove challenging given that the role of the MPC seems to be unclear to coaches.

More recently, Barker and Winter (2014) examined youth coaches' perspectives of mental performance services and found that many coaches were supportive of the services just as high school (Zakrajsek & Zizzi, 2007) and college (Wrisberg et al., 2010; Zakrajsek et al., 2013) coaches were. All youth coaches interviewed for this study believed mental performance services would benefit athletes and felt that early exposure to mental performance services would lead to continued pursuit of these services throughout athletes' careers. However, Barker and Winter (2014) state that barriers such as lack of understanding of services, skepticism, and lack of resources, including time and money, are still deterrents from utilizing mental performance services.

Overall, coaches had positive attitudes toward mental performance services and believed the services could be beneficial for student-athletes (Barker & Winter, 2014; Fortin-Guichard et al., 2018; Speed et al., 2005; Wrisberg et al., 2010; Zakrajsek et al., 2011, 2013; Zakrajsek & Zizzi, 2007). Yet, the utilization of these services has not been maximized to its fullest potential (Zakrajsek et al., 2013). Researchers have suggested that increasing coaches' understanding of mental performance services, and in particular,

the benefits and effectiveness of these services, could help bridge the gap between intentions and utilization (Fortin-Guichard et al., 2018; Zakrajsek & Zizzi, 2007). Increasing exposure to mental performance services (Zakrajsek et al., 2013), destigmatizing psychological services (Zakrajsek et al., 2011), and developing a greater understanding of the role of the MPC within the team atmosphere (Wrisberg et al., 2010) should take place for improvement in utilization to occur. Further, coaches indicated similar barriers to using mental performance services that AAs highlighted (Kornspan & Duve, 2006; Miller, 2014; Voight & Callaghan, 2001; Wilson et al., 2009), which included funding and a lack of understanding of the services (Barker & Winter, 2014; Fortin-Guichard et al., 2018; Wrisberg et al., 2010).

Findings from research done with AAs, ATs, student-athletes, and coaches have provided insight into the attitudes, willingness to use, and experiences with mental performance services. Although these athletic department members valued mental performance services, they all acknowledged barriers (i.e., funding, lack of comfortability in delivery of services, stigma attached, MPCs being too involved in the practice/competition setting) to the utilization of services. More work is needed to determine coaches' understanding of mental performance services. In addition to mental performance services, this thesis project is also focused on NCAA DI assistant coaches' understanding of mental health services. In the following section, mental health services are discussed along with the research conducted in this specific realm.

Mental Health Services

Mental health services address broader psychological concerns such as depression, anxiety, disordered eating, and family issues (Sudano & Miles, 2017) and are

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often delivered to student-athletes by LMHPs. LMHPs can be considered psychologists, counselors, or social workers, each holding a different terminal degree, obtaining different certifications and/or licensures pertaining to their discipline, and receiving unique training opportunities (McHenry et al., 2021). Researchers have found student-athletes can be particularly vulnerable to mental health issues due to the challenges of balancing academics, increasing optimal physical fitness levels, and socializing with various student-athletes, coaches, and support staff (Biggin et al., 2017; Brown et al., 2021; Drew & Matthews, 2019; Moreland et al., 2018; Rahill, 2020). However, according to Moreland et al. (2018) there is insufficient information on the utilization of mental health services by college athletes. Further, the literature that does exists, fails to delineate between the services and service providers utilized by student-athletes.

When determining student-athletes' level of service utilization, some researchers examined seeking behaviors such as willingness to schedule an appointment while others focused on referral numbers (Moreland et al., 2018). Inconsistencies among types of services and provider classifications (i.e., their title, educational training) pertaining to mental health have also been found, which further complicates our understanding of service utilization. Moreland et al. (2018) believed that in order to determine student-athletes' utilization of mental health services, information is needed that includes provider title, service format received, and the financer (e.g., athletic department) of the service. This lack of consistency has made it challenging to understand the prevalence of LMHPs in addition to MPCs in NCAA DI athletics.

Mental health conversations have increased exponentially in the media and in athletics as athletes such as Michael Phelps and Simone Biles have spoken up about the

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mental health challenges they have faced and how that can impact personal well-being and athletic performance (Hanson, 2021). Recently, the NCAA initiated a task force aimed at providing mental health resources for student athletes and establishing best practices for assisting athletes with mental health challenges (Burnsed, 2013; NCAA Sport Science Institute and the NCAA, 2016). The NCAA established the link between mental and physical health in student-athletes and acknowledged that the presence of mental health problems cannot only be detrimental for the mental well-being of student-athletes but also for their physical well-being in and out of sport (NCAA, n.d.).

Further, the NCAA (n.d.) found that mental health problems impact bodily functions, which can lead to physical injuries and illness. Over the last six years, researchers revealed that mental health issues such as depression, anxiety, eating disorders, and substance abuse are increasing in athletic populations (Drew & Matthews, 2019; Moreland et al., 2018; Rice et al., 2016). However, little research exists that examines the perceptions of and experiences with mental health services of AAs, athletic department support staff (e.g., ATs), student-athletes, and coaches (Biggin et al., 2017). With high stress levels and a culture centered on being mentally tough within NCAA DI athletics, it seems obvious that student-athletes would be hesitant to seek mental health services, and coaches would be leery to refer student-athletes to LMHPs. However, before this can be firmly stated, more information is needed to better comprehend important athletic department stakeholders', student-athletes', and coaches' understanding of mental health services.

Athletic Department Personnel and Mental Health Services

To date, there is no study that has examined AAs understanding of mental health services. Although this population has yet to be examined, one study was done in 2017 that looked at ATs' perceptions of how mental health care is handled (Sudano & Miles, 2017). One of ATs' primary responsibilities is to provide care for student-athletes, including their psychological well-being. To better understand their perceptions of how mental health care is handled, Sudano and Miles (2017) surveyed 127 ATs at NCAA DI universities and found no clear standard of care existed for student-athletes experiencing mental health challenges. Further, ATs reported that LMHPs were sometimes on-site or off-site and that the referral process was not always clear (Sudano & Miles, 2017). Many ATs surveyed felt that student-athletes' mental health needs could be better addressed if the LMHP was on-site full-time. Since this study in 2017, there have been no published articles examining athletic department members' understanding of mental health services. Although there has been limited work done with athletic department personnel, there has been some research done with student-athletes and coaches and their experiences with mental health services.

Student-Athletes and Mental Health Services

López and Levy (2013) argued that research is solely focused on student-athletes' perceptions of mental performance services, and little research has been conducted to evaluate student-athletes' perceptions of mental health services. Because of this, there has been no clear picture as to why student-athletes underutilize mental health services and fail to seek help for issues that may not be sport-related (López & Levy, 2013). To explore this, researchers surveyed 165 NCAA DI student-athletes on their attitudes

toward mental health services and the barriers that prevent utilization. Researchers revealed that the most common barrier to seeking services was a lack of time (López & Levy, 2013). Student-athletes have extremely busy schedules with an endless list of responsibilities including practice, competition, treatment for injuries, classes, studying, tutoring, team activities, and more (López & Levy, 2013). Between all of these responsibilities, little time is left to add additional treatment or activities to the list. This leaves student-athletes struggling to find time to seek mental health services.

Other barriers reported included fear of stigma associated with mental health, worry that teammates will find out about the use of services, and concern for being viewed as weak (López & Levy, 2013). Stigma and fear of judgement from others has consistently been found to be a barrier to student-athletes seeking mental health and even mental performance services (Armstrong et al., 2015; Biggin et al., 2017; Gulliver et al., 2012; Leimer et al., 2014; López & Levy, 2013; Watson, 2005, 2006). Often times, sports cultivate the idea that receiving psychological services makes an athlete weak or unfit for competing, causing student-athletes to shy away from services that could improve their well-being, academic performance, athletic performance, and overall college experience. Neal et al. (2013) explained that athletes may feel pressured to conceal mental health issues in an effort to maintain a strong image, playing time, and relationships with teammates. This influences student-athletes to avoid seeking mental health services. Morton (2019) found that college athletes were less likely to seek mental health services and held more negative attitudes toward mental health services than their non-athlete peers. With the rising rates in mental health challenges and the NCAA mental health initiative in action, it is imperative that more focus be placed on changing student-

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athletes' perceptions and reducing stigma around mental health services. Before these changes can be made, it is important that information is gathered about individuals' knowledge of mental health services. A key stakeholder that influences a student-athletes' understanding of mental health services is the sport coach. In the following section, coaches and their experiences with mental health services are further discussed.

Coaches and Mental Health Services

When it comes to referring athletes to utilize mental health services, coaches are a vital piece in connecting student-athletes with the services they need (Biggin et al., 2017; Mazzer & Rickwood, 2015). Even so, Biggin et al. (2017) found that coaches and student-athletes were not on the same page about prevalence of mental health disorders. Student-athletes actually indicated higher prevalence of mental health challenges compared to coaches, which suggests that coaches may not fully realize the need for mental health services. In this study, coaches shared concerns about MPCs and did not feel they were the best resource in treating mental health concerns. Coaches noted that this concern stemmed from MPCs not having the proper training to deal with clinical issues (Biggin et al., 2017). Coaches echoed student-athletes' sentiments about stigma attached to mental health services and fear of being viewed as weak as major barriers to seeking assistance.

Additionally, coaches acknowledged that they are not the most appropriate professional for addressing mental health challenges. However, student-athletes did report that coaches played an important role in providing mental health assistance and encouragement to seek services (Biggin et al., 2017). This information lends itself to the idea that coaches may not understand the expectation student-athletes have for them, and

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student-athletes may not realize how little information and training coaches often have about mental health services. There appears to be some role confusion among student-athletes on what training and competencies coaches hold, which could impact the utilization of mental health services. For this reason, increasing education and resources for coaches and maximizing collaboration between coaches, LMHPs, and MPCs may be necessary for student-athletes to have the greatest potential to benefit from mental health services (Biggin et al., 2017; Mazzer & Rickwood, 2015).

Summary

The NCAA encourages athletic departments to utilize an interprofessional team model comprised of various professionals tasked with addressing specific student-athlete needs (McHenry et al., 2021). Two key members of this team with the purpose of caring for student-athletes psychological well-being are MPCs and LMHPs (McHenry et al., 2021). These professionals and the services they provide are independent of each other and serve the student-athlete in distinct ways (McHenry et al, 2020), however, most research efforts have focused on attitudes towards mental performance services with little research done to understand attitudes or experiences with mental health services. Furthermore, there is no research to date that has examined assistant coaches and mental performance or mental health services. As previously stated, assistant coaches hold an important role within their teams and the athletic department (Coté & Gilbert, 2009) and could play a critical role in the utilization of both services. More information is needed to better understand what assistant coaches know about mental performance and mental health services.

Therefore, the purpose of the current study was to qualitatively explore NCAA DI assistant coaches' understanding of mental performance and mental health services. NCAA DI assistant coaches are an untapped population that spends extensive time with the student-athletes (Zakrajsek et al., 2020), which could provide them the opportunity to educate student-athletes about or connect them with the appropriate psychological resource to meet their needs. In this study, the following research questions were explored:

1. How do NCAA DI assistant coaches describe mental performance services?

2. What knowledge do NCAA DI assistant coaches have about the referral process for mental performance services?

3. How do NCAA DI assistant coaches describe mental health services?

4. What knowledge do NCAA DI assistant coaches have about the referral process for mental health services?

5. How does employment at a university that offers both services in the athletic department impact NCAA DI assistant coaches' understanding of mental performance and mental health services?

CHAPTER III - METHODOLOGY

Qualitative Research

Qualitative research aims to develop a greater understanding of the meaning behind experiences that reaches beyond that of statistical data (Denzin & Lincoln, 2011; Guba & Lincoln, 1994; Merriam, 1998;). More specifically, the researcher is the instrument for collecting data, rather than using surveys, questionnaires, and statistical analyses that compute numbers (Denzin & Lincoln, 2011; Guba & Lincoln, 1994; Lincoln et al., 2011; Merriam, 1998). The goal of qualitative research is to learn what shapes and influences peoples' experiences while understanding the meaning of a phenomenon and how peoples' experiences shape and influence the way that meaning is formed (Merriam, 2009; Merriam & Grenier, 2019). When conducting qualitative research, the researcher is not responsible for manipulating or controlling variables of a study and, instead, is responsible for interpreting the experiences of the participants and how their experiences shape their reality (Merriam & Tisdell, 2015). Those conducting qualitative research are interested in understanding (1) how individuals create meaning from an experience, (2) how individuals develop their world views and come to these conclusions, and (3) the meaning that individuals link to their experiences (Merriam, 2009). For the purpose of this research, I am seeking to gain information about NCAA DI assistant coaches' understanding of mental performance and mental health services. Since this is the first study to date exploring both services, qualitative research is first needed to observe assistant coaches' understanding that cannot be gathered through quantitative research. By engaging in qualitative research practices, I was better able to learn about NCAA DI coaches' understanding of mental performance and mental health services and

the meaning they attach to the services. Gathering this information helped me better understand how their knowledge and experiences influenced their understanding of mental performance and mental health services. Using a qualitative methodological approach allowed me to gain a more in-depth understanding of NCAA DI assistant coaches' role, exposure to services, and athletic department environment, as well as how these pieces shaped their understandings (Josselson & Lieblich, 1995).

Research Paradigm

When conducting qualitative research, a research paradigm must be chosen that frames the qualitative methodological approach (Guba & Lincoln, 1994; Lincoln et al., 2011). A paradigm, also referred to as a theoretical lens, was adopted to help me explore and organize the beliefs I hold that could influence the data collection procedures, my interpretations of the experiences of the participants, and how those experiences shaped their reality (Guba & Lincoln, 1994). When choosing a research paradigm, it is critical that the one selected best aligns with the belief system adopted and the purpose of the study. There are many paradigms one can choose to frame their qualitative work, and each contains three fundamental components: ontology, epistemology, and methodology (Guba & Lincoln, 1994; Lincoln et al., 2011; Merriam, 2009). Ontology describes the nature of the human experience (Guba & Lincoln, 1994; Lincoln et al., 2011) and is the way the researcher sees the world (Markula & Silk, 2011). Epistemology is the relationship between the "knower or would-be knower and what can be known" (Guba & Lincoln, 1994, p. 108). Essentially, it is the relationship between the individual and that individual's position in the world. Lastly, the methodology is the way the researcher

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comes to conclusions of what is true, which is the research process adopted to learn about the experiences of another (Guba & Lincoln, 1994).

Constructivist Paradigm

A constructivist paradigm best aligns with the goals of this research, which are focused on exploring NCAA DI assistant coaches' understanding of mental performance and mental health services. Merriam and Tisdell (2015) explain that there is no one reality and one's reality is socially constructed, meaning that their experiences in the social world influence their experiences and their interpretation of those experiencesi. To understand their experiences, co-construction occurred, meaning that the participant and I interacted to synthesize the full picture of the participant's world view. Because there is no one set reality (Merriam & Tisdell, 2015), the interaction between the participant and I allowed me to dig deeper and ask questions in order for co-construction to occur (Lincoln et al., 2011). As this research aimed to examine NCAA DI assistant coaches' understanding of mental performance and mental health services, it was essential that I interact with the participant to learn about the participant's reality and how their experiences shaped the way he or she viewed these services. Using a constructivist lens to underpin this work helped me in my line of questioning to better develop and structure interview guide questions that directed me toward a better understanding of how participants came to believe what they now view as reality.

Constructivist ontology, epistemology, and methodology. Constructivist ontology is defined as truths existing as a result of experiences that influence the individual's view of the world (Lincoln et al., 2011). My experiences as a former NCAA DI student-athlete with limited access to mental performance and mental health services impacted my sport

experience as well as my teammates', who could have benefitted from greater exposure to these services. I formed opinions and beliefs because of my lack of experiences with services and felt that the underutilization of services by student-athletes should be investigated. However, instead of learning about student-athletes' experiences, I wanted to learn about important stakeholders' experiences, more specifically, NCAA DI assistant coaches. I wanted to further understand NCAA DI assistant coaches' understanding of mental performance and mental health services and how their understanding influenced their beliefs and opinions toward services. Using a constructivist approach to thoroughly investigate the construction of these beliefs and opinions allowed me to learn about their experiences and how those experiences shape their views and understanding (Guba & Lincoln, 1994).

Constructivist epistemology is based on the premise that the interactions one has influence their experiences, which impacts their understanding of a phenomenon (deMarrais & Lapan, 2004; Lincoln et al., 2011). I asked open-ended questions to participants about their understanding, which helped me better learn how NCAA DI assistant coaches' interactions in their world shaped their experiences and knowledge of mental performance and mental health services (Lincoln et al., 2011). The participant and I influenced each other (Lincoln et al., 2011) to bring about more complete understandings of the meaning behind assistant coaches' understanding of mental performance and mental health services. I influenced assistant coaches through the questions I asked and the way meaning was made of their experiences. The participants also influenced me through the sharing of information about their understanding of the different psychological services. The last piece is the methodology chosen as the

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foundation for exploring the topic. When choosing a methodology, it is imperative that the choice is closely linked to the purpose of the study while also remaining connected to the paradigm selected to underpin the research. In the next section, the methodology that was utilized is discussed.

Qualitative Interpretive Interview Methodology

This research design consisted of open-ended interview questions, aligning with a constructivist paradigm (Merriam, 1998; Merriam & Tisdell, 2015). Using an interview protocol allowed me to engage in meaningful conversations with the participants and gain an in-depth understanding of participants' thoughts, perceptions, experiences, and understanding of services (Merriam, 1998; Merriam & Tisdell, 2015). Interviewing empowers the participant to share the full extent of their experience and allows knowledge to be more accurately constructed because it is coming directly from the participants who formed the perceptions they are sharing about the services (Guba & Lincoln, 1994; Merriam, 1998). For this study, interviewing allowed NCAA DI assistant coaches to share their specific and detailed thoughts about mental performance and mental health services so that I could collect thorough descriptions of their understanding and beliefs that informed the construction of common themes and subthemes across participants.

The Interpretive Interview

Interviews can be highly structured and standardized or semi-structured and informal (Merriam & Tisdell, 2015), but for the purposes of this study, a semi-structured interpretive interview aligned best and allowed me to gather rich, descriptive information from participants (Longhurst, 2003). More specifically, Johnson and Rowlands (2012)

identified important components to consider when implementing an interpretive interview design that includes: exploring the unique aspects of the participants' experience, having flexibility with the participant, and building an interpersonal connection, which helped in gathering detailed information about assistant coaches' understanding while diving deeper into the meanings behind the responses. Additionally, the semi-structured design allowed me to explore participant's responses, thus deepening the understanding of their experiences and knowledge (Stringer, 1999). The flexibility of a semi-structured interview design benefited the data collection as it allowed me to gather extensive data and probe participants to share the full extent of their knowledge and experiences with mental performance and mental health services. This was done through individual interviews so that each participant was questioned from the same interview guide. Therefore, comparisons could be made across individuals, which helped in developing commonalities and differences between participants' understandings (Denzin & Lincoln, 2011; Weiss, 1994). Next, participant criteria and recruitment protocols are discussed.

Participant criteria. Participants recruited for this study were NCAA DI assistant coaches at NCAA DI universities that employed both a mental performance and mental health provider in their athletic department. A list of universities that employ both professionals was compiled to determine which universities have both professionals on staff. Since the goal of this study was to explore NCAA DI assistant coaches' understanding of mental performance and mental health services, I felt an important first step for this research line was to learn about assistant coaches who work in a NCAA DI athletic department that employed a mental performance and mental health provider.

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Researchers have found that individuals' experiences with mental performance (Martin, 2005; Wilson et al., 2009) and mental health services (Gulliver et al., 2012) can influence their perceptions. By interviewing assistant coaches with access to both services, I was able to gain more information and insight into their understanding of each service that may not be possible to gather had I interviewed assistant coaches at universities with only one provider (e.g., MPC or LMHP), or no psychological service providers on staff.

Participant recruitment. This study used purposeful criterion-based sampling to identify the population that is representative of the study topic (LeCompte et al., 1993). Purposeful and criterion based are two individual sampling procedures that can be combined to improve recruitment specificity. Purposeful sampling is defined as the sample of participants selected aligning with the study purpose and criterion-based sampling is developing a criterion that the interviewees must meet before they participate in the research (LeCompte & et al., 1993). The required criteria for this research were that the assistant coaches had to be employed at a NCAA DI institution with at least one mental performance and one mental health provider employed in the athletic department.

Before recruitment began, IRB approval was obtained (see Appendix A) and from there, NCAA DI assistant coaches who work in an athletic department where a MPC and LMHP are employed were asked to participate in an interview. The information regarding those athletic departments who employ both professionals came from a paper under review (i.e., Jones et al., under review) that produced a list of NCAA universities that employed both a mental performance and mental health provider. In order to reach assistant coaches, I first compiled a list of all available assistant coaches' names and email addresses at the eight universities that employed both professionals. Next, I

emailed each assistant coach individually to ask them to participate in a semi-structured interview with me (see Appendix B). Assistant coaches who agreed to participate in the study were emailed a consent form (see Appendix C) to review, sign, and return to me prior to engaging in the semi-structured interview. Two weeks after the initial email, a follow-up email was sent to those assistant coaches who did not respond to the original email in an effort to recruit additional participants (see Appendix D).

Demographics of participants. Thirteen NCAA DI assistant coaches employed at NCAA DI universities that had at least one MPC and one LMHP in their athletic department were interviewed. Participants ages ranged from 24 to 63 ($M = 35.69$; $SD = 11.79$) and their years of collegiate coaching ranged from one to 36 years ($M = 11.77$; $SD = 9.62$). Of these assistant coaches, five self-identified as female and eight self-identified as male. Twelve participants self-identified as Caucasian, and one participant self-identified as African American. Seven participants coached sports classified as female sports (i.e., Basketball, Field Hockey, Ice Hockey, Rowing, Soccer, and Softball), four participants coached sports classified as male sports (i.e., Baseball, Golf, and Wrestling), and two participants coached both male and female athletes within their sport (i.e., swimming).

Interview guide. This study utilized a semi-structured interview guide to learn about and gain an in-depth information of NCAA DI assistant coaches' understanding of mental performance and mental health services (see Appendix E). The semi-structured nature of the guide allowed me to ensure consistency in delivery of interview guide questions among participants, which helped in searching for commonalities and differences across participants (Treece & Treece, 1986). Additionally, using this

approach allowed me to be flexible in the way the questions were delivered while also being able to follow up with probing questions, which were used to acquire a more in-depth understanding of a topic or experience the participant shared (Barriball & While, 1994). This aided in the data collection process by increasing the amount of information and descriptions provided by participants while also allowing for greater clarity of questions. Yes/no questions were avoided when interviewing participants and none were included in the interview guide (see Appendix D). All interview guide questions were open-ended, allowing me to gather rich descriptions about participants' understanding (Merriam, 1998; Merriam & Tisdell, 2015).

Bracketing interview, pilot interview, data collection, and member checking. Before data collection began, I participated in a bracketing interview with my thesis advisor, Dr. Eckenrod, to identify my biases and beliefs that could potentially impact data collection (Tufford & Newman, 2012). Following the bracketing interview, Dr. Eckenrod and I discussed these beliefs and biases and took strides toward increasing awareness and preventing potential biases or feelings from interfering in the collection process and leading participants to answer a certain way (Patton, 2015). Engaging in this practice helped me better understand my biases, assumptions, and beliefs and how those could play into the interview procedures.

Next, I conducted a pilot interview with an assistant coach in Dr. Eckenrod's coaching network who worked in a NCAA DI athletic department that employed a mental performance and mental health provider to test the interview guide to see how the questions worked in an interview setting (Barriball & While, 1994). The pilot interview was audio recorded so Dr. Eckenrod and I could both listen to the interview and

determine whether any changes in questions or question order needed to be made to improve the flow of the interview (Kallio et al., 2016). After listening to the audio recording, Dr. Eckenrod and I met to discuss the interview and flow of questions. There were no changes made to the interview guide based on the pilot interview and audio recording.

When interviewing participants, all interviews were audio-recorded using a Tape Recorder and QuickTime player by Apple to ensure that I captured participants' experiences and that the information recorded was accurate and exact to what was shared. To start off each interview, participants were first asked if it was okay for me to record the conversation to ensure accuracy when transcribing and reviewing the results. When the participant agreed, I turned on my recorder and started QuickTime audio player on my MacBook in order to have a secondary recording device. Before the interview began, participants were asked to choose a pseudonym to be linked to their interview, and I discussed how any information shared within the interview that identified their institution, student-athletes, coaches, providers, etc. would be changed to a general term or name (e.g., Coach 1). Once the pseudonym was selected, data collection began with me asking the interview guide questions, and closing with demographic information (i.e. age, gender, race, degrees, years of coaching experience, years at current university, sport coached; see Appendix E). The interview guide was separated into four sections. The first section was focused on gaining a general understanding of NCAA DI assistant coaches' roles and responsibilities, while the second section was focused on gathering information about assistant coaches' understanding of mental performance services and the referral process at their institution. In the third section, the interview guide narrowed in on

assistant coaches' understanding of mental health services and their knowledge of the referral process for these services. In the final section, questions were included to gain a better understanding of how accessible assistant coaches felt services were and how the position they held at their current university with access to services had impacted their understanding.

Once data collection concluded, the audio-recorded interviews were transcribed verbatim. This process required me to type, word by word, each statement shared by the participants and the questions I asked, with the only requirement being that the words having to be identical to the words articulated on the audio recording (Halcomb & Davidson, 2006). This process was followed for all interviews, and once transcription were completed, the participants were emailed (see Appendix F) their de-identified interview to be member checked. Member checking requires participants to review their transcript to ensure that what they shared in the interview is accurately portrayed in the transcript (Cho & Trent, 2006; Patton, 2015). This also gave the participants an opportunity to add any additional information or context to stories and information they shared within the transcript to provide clarification (Riessman, 2008). Participants were given 10 days to review their transcripts and to email them to me with any changes and/or feedback. Participants did not make any changes to their transcripts during this phase. Once the 10-day mark passed for each participant, the member checking phase concluded, and the data analysis procedures began. In the following section, the specific data analysis and triangulation procedures are discussed.

Thematic Analysis

Once data collection was complete, thematic analysis was conducted to establish patterns and interpret meanings (Braun & Clarke, 2006, 2019). This is known as the "process for encoding qualitative information" (Boyatzis, 1998, p. 4). There are six phases involved in thematic analysis: (1) familiarize with the data, (2) coding, (3) searching for themes, (4) reviewing themes, (5) defining and naming themes, and (6) writing up themes (Clarke & Braun, 2013). These phases were created in order to analyze data, identify patterns, and draw conclusions from the qualitative data.

During the first phase, I became familiar with the data by listening to recordings multiple times, transcribing interviews, and reading through the resulting transcripts (Braun & Clarke, 2006; Clarke & Braun, 2013). Following each interview, notes were documented in my researcher journal (see Appendix G) and used to add clarity to the ideas shared by participants and topics within the interview guide (Birks et al., 2008). The first phase of coding (see Appendix H) used was open coding, which is where I documented initial thoughts when reading through the transcripts (Khandkar, 2009). During this phase, I wrote my initial thoughts about each of the interviews and the information shared During phase two, I began generating initial codes. These initial codes stemmed directly from the participants' words in the transcripts. Braun and Clarke (2006) provide two levels (semantic and latent) for generating themes, and I chose to adopt a semantic approach for framing data analysis since this approach is focused on using participants' direct words to create themes that are closely aligned with the data that was collected (Braun & Clarke, 2006, 2019).

Although I used a semantic approach to underpin this analysis, during phase two, I also engaged in two separate coding processes that aligned with and provided more specific instructions for coding. These were structural and pattern coding. Structural coding was used as the first coding procedure (see Appendix I) because it acts as "a labeling device" to create categories and themes (Namey et al., 2008, p. 141). Through this strategy I was able to compare codes across participant transcripts to find commonalities and differences that will build the bigger picture of coaches' understanding (Saldaña, 2015). Following structural coding procedures, pattern coding (see Appendix J) was implemented to derive meaning from the initial codes developed through structural coding and required me to shrink broader codes into smaller ones (Miles et al., 2014).

During the third phase, I developed themes and subthemes (see Appendix K) from the coding phases that were completed in phases one and two (Braun & Clarke, 2006, 2019). Codes created during the structural and pattern coding phases were further examined to ensure they accurately represented the data. These codes were then developed into broader themes and subthemes. During the fourth phase, themes and subthemes identified in the third phase were reviewed, and changes were made to better represent the data collected and the codes generated in the previous phases (Braun & Clarke, 2006). During the fifth phase, I defined and named the themes that had been reviewed, and the themes and subthemes were structured to provide more detail and description of the findings (Braun & Clarke, 2006). In this phase, the themes and subthemes were reported in a thematic chart. Lastly, during phase six, I wrote up themes and subthemes and reported the final thematic structure for publication purposes (see

Appendix L). To ensure confidentiality, participants' pseudonyms were used when reporting quotes in Chapter four.

　　Triangulation. Triangulation is considered the process of using multiple views to achieve clear meaning (Stake, 2005). To achieve triangulation (Carter et al., 2014), my thesis advisor, Dr. Eckenrod and I consulted regularly in addition to me keeping a research journal (see Appendix G) to track trends, assumptions, biases, thoughts, and commonalities I saw throughout data collection (Phillippi & Lauderdale, 2018). Dr. Eckenrod's role was to serve as a critical friend who offered "alternative perspectives, support, and protection from bias" (Foulger, 2010, p. 140) during the research process. I utilized Dr. Eckenrod to help me keep track of my biases and assumptions, provide alternative perspectives, and offer feedback and advice (McNiff & Whitehead, 2002). Dr. Eckenrod engaged in the same thematic analysis procedures I did, and we met three separate times to discuss codes and initial themes and subthemes (Braun & Clarke, 2006). We collaborated to develop the thematic structure, and Dr. Eckernod challenged me on any findings that were not entirely consistently across participants or when my bias seemed to be influencing the thematic structure or a particular theme (Eley, 2012). Using a critical friend helped satisfy one component of triangulation and aided in maintaining the integrity of the data (Foulger, 2010).

　　The second part of the triangulation process required me to maintain a researcher journal (see Appendix G) throughout the data collection process. I took notes in my researcher journal regarding my thoughts during and after interviews, emerging themes and commonalities, potential biases that could have influenced the development of themes, and notes about the clarity of interview questions and responses (Birks et al.,

2008). I used the notes in my researcher journal to clarify participant responses and document important findings from the interviews. The researcher journal was a key contributor toward accurately deriving meaning and understanding from the data collected (Birks et al., 2008). In the following section, the constructed themes and subthemes are discussed.

CHAPTER IV – RESULT

As a result of the thematic analysis procedures (Braun & Clarke, 2019), five themes were constructed: (a) day-to-day responsibilities of the assistant coach, (b) needing mental performance and mental health services, (c) factors influencing understanding of mental performance and mental health services, (d) factors impacting student-athlete utilization of mental performance and mental health services, and (e) confusion between mental performance and mental health services. All names associated with quotes are participants' chosen pseudonyms.

Theme 1: Day-to-Day Responsibilities of the Assistant Coach

After speaking with all 13 participants, the first theme constructed was the day-to-day responsibilities of the assistant coach. Based on the information NCAA DI assistant coaches discussed, they held different responsibilities within the athletic department. From their shared experiences, four sub-themes were formed: (a) technical and tactical responsibilities, (b) recruiting, (c) building strong relationships with student-athletes, and (d) engaging in and finding resources to use in practice.

Technical and Tactical Responsibilities

When asked to discuss their roles and responsibilities within their position, the majority of coaches shared the technical or tactical responsibilities they had related to their specific sport. These responsibilities included developing practice plans, handling video and scouting prospective athletes, and teaching and assessing different skills related to sport performance. For example, Kelly explained that on the field, she "handles goal keepers and their training [technical and tactical training]" and off the field, she analyzes and "breaks down videos [practice and competition of her own team and opponents] and

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prepare[s]… scouting reports." Many coaches cited similar responsibilities; for instance, Sam stated that she "analyzes and cuts a lot of video" that is used to prepare for upcoming competition while also "conducting individual skill work and training sessions with the girls on ice." On the other hand, Larry shared that his responsibilities were centered on "running practices" while Jeff's role was specific to unique position groups where he's "[working] with hitters one-on-one, developing practice plans, and generating scouting reports [for his position group]." In sum, most assistant coaches had varying responsibilities related to the technical and tactical aspects critical to sport performance.

Recruiting

Another important responsibility cited by the majority of assistant coaches was recruiting future student-athletes. Many described recruiting as one of the most important responsibilities they held within the team. Zack said that his "day-to-day stuff [was] mostly recruiting," whereas Linda coordinated most of the recruit visits requiring her to "manage phone calls and on-campus visits [for recruits]." Michael, on the other hand, spent more time "on the road scouting and recruiting." Ricky further echoed these sentiments but shared that his recruiting responsibilities were his utmost important duty:

My chief responsibility is to recruit. I'm the one who identifies top recruits for our program and initiates conversation and communication with them. I introduce prospects to our head coach and then if he's on board with that prospect, he will help me continue the process. The first 50% of the interactions we have with a prospect would be from me. And that's our system anyway, so my chief goal, my chief responsibility is identifying and bringing in the top players for the program.

Based on the responses of the participants, recruiting was arguably one the most critical roles they held as an assistant coach.

Building Strong Relationships with Student-Athletes

Assistant coaches cited one of their most important responsibilities as building strong relationships with student-athletes. Assistant coaches reported interacting with student-athletes regularly and more frequently than the head coach. George explained that he is "the one dealing with them [student-athletes] every day" and that when you "look at who's around our kids the most… it's the assistant coaches." Because assistant coaches interacted more regularly with student-athletes, they had more opportunities to discuss different topics unrelated to sport performance. For example, Kelly shared that she "chatted it up [with student-athletes] about academics or life." Larry added a layer to this sentiment saying, "I talk with each one of them [student-athletes] and see how things [were] going [life]". Michael expanded on this and said, "I have a good relationship with the student-athletes because it is important to me." Assistant coaches believed building strong relationships with student-athletes would help in establishing rapport and trust between the two parties. Richard believed trust is an essential part of a coach-athlete relationship stating he "built a foundation of trust that began during the recruiting process and carried over into consistent communication as the student-athletes arrived on campus," which allowed him to build strong relationships with the new student-athletes. WD explained that building relationships is one of the roles she holds that she values the most saying:

> I do enjoy the assistant coach role because this is a strength of mine [connecting
> and building relationships with student-athletes], this wanting to help in this area

[helping student-athletes adjust to college life], and they're going to be more open with an assistant than they are with a head, so, this has been kind of a nice transition [was previously a head coach and is now an assistant coach].

The importance of building strong relationships as an assistant coach was echoed heavily by George who shared "he was big into relationships because it's why [he] got into coaching." George expanded on his discussion and shared how head and assistant coaches had different relationships and interactions with student-athletes stating:

I am totally taken out of the equation as an assistant [removed from meetings and referral processes], which is crazy. I think the system is flawed. I think… like these guys always have their guard up when the head coach is around. And our head coach here is an incredible human being. But, as an assistant, I have a different angle that these guys are more comfortable… communicating to me.

This statement further supported the notion that assistant coaches interact with student-athletes on a deeper level than head coaches do, and student-athletes feel safer sharing information with the assistant coaches. George continued this discussion and shared that "the guys [student-athletes] feel more comfortable coming to talk to [him]," which helped in building strong relationships with the student-athletes. Overall, assistant coaches believed student-athletes felt more comfortable connecting with them, which allowed them to build strong working relationships.

Engaging in and Finding Resources to Use in Practice

Assistant coaches reported holding many responsibilities and shared that they sought to engage with the resources in the athletic department. Regarding interdepartmental resources, Kelly described herself as "a role player for any wrap

around support for student-athletes" and said that it was her responsibility to "be that resource to help point them [student-athletes] into the different spaces that we have tools and other resources available." Assistant coaches also discussed wanting to learn about departmental resources, for example, Linda shared that she got to "sit in on her team's sport psychologist meetings." Callie also spoke to this role as she explained that she was the one with "the institutional knowledge" and was responsible for "sharing how the university works." These experiences suggest that assistant coaches are responsible for not only being knowledgeable of athletic department resources, but also are actively participating and engaging with them to better direct and educate student-athletes about the services.

Beyond athletic department resources, assistant coaches discussed seeking external sources to better serve the needs of the student-athletes. Richard discussed "learning about the services [mental performance]" from baseball consultants outside of the university. Assistant coaches also shared wanting to learn more about how they could take external services or tools they learned about and use them in their coaching practice. WD said she "took information she learned from Athlete Assessments [mental performance assessments] and adjusted it to fit her coaching practice." She started a program called "athlete tough" where she "implemented strategies [mental performance]" regularly with her team. In addition to taking learned content and applying it, assistant coaches shared accessing external resources such as videos and podcasts to learn about various resources. Jeff shared that he "watched videos and listened to podcasts about services [mental performance services]" to gain information around resources that can help him in his coaching practice. Whether taking advantage of interdepartmental

resources or taking ownership of their own learning by finding resources, assistant

coaches appeared to play an active role in gaining information about the resources

available or that they could introduce to help student-athletes.

<div align="center">Theme 2: Needing Mental Performance and Mental Health Services</div>

Participants acknowledged the value in having both mental performance and

mental health services available to student-athletes. From participants' responses, three

subthemes were constructed: (a) increased need for mental health services, (b) service

providers take pressure off the assistant coach, and (c) normalizing mental performance

and mental health services.

Increased Need for Mental Health Services

Over the last few years, there has been increased focus directed toward mental

health services. Participants reported seeing increases in stress, depression, and anxiety

among student-athletes and shared their rationale as to why they believe this escalation in

mental health challenges has occurred. More specifically, assistant coaches cited that

college life, the pandemic, and pressures from sport and academic pursuits have a

tremendous impact on student-athletes' well-being. Michael expanded on this saying,

"well, you're looking at, in a day and age especially I think has brought on with COVID,

mental health [challenges] and depression and I mean like just anxiety... there's just an

all-time high [of mental health challenges], especially in today's society." Ricky echoed

this sentiment stating that "in the past 10 to 20 years there have been way too many

suicides on college campuses. Way too much depression and student-athletes are having

issues [mental health challenges] are… falling through the cracks and… people are not

noticing." Richard also spoke to this concern saying that "suicide rates are high; I think

<div align="center">64</div>

higher than they've been". Assistant coaches continually reiterated that societal pressures and the presence of social media has dramatically elevated the mental health landscape and the need for more mental health providers. George explained that mental health services are "needed now more than ever," and Callie echoed this saying "it's crazy to see that you have [mental health services in the athletic department] and then how much more is needed [needing more mental health providers to help student-athletes]." Even at institutions where student-athletes have access to mental health services, assistant coaches felt that the demand required more providers. Callie continued her discussions on this topic, stating:

> I think that mental health used to be extremely taboo and in the last, I don't know, five years it's becoming less taboo. But we're also in such unprecedented times that I think, on top of that, this whole instant gratification of social media, I think there's a lot more when it comes to self-worth and that purpose and you know, being one of six billion.

Not only are student-athletes experiencing challenges with pressures of being a DI student-athlete, but they are also navigating new challenges with increased social media presence and attention that is directly influencing their mental health. The effects of social media were a recurring topic among participants. For instance, Zack said, "I believe that social media is a huge negative for mental health. It puts people in a bad place, seeing somebody else's highlights all the time… nobody posts that they're depressed and thinking about harming themselves." Chris further corroborated this sharing that "everyone's saying 'kids these days' but I really do think that… these younger athletes are much more mentally taxed than in previous generations."

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Essentially, today's student-athletes are facing a unique set of circumstances that previous generations have not had to face that. WD depicted this as "an explosion" characterized by "deep despair," which is having a negative impact on student-athlete mental health.

Many participants attributed the recent need for mental health services to helping student-athletes cope with the pandemic and the effects of social media. However, beyond these new generational challenges, student-athletes are still experiencing the traditional pressures of academics and athletic performance at the DI level. Linda supported this claim stating, "college kids specifically, [are] at a pretty transitional point of their lives. They've moved out of their parents' house… to really transitioning into the world and worrying about schoolwork and what's happening after college." George also expressed that when competing at a high level, "your performance is everything, and you're trying to get a degree, you're putting time in in the classroom and then, low and behold, we're normal people, so we have lives outside of [the sport]." These mounting pressures from society in the forms of the pandemic and social media appear to have compounded the traditional stressors of performing academically and athletically at the highest level of collegiate sport, which has led to an increased need for mental health providers to help mitigate these challenges.

Service Providers Take Pressure Off the Assistant Coach

Assistant coaches appreciated having mental performance and mental health service providers accessible to student-athletes as they believe it took the pressure off of them to provide these services. Some went on to share how at previous institutions they served as an assistant coach but also wore many different service member hats (e.g.,

helping student-athletes with their mental game) to meet the needs of student-athletes. As discussed in theme one, NCAA DI assistant coaches have a multitude of responsibilities in their own role, making it difficult to help student-athletes in other areas. Therefore, in the absence of mental performance and mental health providers, assistant coaches expressed feeling pressure to fulfil the psychological needs for student-athletes that are beyond the scope of their already extensive list of responsibilities. Callie discussed how at her previous mid-major institution they "didn't have those resources [mental performance or mental health service providers], and so that's where the coach and consultant role was more blurred."

Several assistant coaches discussed the challenges of addressing mental health issues without available mental health service providers, with Chris sharing:

I came here from the club level working with high schoolers and adults. And at that level, you've got to handle all of it. So you're fielding these athletes with concerns and, mental issues, and helping get them lined up to go see somebody or get checked out or say hey, you need to follow up with somebody on that. But we don't have staff in house to make it happen. So, the resources available at the university level [NCAA DI] are one of the main reasons I changed jobs and came here.

Richard expressed similar feelings toward handling mental health concerns in a coaching role stating:

Previously, it was 'hey, meet with a kid', now I'm the therapist, which I'm not necessarily trained for. But you know what I mean. We're talking about life, having heart to heart conversations in the office, and it helps a little bit. But you

know, that becomes different because I'm the coach. I'm one of the coaches and he's one of the players, so I think the other angle of [LMHP] or somebody that's not one of the four coaches is crucial because now that kid can really share exactly what he wants to share.

Richard felt handling mental health needs as an assistant coach was not only a task he was untrained for, but it also prevented student-athletes from being able to share the full extent of their feelings. Richard was not alone in feeling unprepared to take on this responsibility, others also expressed frustration around having to deal with situations that were beyond their scope of work. For example, Zack described the team he was working with as "a dumpster fire when it [came] to mental health" and he "didn't really feel like anyone was there helping him out". He continued saying, "I need to help these kids. I don't know how to do that. I have a few numbers that I can kind of call, but most of the time they don't pick up." This is a stark example of what it can feel like as an assistant coach trying to care for your athletes but feeling ill equipped to deal with their unique psychological needs.

Many coaches described the negative experiences that came with having to take on responsibilities outside of their coaching competencies. Therefore, when they began working at universities where they had access to psychological service providers it was beneficial as it lowered this level of pressure they once experienced. Ricky explained that "a lot of it I don't even have to do [dealing with the psychological needs of student-athletes]. I just have to make sure the kids are aware of the resources [MPCs and LMHPs]." Further, Sam discussed experiences of student-athletes coming to her with certain concerns about playing time or accepting their role on the team. Rather than

having to help the athlete cope with these challenges on her own, Sam expressed that "it's kind of nice I can just say 'You can go to [Sport Psychologist]'…I know a lot of schools don't have that." Overall, having access to in-house psychological resources decreased the pressure on the assistant coach to act in different capacities outside of their scope of work, which allowed them to focus on fulfilling their responsibilities.

Normalizing Mental Performance and Mental Health Services

Participants held overwhelmingly favorable views of mental performance and mental health services. Further, many coaches compared mental performance and mental health services to other common existing supports for student athletes such as academic tutors, athletic trainers, nutritionists, or strength and conditioning coaches. Sam said:

> You know, it's just like the gym. Or it's just like the extra ice we have every morning for… if you're having a hard time. If you have a broken knee… you're going to go to the athletic training room and fix it… If you're having a tough time with your brain right now, why don't we go try and fix it?

Similar sentiments were shared by other coaches, such as Callie, who compared mental performance services to the weight room and on field training experience saying, "you have the weight room, you've got the field training but then you have your mental performance training room, so to speak." Chris asserted that people should care for their mind by utilizing mental health services in the same way they "take care of their teeth and body" by going to "a doctor and a dentist." Coaches repeatedly stated that mental performance and mental health services were just as important as other department resources that are always included in NCAA DI athletic departments. This was further supported by Jeff, who said:

If you're having trouble with math, you go get a tutor in math. If you're struggling

on fielding, you would go take extra reps fielding. So like a tutor or a coach. So

for us, we talk about the mental side, you know the sport psychology part, is just

another way of getting a tutor. It's just another piece of the puzzle.

This idea of mental performance being a "piece of the puzzle" was echoed by

other coaches like Kelly who compared both mental performance and mental health to

strength and conditioning and nutrition:

How do you train them with strength and conditioning? How do you train them

with optimizing their nutrition? Mental health…and mental performance is

another component, and if we can optimize… how they're performing in that area,

it's making them the best possible student-athlete they can be.

These supporting resources (i.e., mental performance and mental health services)

were viewed by coaches as fundamental staples of NCAA DI athletic departments that

are just as vital for the success and well-being of student-athletes as the number of other

supports that are always accessible.

Theme 3: Factors Influencing Understanding of Mental Performance and Mental Health Services

Participants indicated that there are many factors that influence NCAA DI

assistant coaches' understanding of mental performance and mental health services

including (a) head coach's impact on assistant coach's knowledge, (b) limited access to

performance team meetings, and (c) assistant coaches must seek information about

services.

Head Coach's Impact on Assistant Coach's Knowledge

Assistant coaches shared that their knowledge of mental performance and mental health services was often influenced by the head coach. Participants said that if head coaches held negative perceptions of services, it impacted the utilization. For example, George said, "if it's not valued at the top [head coach] … you're going to do what the boss… believes is important." This is a prime example of the influence the head coach can have over the actions of the assistant coach. WD explained her passion for helping student-athletes in need but also expressed her frustration as she felt that her head coach did not care as much as she did for the student-athletes' well-being. WD described her head coach as "very private and close to the vest" and explained that she would "parcel out the information as needed," which influenced the day-to-day operations, knowledge of resources, and interactions with student-athletes.

Conversely, the head coach can also have a significantly positive impact on assistant coach knowledge. Richard praised his head coach for holding mental performance services in such high esteem stating "the head coach was a huge influence on [him]" in learning to value mental performance services. Michael also explained that his head coach at his previous university was instrumental in promoting mental health services to student-athletes stating, "she [previous head coach] was phenomenal with… [helping] our players understand that there's people trained to meet their mental health needs." Kelly echoed this sentiment saying that her head coach was "intentional about having the sport psychologist come and be a part of team conversations" and "she [head coach] was a big influence in understanding that value [of mental performance services]." Similarly, George explained that under his new head coach, he felt like his "voice

actually has some substance because [his] head coach values it so much," which allowed him to share his opinions and beliefs about mental performance and mental health services. Assistant coaches' belief in and understanding of mental performance and mental health services was largely influenced by the head coaches' opinions, knowledge shared about the services, and their behaviors.

Limited Access to Performance Team Meetings

The structure of most NCAA DI athletic departments is composed of an interprofessional team with different service providers carrying out unique roles to support the student-athlete. Some of these team members are coaches, athletic trainers, nutritionists, strength and conditioning coaches, and MPCs and LMHPs. Oftentimes, interprofessional teams will hold performance team meetings to share information and develop best practices in meeting student-athletes' varying needs (Arvinen-Barrow & Clement, 2015). Though some participants did attend these meetings, the vast majority shared that only their head coach was involved in the performance team meetings.

Some of these assistant coaches reported having no interactions with the support staff such as Chris who said, "I haven't met any of the counselors or the sport performance staff" or Ricky who said his "interaction [had] been limited with support staff." Larry accentuated this discrepancy saying, "besides just the coaches that I'm around… I haven't gotten to talk to a lot of different people within the athletic department." George spoke to this sentiment explaining that the head coach was the only one present and that "a lot of times [he was] not even in those meetings." Further, trying "to get information out of them [performance team meetings] was just not happening," and he referred to these meetings as "top secret clearance." Many assistant coaches

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seemed to feel excluded from performance team meetings, leading to them not having information or knowledge about the departmental resources or processes. Because assistant coaches in theme one discussed spending an immense amount of time building relationships and connecting with student-athletes, it seems appropriate for them to be involved in performance team meetings. Yet, George explained that as an assistant, he "is totally taken out of the equation and thinks the system is flawed." WD also explained that she felt that she needed to "stay in [her] wheelhouse"; however, her "wheelhouse was pretty restricted [not having access to the same meetings as her head coach]," which impacted her knowledge of department resources. Excluding assistant coaches from performance team meetings prohibits them from obtaining critical information about departmental resources, which could have a negative impact on student-athletes who need or are seeking these resources.

Assistant Coaches Must Seek Information About Services

Participants shared that the communication and educational materials about mental performance and mental health services were scarce. When assistant coaches were asked how they were made aware of information around psychological well-being, answers varied greatly. Generally, most assistant coaches felt out of the loop and uncertain where they could find information about the different psychological resources in their athletic department. Some coaches even shared that they did not know how many MPCs and LMHPs were employed within their athletic department. For example, WD said I believe that we have "more than three, less than five [MPCs and LMHPs]" and Chris said, "I'm not sure how many [MPCs and LMHPs] we have in house, but it's more than two and less than 10."

Participants acknowledged receiving few emails discussing educational resources and the ways coaches and interprofessional team members can support student athletes. In actuality, assistant coaches acknowledged that they are encouraged to do their own research to learn about and access departmental resources. Zack supported this sentiment saying, "I think if you look for it, you can find it… I haven't searched for it. Maybe I should." Chris supported Zack's thoughts saying, "there were educational modules" but he was not sure "exactly what there was" in the modules because there "had not been much push." This meant his knowledge of services was based on the extent to which he searched for the information rather than having the information presented to him. Based on assistant coaches' discussions, it appeared that the head coach was responsible for disseminating information about departmental resources to assistant coaches. Sam discussed receiving a lot of the information from people within her own staff saying that "there's nothing like from the university athletic department itself" and even realized that once she thought about it, "she [hadn't] learned any of this as a coach." Callie supported Sam's sentiment and added:

> I almost feel there needs to be more in front of the coaches and in front of the student-athletes, but for sure in front of coaches of what the mental health services do and what they are, because again I don't even think some administrators know the difference which is just the most frustrating thing to hear. But there's honestly next to none.

Assistant coaches acknowledged having to seek out information to learn about the services, with some coaches recommending that more knowledge should be passed on by coaches and administrators.

Theme 4: Factors Impacting Student-Athlete Utilization of Mental Performance and

Mental Health Services

Assistant coaches reported a number of factors that could impact student-athletes utilization that include: (a) stigma presence, (b) student-athlete initiative in seeking services, (c) proximity of service providers, and (d) ratio of providers to student-athletes. The impact that each of these factors has on service utilization will be discussed at length.

Stigma Presence

The concept of stigma surrounding psychological services acting as a deterrent to student-athlete utilization has been regularly cited in the literature (Wrisberg et al., 2009; Zakrajsek et al., 2011), and this was reiterated by the assistant coaches interviewed in this study. Assistant coaches acknowledged there is still a stigma affiliated with psychological services, yet they believed that it was continuing to decline. Nevertheless, these assistant coaches believed this was a factor that impacted student-athletes utilization of mental performance and mental health services.

Assistant coaches asserted that mental performance services were associated with a lower degree of stigma when compared to mental health services. Zack supported this statement sharing, "I would definitely say mental health services has a different feel to it than what we were just talking about [mental performance services]. It definitely still has a way stronger stigma attached." Linda also spoke to this saying, "I feel like sport psychologist has a different… ring to it than seeing an actual counselor." Building on these reports, assistant coaches still believed that there was a stigma affiliated not just with mental health services but with mental performance as well. Callie explained that the athletes "are always afraid to go talk to somebody about their mind." George shared

that even though the resources are present, "they [student-athletes] are just not comfortable going to them [MPCs and LMHPs]." George provided an example of this materializing at his previous university saying that "if players talked about seeking services [mental performance or mental health services], the head coach would label the student-athletes as 'weak' and would make fun of them for seeking services", which negatively influenced student-athletes perceptions of services, leading to an increase in stigma. Zack went on to share that when student-athletes "go to see a sport psychologist… people… think that still means you have mental health issues… like it still has that stigma." Assistant coaches repeatedly articulated stigma as an impact on service utilization in reference to both mental performance and mental health services.

Despite stigma still having an impact on service utilization, assistant coaches felt that its influence had lessened in recent years and that universities have started doing a better job of reducing its impact. Sam spoke to this notion that the conversation around mental health services was beneficial, "nobody used to want to talk about… anxiety and depression and… it's just more normalized now I think. And people are like open to talking about it. So, I think just the kind of the conversation around it constantly is helpful." Open discussions around both mental performance and mental health services appeared to be beneficial for reducing stigma associated with the services. Callie reported there being more discussions about the services over the last few years saying, "that during the last five years, it's becoming less taboo." Linda also attributed this stigma reduction to open conversations saying that, "it's great to see… how they [the athletic department] are so candid about it [psychological services], and in a way that reduces the stigma around mental health." Many other assistant coaches discussed how the way

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mental performance and mental health services are viewed has become increasingly more "accepted" in recent years.

Though stigma appears to have decreased, it's impact has not been fully eliminated. Assistant coaches like Jeff explained that it is "still a challenge to convince student-athletes to engage in services" and he continued stating "there is less of a stigma, but there still is one." George passionately described how at his previous university, athletes shied away from services because they were afraid of "being viewed as weak," but discussed that even though many "athletes still aren't using [psychological services]" at his current university "it [psychological services] is embraced and talked about." Zack summarized participants' responses, explaining, "it's coming around [mental performance and mental health services] in how people view it… but…I don't think we're quite there yet." Overall, assistant coaches believed there was still a stigma associated with services although they acknowledged they have begun to see a reduction in stigma presence.

Student-Athlete Initiative in Seeking Services

Throughout the interview process, participants were asked about their knowledge of the referral process for both mental performance and mental health services. Though responses varied, a common denominator in this discussion was student-athletes being responsible for seeking mental performance and/or mental health services. This point can be interpreted positively or negatively. On one hand, student-athlete initiative gives the athlete the power to seek out the available services when they need it. As WD stated, "they can just make an appointment on their own, which I think is pretty awesome" and went on to explain that at other institutions, it was required that student-athletes "go

through the athletic trainer to be referred to the appropriate psychological service provider." Kelly also explained that the "student-athletes could walk right into the professional's [MPCs or LMHPs] office" to meet with then. Jeff stated that at his university "there was an online scheduler" where student-athletes could "book their own appointments. "

On the opposite end, requiring that student-athletes initiate the process of seeking services can act as a barrier. For athletes who are heavily influenced by this stigma, reaching out to call or email the professional or walking into the office may be a monumental step to take on their own. Ricky explained he "asks the student-athlete to make contact with one of the… professionals [MPC or LMHP]," and Zack said, "we just give the athletes the phone number [to the MPC or LMHPs]" and they reach out on their own. However, Callie shared, "they're [student-athletes] always so afraid to go talk to somebody", which could influence whether or not they seek out assistance. This type of system gives the student-athletes a large degree of control, but for an individual who may already be hesitant to seek services, taking action may feel overwhelming or impossible if not facilitated by a coach, service provider, or other support staff member.

Proximity of Service Providers

Assistant coaches discussed the positive impact of having mental performance and mental health services located in close proximity to other student-athletes supports. They believed having these resources located in-house, near other areas student-athletes frequent such as locker rooms, coaches' offices, the athletic training room, weight room, study hall, or the student-athlete cafeteria positively contributed to the utilization of services. Callie praised her universities' accessibility of services, stating:

How we're kind of set up is a one stop shop, at least for our sport. So, you've got

your academic area, then you have your mental performance where we have our

two sport psychology consultants. Then on the flip side of academics, the other

side, we have our two therapists over there. And that's also in the same room or

building as strength and conditioning and our cafeteria, for our sport, also the

locker room.

Other coaches made similar statements explaining that the location of the services

made them more easily accessible for student-athletes. Richard supported this sentiment,

explaining:

Strength coach, sport scientist, nutritionist, academic coordinator, and sport

psychologist are all located in the same facility… It's all right there… and it

[resources for student-athletes] is where they do study hall, and their locker room

is literally next door. So, the proximity is very convenient for the kids.

Zack echoed this idea and spoke about how convenient it was having the sport

psychologist being "in the same facility as the athletic trainers." Assistant coaches

believed having resources within the athletic department and close to other common

supports for student-athletes aided in optimizing service utilization.

Ratio of Providers to Student-Athletes

One of the most commonly cited barriers to the utilization of mental performance

and mental health services reported by assistant coaches was the discrepancy between

number of professionals available and number of student-athletes in need of services.

There is a much larger number of student-athletes as compared to service providers

within athletic departments, and although participants expressed gratitude for having

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services available, they still felt more support was needed to truly provide the best care for student-athletes. George explained that the professional in charge of mental health services at his university was incredible, yet "he [LMHP] was not around [the] guys [student-athletes on his team] enough because he had 31 sports and only two people to help him." This was a common issue as Zack also explained how coaches in his athletic department were "fighting to get another sport psych [professional] or two…because the one we have right now… helps the whole university." He elaborated saying that he thought his athletic department "used the resource" and that athletic department personnel believed the professional was "really good" at his job. Yet, Zack also said, "I don't know that we have as much as we should in a sense of like help [professionals to support the MPC] for that role, you know. I don't know that it's as developed [the operations of the MPC role] as it should be for that department." Some participants shared that just having the resources may not be enough if all student-athletes in need cannot be reached. Kelly felt that in her time coaching, she had discovered some gaps in provision stating:

> I think where there are gaps is…we have over 800 student-athletes here at [University], and we have two sport psychologists. So, obviously those two people cannot always be accessible and available for those student-athletes, and I think… there's where the gap is. Not all student-athletes are going to utilize those services, but is there a way to make them more accessible and make them more available, and I think in part, that's a staffing challenge… but it's also… what is the current system? Is it allowing for student-athletes to really tap into that

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resource and is it realistic to have that support when we have two people available

to do that job? Which is like, you know, that's a lot!

Callie shared a similar experience asserting that it was "glaring, how fortunate

they were to have access to services, but we [athletic department] just need more people."

Callie further expressed this belief, sharing:

It's definitely talked about. I think it's definitely supported. But you know, for

over 500 student-athletes, you need more than two counselors and two mental

performance coaches… We just need more therapists or counselors. We need

more sport performance people. And it's just again, the fact that we have both is

incredible, it's amazing. But it's crazy to see you have it and then how much more

is needed.

Sam also noted the challenges student-athletes had with "getting on the calendar"

with the different professionals. Chris further echoed this sentiment stating that the

mental health side had been "overwhelmed" over the last few years. Overall, assistant

coaches repeatedly expressed the benefits of having access to mental performance and

mental health services and felt that it was vital for student-athletes to be able to tap into

those resources. However, they shared the challenges with having a limited number of

providers to serve all student-athletes in the athletic department.

Theme 5: Confusion Between Mental Performance and Mental Health Services

Assistant coaches experienced confusion when asked about mental performance

and mental health services. From their responses, four subthemes were constructed: (a)

no clear referral process for either service, (b) uncertainty around what mental

performance services entail, (c) incorrect professional title when referring to mental

performance services, and (d) use of university counseling services despite in-house mental health provider.

No Clear Referral Process for Either Service

Based on the information shared by assistant coaches, there was no clear departmental referral process discussed for mental performance or mental health services, with some coaches being unaware of any referral procedures. When asked about athletic department referral processes, Sam said, "I haven't heard of a referral… you know a process and if there is one, then I am completely screwing it up." Sam also shared that if she needs to send a student-athlete to someone, she refers them to her team's "athletic trainers." Many coaches reported being uncertain when asked to expand on their referral procedures for psychological needs. For instance, Callie said, "I think it's either the AT [athletic trainer] or sometimes the team docs" while Larry explained that when it came to referring an athlete he would "do whatever the head coach wanted" and would contact a professional [athletic department member] "through email" about the student-athletes' needs. Assistant coaches often stated that the responsibility to initiate the process fell on the student-athlete. For example, Jeff said, "a lot of it is on them [student-athlete], they just have to reach out [to the professional they need to see]." Some assistant coaches, such as WD, reported "calling the athletic trainer" to determine where to refer the student-athlete. Other assistant coaches like Larry said, "the head coach would probably direct them," meaning that the head coach would tell the student-athlete where to access the needed resource. Richard said he would "inform the [mental health provider]" if he needed to refer a student-athlete while Larry mentioned going to the "higher ups" or "maybe someone in HR [human resources]" if he was unsure where to send the student-

athlete. Based upon the shared experiences of assistant coaches interviewed, there is no protocol in place for referring student-athletes to MPCs or LMHPs. Participants reported being frustrated with the lack of a clear referral process, with George summarizing this by stating, "I feel like the process… it's broken… I feel like the solution is dismantled" meaning that the current process is inefficient and ineffective in meeting the psychological needs of student-athletes.

Uncertainty Around What Mental Performance Services Entail

When asked to define mental performance and mental health services, coaches had an understanding of what mental health services were. However, they were uncertain as to what mental performance services entailed. Although participants were able to make the connection between mental performance and optimizing sport performance, they were unable to clearly articulate what the services required. When asked to describe mental performance services, Larry said, "I probably wouldn't describe it because I don't know." Ricky said, "so when you say mental performance services, am I supposed to understand, or am I creating my own definition of that?" These examples point directly toward the uncertainty and confusion around mental performance services as coaches struggled to create a clear definition.

Some coaches defined mental performance services similarly to mental health. For example, Chris said "mental performance and mental health services are designed to make sure the brain is taken care of as much as the body [physical body]." When asked about mental performance services, Sam said the services are focused "the athletes' mental health" and cited "anxiety and depression" as areas that would be covered within mental performance services. Some coaches shared strategies aligning with mental

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performance services. For example, Richard discussed how MPCs could help student-athletes have a "mental release," incorporate "deep breath" in a stressful moment, or create a "routine" for before competition. On the other hand, Linda referenced "helping with confidence" and "compartmentalizing" thoughts as elements of mental performance services. With the exception of a couple of coaches, most were unfamiliar with the services and uncertain as to the strategies they would implement to help student-athletes, with most participants citing mental performance services as synonymous with mental health services.

Incorrect Professional Title When Referring to Mental Performance Services

Participants also used the incorrect terminology to describe the service providers delivering mental performance services. Assistant coaches were unfamiliar with the term MPC, often referring to the professionals delivering mental performance services as "sport psychologists." For example, Chris said when he thought of mental performance services, he thought of a "sport psychologist" while Ricky asserted that when he heard the phrase "mental performance services, the first phrase that came to mind was sport psychology." Throughout our discussions, WD, Linda, Michael, and Zack consistently referred to a MPC as the "sport psychologist" while other assistant coaches described MPCs as "sports med people," "sports psychiatrist," "mental performance coaches," "sports performance person," "staff psychologist," and "mental health guy." Not only are each of these terms incorrect, but the utilization of these titles may also explain why there is confusion between mental performance and mental health services. This lack of understanding surrounding the title of the MPC may explain why coaches were uncertain as to what mental performance services entailed. When referring to the MPC, Sam's

discussion further supports the confusion to the professional role and title stating "our

sport psychologist runs our… mental- I don't even know, what would I even call that? I

guess I can look it up. But, see I guess that shows you how much I know about it [mental

performance services]." Overall, all of the participants were unfamiliar with the term

MPC and used many different titles to describe them.

Use of University Counseling Services Despite In-House Mental Health Provider

When discussing mental health services, participants often discussed the

university counseling center as the place where student-athletes receive mental health

services although assistant coaches interviewed had at least one LMHP employed full-

time in their athletic departments. Within the discussion of mental health services, many

coaches referred to Counseling and Psychological Services (CAPS), which is a university

counseling service. Kelly repeatedly referenced CAPS within the discussion stating:

> If it's beyond the capacity or gets more into the mental health realm outside of
>
> performance, it's a referral to CAPS, and that's a similar process so either the
>
> student-athlete reaches out directly or a coach can reach out to those services and
>
> just alert them of a student-athlete in need of help or looking for resources.

Kelly later explained that this was a "similar referral process whether you're a

student or a student-athlete." Sam also said that "CAPS came to mind when she heard the

phrase mental health" while Linda reported "referring the kids to CAPS" when student-

athletes needed mental health assistance. Michael also discussed CAPS but referred to it

as "outsourcing" to meet the mental health needs of student-athletes and Ricky supported

his sentiment sharing that "student-athletes use campus resources when struggling with

stress… depression, that kind of thing." Zack explained that at his university, general

population college students use "the same number [for mental health services] that the athletes call." Despite each of these athletic departments having access to an LMHP in-house, many assistant coaches did not discuss this professional's role and only mentioned the university counseling resources for meeting the mental health needs of student-athletes.

CHAPTER V – DISCUSSION

This research explored NCAA DI assistant coaches understanding of mental

performance and mental health services. Overall, results indicated that assistant coaches

hold a variety of responsibilities that could impact student-athlete utilization of services,

recognized the importance of having psychological services accessible and in close

proximity to student-athletes, utilized many incorrect titles to describe MPCs, and

reported encouraging student-athletes to go to CAPs although they all had a LMHP in

their athletic departments. The following discussion focuses on the implications for

standardizing the referral process, improving educational resources and opportunity for

coaches, and increasing the number of service providers available to student-athletes in

athletic departments.

Implications for the NCAA

In 2013, the NCAA dialed in on mental health services, with the mindset of

increasing access to services and reducing the stigma affiliated (Burnsed, 2013; NCAA

Sport Science Institute and the NCAA, 2016). However, researchers have found that

collegiate student-athletes are at a higher risk for developing mental health issues, but

they are also less likely to seek mental health services (Sudano et al., 2017). In 2016, the

NCAA began taking steps to combat this growing prevalence of mental health concerns,

publishing the Inter-Association Consensus Document: Best Practices for Understanding

and Supporting Student-Athlete Mental Wellness. In this document, the NCAA included

a detailed report that includes best practices to meeting mental health needs. One way

they reported meeting this need was to include a mental health professional that is

integrated in the comprehensive athletic department care program. This consensus

document necessitates that the mental health provider should be in close proximity to the student-athletes (e.g., office in the same building as the other student-athlete resources) and easily accessible (e.g., open door policy; NCAA Sport Science Institute and the NCAA, 2016; Sudano et al., 2017). Despite increased efforts to mitigate the student-athlete mental health crisis, researchers revealed that protocols and referral processes for mental health concerns within NCAA DI athletic departments are still unclear (Sudano & Miles, 2017). Researchers revealed mental health services are still not standardized, citing that service providers were often not located in the student-athlete building and were not easily accessible (Sudano & Miles, 2017). The findings from our study suggest that little progress has been made in standardizing referral procedures and placing mental health providers in student-athlete locations to improve accessibility.

Not only are the referral protocols different across institutions, but our findings also revealed that coaches from the same institutions cited different procedures. Participants in the current study named different avenues for referral, with most reporting that they refer student-athletes to ATs. However, some assistant coaches acknowledged that in their department it was up to the student-athletes to connect with the professional they needed to see. To make things more complex, the majority of assistant coaches referred to their mental health professional as a provider housed in CAPS although their university had at least one LMHP within the athletic department. With the discrepancies in referral procedures across the NCAA, we are missing the mark in creating a standardized referral process to help student-athletes receive the training and care necessary to meet their mental health needs. If the guidelines for best practices that the NCAA (2016) published encourages an integrated service delivery approach, the question

arises as to why the NCAA has not standardized a referral protocol for all institutions to follow. It seems that the best way to address these discrepancies and truly meet the mental health needs of the student-athlete is for the NCAA to introduce standardization and a specific protocol for connecting student-athletes directly to LMHPs housed in their respective athletic departments. Creating a systematic, top-down approach with specific instructions for stakeholders (i.e., administration, coaches, support staff) that outlines the necessary steps for referral would leave little question as to how mental health should be handled within athletic departments. To comprehensively account for the well-being of the student-athletes, more oversight is necessary, and this can be accomplished by the NCAA standardizing protocols for student-athlete well-being. This can be observed not only in the realm of mental health, but also for mental performance services.

To transition into implications for the NCAA around mental performance services, it is important to first note that there is little to no information from the NCAA that describes mental performance services or MPCs. And over the last six years, the NCAA has placed increased attention on mental health services (Kleigman, 2017), which has led to an increase in LMHPs being hired in NCAA DI athletic departments but perhaps has restricted the attention placed on mental performance services. NCAA DI assistant coaches interviewed believed mental performance services were important to include in the athletic department yet, they had very limited knowledge about these services. None of the assistant coaches referred to the mental performance provider as a MPC, with many of them using mental health terminology to describe this professional. Seeing that even assistant coaches who work in an athletic department where at least one MPC is employed did not have a strong understanding of mental performance services,

we can only assume that assistant coaches at other NCAA DI universities that do not employ any MPCs would have little knowledge or understanding of mental performance services as well. Knowing this and recognizing the value in providing mental performance resources, it is recommended that the NCAA increase education, improve resources, and acknowledge mental performance services as an integral component of their interprofessional team approach.

To meet this demand, it is recommended that the NCAA develop a parallel mental performance agenda that complements the existing mental health initiative. In this agenda, the NCAA could define mental performance services and discuss the differences between mental performance and mental health, while providing additional information (e.g., signs and symptoms of a mental performance need vs. a mental health need) and educational resources (e.g., pamphlets that describe the differences in training between MPCs and LMHPs) to be disseminated to athletic departments describing mental performance services. Furthermore, the NCAA could then encourage administrators to hire a MPC to complement the work of the LMHPs that are employed amongst the interprofessional team in their athletic departments. Hiring a MPC to meet the sport performance needs of student-athletes could help student-athletes wanting to improve their mental game but in turn, alleviate the workload of LMHPs who may be assuming both the mental health and mental performance role in the athletic department. This, in turn, could reduce student-athletes' performance pressures and improve their overall well-being. After all, if the NCAA truly wants to "maximize support for student-athlete wellness" (NCAA Sport Science Institute and the NCAA, 2016), the next step would be the integration of full-time MPCs into athletic departments. As we have come to learn,

when the NCAA creates an agenda or initiative, we see a spike in athletic departments adjusting protocols or hiring professionals to align with the organization's new stipulations (Kleigman, 2017).

<div align="center">Implications for Mental Performance and Mental Health Providers</div>

In the current study, assistant coaches held positive attitudes toward mental performance and mental health service providers. Even so, most participants cited mental performance and mental health services as the same, with many using terms such "sport psychologist" to describe the provider delivering mental performance services. As established in theme one, a large responsibility of the assistant coach is building strong, working relationships with student-athletes. These strong relationships provide student-athletes with a resource to connect with when experiencing times of physical or psychological hardship. With assistant coaches often being the first lifeline for student-athletes, it is important that they have a strong understanding of the different service providers available to student-athletes and what each provider's role is housed within the athletic department.

McHenry and colleagues (2021) explained that it is common for institutions to hire one individual with training in both the mental performance and mental health realms; however, they believe this to be ineffective, causing lines to be blurred between roles and responsibilities for MPCs and LMHPs. The current study corroborated this assertion as assistant coaches struggled to delineate between mental performance and mental health services even though they had access to separate service providers. Therefore, it is encouraged that MPCs and LMHPs housed in the athletic department work with and through one another to educate and disseminate information about their

services to their administrators, coaches, support staff, and student-athletes (Fifer et al.,
2008). For instance, MPCs and LMHPs could create and disseminate educational
resources to coaches about their services, articulate the difference between mental
performance and mental health services, list their office numbers and location, and share
their contact information any time they present to student-athletes or coaches. Connecting
with coaches and teams within the athletic department could also play an instrumental
role in gaining the trust of coaches (Zakrajsek & Zizzi, 2007), which may additionally
provide them an opportunity to share how their services (mental performance or mental
health) can benefit student athletes (Fifer et al, 2008). Therefore, it is encouraged that
MPCs and LMHPs continue to allocate time to speak to coaches and support staff in
performance team meetings or at departmental seminars held at the start of each
academic semester. Lastly, it is recommended that MPCs and LMHPs improve visibility
in the athletic department by stopping by coaches' and support staff's offices to check in,
walking through and connecting with student-athletes in the cafeteria, and keeping their
"doors open" when not in sessions to allow for student-athletes, coaches, or support staff
to drop in.

<center>Implications for Coaches</center>

Based on the findings from this research, assistant coaches shared that head
coaches play a vital role in their understanding and knowledge of mental performance
and mental health services. Zakrajsek and colleagues (2020) found that assistant coaches
were satisfied in their operations and roles when the head coach valued them as a
contributing member of the team. They reported feeling less satisfied when they felt
disconnected and unrelated from the team dynamic and their head coach (Zakrajsek et al.,

2020). In the current study, participants often felt disconnected because their head coaches controlled the assistant coaches' access to information and educational resources. For instance, many participants shared that they were not included in performance team meetings, little information was shared about the meetings from the head coach, and oftentimes they were excluded from the decision-making process when it came to an athlete's psychological health or well-being. This left assistant coaches feeling disempowered to care for the student-athletes and disconnected from service provision. It is critical that head coaches' increase awareness and take strides to understand the influence of their position. Failure to include and empower the assistant coach thwarts the assistant coach's ability to connect student-athletes to beneficial services and ultimately creates an inefficient and ineffective model for service provision (Zakrajsek et al., 2020). Therefore, it is encouraged that head coaches include their assistants in decision-making processes, invite them to performance team meetings, and connect them with resources they have pre-established relationships with.

Assistant coaches in the current study considered themselves to play a critical role in the health and well-being of the student-athletes and were persistent in explaining the importance of creating trusting relationships. These perceptions and efforts should continue to best provide student-athletes with the services they need, yet assistant coaches' lack of understanding of departmental services indicates they need more training, education, and resources about mental performance and mental health services to better position themselves to make those connections. Though assistant coaches fulfill many different roles, they should be diligent in reaching out to service providers (MPCs and LMHPs) to learn about their services, connecting with MPCs and LMHPs informally

through seminars and lunches, and requesting information or additional resources that provide explanations of both mental performance and mental health services. Ideally, athletic departments would consistently provide education and resources about mental performance and mental health services; however, if this is not the reality, assistant coaches are encouraged to become more involved with support staff members, ask questions about the different services, and make connections to better develop relationships.

Ultimately, collaborative efforts between the head and assistant coaches where the assistant coaches are allowed and encouraged to work side-by-side with the head coach will not only satisfy the psychological needs of the assistant coach (Zakrajsek et al., 2020) but will also create a positive training environment for student-athletes, which could lead to improvements in physical and mental health. Both the head coach and assistant coach play fundamental roles in mental performance and mental health service provision and should be conscious of the magnitude of their role for caring for the student-athletes' well-being.

<center>Limitations and Future Directions</center>

There are some factors to consider when reviewing the results. First, the sample used for this study was recruited through an email that detailed the aim of the study; therefore, coaches choosing to respond and participate in the study could have done so due to specific experiences or beliefs held about mental performance or mental health services. Second, our study did not explore the depth of how the sport, coach gender identification, and previous sport experience influenced understanding of mental performance and mental health services. Finally, four participants had some formal

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training in either sport psychology or psychology in general, which could have impacted their decision to participate in the study as well as their knowledge of services. Future researchers should consider interviewing student-athletes from institutions that employ both a mental performance and mental health provider to gain an in-depth look at what their understanding is of both services. Additionally, more research is needed to better understand NCAA performance team meetings and how those meetings influence the dissemination of resources and utilization of mental performance and mental health services. The current study required that participants be employed by universities with at least one MPC and one LMHP within the athletic department, but future research examining assistant coaches at universities with only one provider or no providers within the athletic department could be useful in determining the impact of access to services on assistant coach knowledge and understanding.

Conclusion

In the current study, participants provided a great deal of insight into what NCAA DI assistant coaches know about mental performance and mental health services. Findings from this research suggest that assistant coaches have more to learn to better understand and distinguish between mental performance and mental health services. Assistant coaches' knowledge of services is a critical factor that can influence student-athletes' utilization. Practically, it is recommended that the NCAA standardize referral procedures, service providers continue to work to build stronger relationships amongst coaches and support staff members, coaches seek to gather more information about services, and athletic departments better educate department members about the different psychological professionals available to student-athletes. Making these small adjustments

could help student-athletes gain access to the appropriate resource while providing them

an opportunity to improve their psychological health and sport performance.

APPENDIX A – IRB Approval Form

Office *of*
Research Integrity

THE UNIVERSITY OF
SOUTHERN
MISSISSIPPI.

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NOTICE OF INSTITUTIONAL REVIEW BOARD ACTION

The project below has been reviewed by The University of Southern Mississippi Institutional Review Board in accordance with Federal Drug Administration regulations (21 CFR 26, 111), Department of Health and Human Services regulations (45 CFR Part 46), and University Policy to ensure:

- The risks to subjects are minimized and reasonable in relation to the anticipated benefits.
- The selection of subjects is equitable.
- Informed consent is adequate and appropriately documented.
- Where appropriate, the research plan makes adequate provisions for monitoring the data collected to ensure the safety of the subjects.
- Where appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of all data.
- Appropriate additional safeguards have been included to protect vulnerable subjects.
- Any unanticipated, serious, or continuing problems encountered involving risks to subjects must be reported immediately. Problems should be reported to ORI via the Incident submission on InfoEd IRB.
- The period of approval is twelve months. An application for renewal must be submitted for projects exceeding twelve months.

PROTOCOL NUMBER: 21-270
PROJECT TITLE: NCAA DI Assistant Coaches' Understanding of Mental Performance and Mental Health Services
SCHOOL/PROGRAM Kinesiology
RESEARCHERS: PI: Heather Hill
Investigators: Hill, Heather M~Eckenrod, Morgan~
IRB COMMITTEE ACTION: Approved
CATEGORY: Expedited Category
PERIOD OF APPROVAL: 15-Dec-2021 to 14-Dec-2022

Donald Sacco

Donald Sacco, Ph.D.
Institutional Review Board Chairperson

APPENDIX B – Participant Contact Script

Dear NCAA DI Assistant Coach,

I am contacting you because you are an assistant coach at a NCAA DI university that provides both mental performance and mental health services. Your role positions you to have a great deal of interaction with student-athletes and to potentially be exposed to both services within the athletic department. For these reasons, your participation in this study would provide valuable information about assistant coaches' understanding of mental performance and mental health services.

My name is Heather Hill, and I am a master's student in Exercise Science at the University of Southern Mississippi. I am currently working on my master's thesis that seeks to explore NCAA DI assistant coaches' understanding of mental performance and mental health services. Your participation in this study would be valuable in gaining insight into this area of collegiate athletics. Participation is completely voluntary, and all information will be confidential. There will be no written or oral report linking your participation to this study.

If you choose to participate, I will be in contact with you to schedule an interview that is convenient for your schedule. This interview will last approximately 45-60 minutes but can be divided into two shorter sessions to benefit your schedule. Further, the time of the interview can be adjusted as well. This study has been approved by The University of Southern Mississippi's Institutional Review Board: Protocol #21-270. If you have any questions about participation in this research, please contact me at heather.m.hill@usm.edu.

Your participation in this study would be immensely appreciated. I am grateful for your consideration and hope to discuss your understanding of mental performance and mental health services soon.

Sincerely,

Heather Hill

ORI | Office *of* Research Integrity

INSTITUTIONAL REVIEW BOARD
STANDARD (SIGNED) INFORMED CONSENT

STANDARD (SIGNED) INFORMED CONSENT PROCEDURES
This completed document must be signed by each consenting research participant.   ☐ The Project Information and Research Description sections of this form should be completed by the Principal Investigator before submitting this form for IRB approval.   ☐ Signed copies of the consent form should be provided to all participants.   Last Edited May 13th, 2019

Today's date: December 16, 2021
PROJECT INFORMATION

Project Title: NCAA DI Assistant Coaches' Understanding of Mental Performance and Mental Heatlh Services		
Principal Investigator: Heather Hill	Phone: 501-941-0713	Email: Heather.m.hill@usm.edu
College: Education and Human Sciences	School and Program: Kinesiology and Nutrition	
RESEARCH DESCRIPTION		

1. **Purpose**:

As a NCAA DI assistant coach, you have an important role in interacting with student-athletes. The goal of this research is to learn about NCAA DI assistant coaches' understanding of mental performance and mental health services. Because you work closely with the athletes, you can have a significant impact on the way they view and utilize these services. Therefore, gaining insight into your understanding of these services will provide valuable information for decisions surrounding these services and knowledge of how your role as an assistant coach may impact service utilization. Therefore, I am inviting you to participate in a research study designed to learn about assistant coaches' understanding of mental perforamnce and mental health services.

2. **Description of Study:**

If I consent to participate in this study, I will be contacted by the researcher to set up an interview at a time that is convenient for me. This interview will last approximately 60-90 minutes. I will be asked questions about demographic information and my understanding of mental performance and mental heatlh services. The interview will be audio-recorded to allow the researcher to qualitatively analyze the interview and develop themes. Prior to data analysis, the researcher will return the interview to me. I will then be able to review it and ensure that all information is accurate. The results of this study will inform the field of sport psychology and the NCAA on DI assistant coaches' understanding of mental heatlh and mental performance services.

3. **Benefits:**

I may not directly benefit from my participation in this research study; however, the information I provide in this study will be valuable for learning about NCAA DI assistant coaches' understanding of mental performance and mental heatlh services. My participation will also provide insight into the utilization of mental performance and mental heatlh services among NCAA student-athletes.

4. **Risks:**

The risks related to participation in this study are no greater than those I would encounter in daily activities.

5. **Confidentiality:**

All information and transcripts will be kept confidential. I will select a pseudonym (fake name) and my real name will not be used in the interview transcripts or when reporting the results. Only the researchers involved in the study will have access to my recorded interview. The interview recordings will be erased once they are transcribed. My informed consent form will be kept in a private, safe location. If I wish to opt out from the study, my data and information will be destroyed.

6. **Alternative Procedures:**

There are no alternatives to participation that will be presented in this study.

7. **Participant's Assurance:**

This project and this consent form have been reviewed by USM's Institutional Review Board, which ensures that research projects involving human subjects follow federal regulations. Any questions or concerns about rights as a research participant should be directed to the Chair of the Institutional Review Board, The University of Southern Mississippi, 118 College Drive #5125, Hattiesburg, MS 39406-0001, 601-266-5997.

Any questions about this research project should be directed to the Principal Investigator using the contact information provided above.

CONSENT TO PARTICIPATE IN RESEARCH

Participant's Name: _____

I hereby consent to participate in this research project. All research procedures and their purpose were explained to me, and I had the opportunity to ask questions about both the procedures and their purpose. I received information about all expected benefits, risks, inconveniences, or discomforts, and I had the opportunity to ask questions about them. I understand my participation in the project is completely voluntary and that I may withdraw from the project at any time without penalty, prejudice, or loss of benefits. I understand the extent to which my personal information will be kept confidential. As the research proceeds, I understand that any new information that emerges and that might be relevant to my willingness to continue my participation will be provided to me.

_____   _____
Research Participant   **Person Explaining the Study**

_____   _____
Date   **Date**

APPENDIX D – Participant Follow-Up Email Script

Dear NCAA DI Assistant Coach,

I am contacting you as a follow-up to my previous email regarding my master's thesis study that seeks to learn about NCAA DI assistant coaches' understanding of mental performance and mental health services. I am still looking for participants who can contribute to the goal of gaining understanding into the utilization of these services.

Your participation would be greatly appreciated. If you would like to be included in this study, please contact me to schedule an interview at your convenience. The interview will last approximately 45-60 minutes but can be split into two smaller sessions if this approach would be better for you. I understand that your schedule is incredibly busy and would be very appreciative of your participation.

Thank you again for your consideration, and I hope to be able to discuss your understanding of mental health and mental performance services very soon.

Thank you,
Heather Hill

INTERVIEW GUIDE
NCAA DI Assistant Coaches' Understanding of Mental Performance and Mental Health
Services

Introduction:
- Greetings
- Informed Consent
- Permission for Recording

Questions
First, I would like to gain an understanding of your role as an NCAA DI assistant coach
and your perceptions of how psychological well-being is viewed in your athletic
department.
   1. Can you please describe your role as an NCAA DI assistant coach?
        a. What are your responsibilities within your team?
   2. How much value do you believe is placed on student-athlete's psychological well-
   being in your athletic department?
        a. Could you please provide an example of how athletic department personnel are
        educated about or exposed to information regarding student-athlete's
        psychological well-being?

I am interested in exploring NCAA DI assistant coaches' understanding of mental
performance and mental health services. The first part of our discussion will focus on
mental performance services.

Part 1
General Understanding of Mental Performance Services
First, we want to get a general understanding of your knowledge of mental performance
services.
   1. When you think of mental performance services, what comes to mind, and how
   would you define these services?
        a. What do you believe is the purpose of mental performance services?
   2. How did you develop this understanding of mental performance services?
        a. How have other coaches you have worked with influenced your understanding?
        b. How have support staff members (e.g., athletic trainers, strength and
        conditioning coaches) influenced your understanding of these services?
   3. If an athlete approached you about mental performance services, how would you
   describe those services to that athlete?

Referral Process for Mental Performance Services
In this section, I am interested in learning about your understanding of the referral
process for utilizing mental performance services in your current role, as an assistant
coach at your university.

1. To your knowledge, what is the referral process at within your athletic department for mental performance services?
2. How accessible do you feel mental performance services are to athletes at your university?
3. What resources are available to coaches within your athletic department regarding mental performance services?

Part 2
The second part of our discussion will focus on mental health services.
General Understanding of Mental Health Services
    1. When you think of mental health services, what comes to mind?
        a. How would you define mental health services in your own words?
        b. What do you believe is the purpose of mental health services?
    2. How did you come to develop this understanding you shared above about mental health services?
        a. How have other coaches you have worked with influenced your understanding?
        b. How have support staff members (e.g., athletic trainers, strength and conditioning coaches) influenced your understanding?
    3. If an athlete approached you about mental health services, how would you describe these services to that athlete?

Referral Process for Mental Health Services
In this section, I am interested in learning about your understanding of the referral process for utilizing mental health services in your current role, as an assistant coach at your university.
    1. To your knowledge, what is the referral process within your athletic department for mental health services?
        a.   What does the university referral process look like?
    2. How accessible do you feel mental health services are to athletes at your university?
        a.   How accessible are these services at the university level?
    3. What resources are available to coaches within your athletic department regarding mental health services?

Part 3
Final Questions
    1. How has your understanding of services (mental performance and mental health) differed as you have changed positions or moved universities?
        a.   If so, how has your experience at your current university with both services impacted your knowledge of mental performance and mental health services?
        b.   If not, how has time spent at your university impacted your knowledge of mental performance and mental health services
    2. Is there anything else you would like to add about what we discussed today?

Demographics:
- Age
- Gender
- Race
- Degrees and titles of degrees
- Years of coaching experience
- Years at current university
- Sport coached
- Training in Sport Psychology

APPENDIX F – Participant Follow-Up Transcription Email

Dear NCAA DI Assistant Coach,

Thank you again for your participation in this study. Your responses have been extremely valuable. I have finished transcribing your interview session and have attached a copy of the transcription here for your review. If there is anything within the transcript that appears inaccurate or anything you stated that you would like to clarify, please let me know. This is to ensure that the study truly captures your experiences and perceptions as an assistant coach.

Thank you again for participating!

Sincerely,
Heather Hill

WD Notes
- head coach prevents effectiveness of resources
- frustration
- disrespect of assistants
- places much higher value on well-being than head coach
- lots of self-learning
- passionate about mental well-being and psychological services

Kelly Notes
- assistant has many responsibilities
- may be closer to athletes than head coach
- some understanding of services
- individual team has additional resources in front of them
- grateful for and supportive of resources
- discusses gaps due to staffing

Jeff Notes
- may value services more than athletic department or other programs do
- mental health days for players
- seems to understand services but mixes them up in referral discussion
- transition from male athlete to coaching females
- seemed to have become more receptive and knowledgeable over time

Larry Notes
- New coach
- seems to not know a lot about services
- seemed to have trouble articulating service descriptions
- not sure if it's lack of knowledge or just unfamiliar because of new position
- a couple of questions may not have been understood

Sam Notes
- seems to have understanding of both to a degree
- appreciates having the services
- learned as an athlete, not as a coach
- highly values mental performance services
- utilized services as an athlete
- minor in psychology could influence knowledge

Callie Notes
- seems very knowledgeable
- immediately distinguishes services but likely because of background
- has master's in sport psychology
- appreciates department resources

- knowledge of services did not come from coaching experiences; came from academic background
- still uses incorrect titles

Ricky Notes
- been coaching for a while
- feels resources are adequate
- view developed over time- especially from athlete to coach perspective
- worked at two schools that valued well-being
- followed example of other coaches at previous school
- wanted me to define mental performance for him

Linda Notes
- studied psychology
- seems to have understanding of services, likely from academic background
- interesting that she is in on the meetings with the sport psychologist
- discusses experience as an athlete
- supportive of services
- happy to see growth of services
- was using sport psychologist but realized she needed counseling instead

George Notes
- very passionate about services
- personally, uses services
- frustrated with the system
- feels services shouldn't be where they are
- discusses personal experience a lot
- feels services are not maximized
- discussion of stigma
- appreciates services but feels the system is broken
- big on relationships

Michael Notes
- not clear on distinction between performance and health
- continually flips the professionals
- speaks on personal experiences
- leans more toward discussing mental health
- seems to know difference but refers to both professionals as sport psychologist

Richard Notes
- leans heavily toward discussion of performance
- feels good about how the athletic department handles things
- lot of interprofessional team discussion
- seems to lack confidence discussion mental health
- describes both services but also groups them at times

Chris Notes
- describes each service but shifts in and out of using them interchangeably
- leans toward discussing mental health
- may be because of familiarity with mental health services in personal experience
- knows training is available but doesn't know where to find it
- hasn't met psychological professionals
- new to the college level
- appreciates having professionals rather than having to deliver services as a coach

Zack Notes
- seems confident in university's handling of services
- seems to understand services to an extent
- feels there's till stigma to both services
- has had to deal with mental health services a lot as a coach

WD
- Relationship with head coach
- Athletic department has high value of psychological services
- Head coach discrepancy
- Lack of knowledge of psychological services
- School has access to resources
- Coach highly values psychological services
- Coach understands mental performance services
- Lists mental performance strategies
- Learned about services through athletes
- Thinks recent attention has shifted from performance to mental health
- Coach distinguished between services
- Coach values mental performance services
- Coach learned about mental performance services from sports medicine team
- Lack of mental performance resources/information
- Coach learned about mental performance through another assistant coach
- Coach implements services with team
- Coach used an outside resource
- Coach knows the referral process for mental performance
- Unsure about accessibility of mental performance
- Lack of information/education for coaches
- Coach understands mental health services
- Includes example of mental health concern
- Increased incidence of mental health concerns over recently
- Learned about mental health through athletic trainer
- Uncomfortable discussing resources
- Head coach limits assistant involvement
- Lack of information for assistants
- Athletic department meetings
- Access to trainings
- Mental health referral goes through AT
- Coach knows mental health referral process
- Feels athletes have access to mental health services
- Mental health is a priority in athletic department
- Lack of mental health resources for coaches
- Communication between coach and mental health professionals
- Lack of authority for assistants
- Personal relationship between athlete and assistant coach
- Athletes open up to assistants
- Budget prevents resources
- Need for athletic department resources
- Benefits of in-house resources

Kelly
• Many roles of assistant coach
• Recruiting
• Assistant responsible for educating athletes on resources
• Personal connection of assistant with athletes
• High athletic department value for psychological services
• Coach distinguishes between services
• More recent shift from performance services to mental health
• Development of services over time
• People/ More than just athletes
• Training and education available about psychological services
• Coach is familiar with psychological staff
• Coach provides additional resources for the team
• Coach understands mental performance
• Coach associates mental performance with sport psychology
• Coach compares mental performance to training in other areas
• Coach feels fortunate to have access to mental performance services
• Coach learned about mental performance from experience as athlete
• Athlete knowledge carried over into coaching
• Identified gap in resources
• Coach discusses effectiveness of resources
• How to make the system more effective
• Accessibility is important
• Staffing challenges create gap
• Head coach values mental performance
• Head coach has influenced assistant
• Interprofessional collaboration
• Full support staff values mental performance
• Lists example of performance related concern
• Coach knows referral process for mental performance
• Highly accessible mental performance services
• Coaches trained in mental performance
• Coach education
• Coach understands mental health
• Coach relates mental health to counseling
• Gained understanding through university services
• Works with someone with health service background
• Coach knows mental health referral process
• Strong department resource knowledge
• Coach distinguishes between services
• Coach describes mental health service providers
• Feels mental health services are accessible
• Growth of mental health services over time
• Learned about mental health through experiences as coach and athlete
• Meeting and talking with psychological professionals increased understanding

• Somewhat new to coaching

Jeff
• Recruiting
• Athletic department meetings discuss resources
• Distinguishes between services
• Person over player
• Growth of services
• Gender differences
• Program values mental health
• Culture of openness
• Culture of awareness/acceptance
• Coach education solid
• Trends in issues among athletes
• Describes mental performance
• Good understanding of mental performance
• Associates mental performance with sport psychology
• Influenced by conversations with other coaches
• Interprofessional collaboration
• Athletic trainer involvement
• Nutritionist involvement
• Communication with support staff
• Knows mental performance referral process
• Confused mental performance with mental health
• Feels mental performance services are accessible
• Relates mental health to everyday functioning
• Coach described mental health and examples
• Coach has psychology background
• Learned about mental health from education and being around people
• Learned through example of how others handled it
• Self-learning
• Discussion of team culture
• Has knowledge of mental health referral process
• Unsure of referral process for general students
• Feels mental health services are accessible
• Education for Coaches
• Mentions stigma
• Knowledge of services increased as he moved up in level
• Compares psychological services to other types of services/coaching
• Links mental performance with mental health
• Coaches meet with sports performance person
• Experienced Coach

Larry
• Recruiting

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- Increase in services over time
- Unsure about things as new coach
- Doesn't know much about service utilization
- Has not had education on psychological services
- Connects mental performance to athletic performance
- Uses wrong term for staff
- Coach describes mental performance related to competition
- Unclear on definition of mental performance
- Learned through watching others
- Fails to describe mental performance (says I don't know)
- Unsure of mental performance referral process
- Unsure how accessible mental performance services are
- Does not provide description of mental health
- Provides example of mental health
- Vague definition of mental health
- Learned about mental health through personal experience
- Described mental performance when asked about mental health
- Has difficulty distinguishing between services
- Increase in service awareness over time
- New coach

Sam
- New coach
- Athletic department prioritizes psychological services
- Lack of coach education
- Lack of education/training
- Asked about mental performance but describes mental health (anxiety, depression).
- Distinguishes between services
- Also combines services
- Learned about mental performance from experience as athlete
- Has not learned about mental performance as a coach
- Previous exposure to services
- Influence of strength and conditioning coach
- Appreciation for mental performance
- Knows mental performance referral process
- Mental performance services very accessible
- Names available mental health services
- Describes mental health in terms of living
- Learned about mental health through personal experience
- Learned about mental health from athletic trainer
- Increased mental health awareness over time
- Compares psychological services to other forms of services/coaching
- Has not learned mental health referral process but has course of action
- Mental health services conditionally available
- Learns more from staff than from department

• Increased acceptance of services over time
• Feels mental performance services could be better utilized
• Became more aware of the need for services
• Didn't realize how much she had not learned
• Had some educational training in psychology
• New to coaching

Callie
• Many responsibilities
• Recruiting
• Distinguishes between services
• Appreciative of services available
• Staffing issues/considerations
• Formal training in sport psychology
• Identifies challenges of not having resources
• Administration may not understand difference between services
• Dangers of using service terms interchangeably
• If Administrators don't understand difference, impacts the athletes
• Education on services came from academics not from athletic administration
• Thorough understanding of mental performance
• Compares mental performance with other services/coaching
• Developed mental performance understanding through coaching experience
• Impact of strength and conditioning coach
• Appreciation of having the resources
• Discusses determining which service the athlete needs
• Importance of being personal/personal relationships
• Knows mental performance referral process
• Continually distinguishes between services
• Proximity of services
• Lack of educational materials around mental health
• Role of social media
• Understands mental health services
• Provides example of mental health services
• Learned through experience
• Decrease in stigma of mental health overtime/increased acceptance
• Personally utilized services
• Learned from support staff about mental health services
• Recent increase in awareness and acceptance in athletics
• Athletes resisting services
• Impact of current events/society
• Knows mental health referral process
• Discussion of proximity and benefits and drawbacks
• Staffing problems/need more
• Lack of information about mental health for coaches
• Frustrated about administration not knowing the difference

- Blended coach role
- Lack of resources at smaller schools
- Connects the different services
- Current state of college athletics
- Young coach but has experience

Ricky
- Many responsibilities
- Recruiting
- Assist the head coach
- Approval of athletic department handling of services
- Believes resources are available
- Education provided/information for coaches
- Improving coach-athlete communication
- Trends on psychological well-being
- Frequent information for coaches
- Relates mental performance to sport psychology
- Impact of coaches' attitude on service utilization
- Shows understanding of mental performance
- Links mental performance with self-esteem
- Not entirely clear on different professionals
- Personal utilization of services
- Expresses the difference between services
- Learned from personal experience and from coaching
- Mindset shift
- Transition from player to coach
- Importance of coach-athlete relationship
- Development of services
- Acceptance of services increased with time
- Progression in psychological services over time
- Acknowledges need for services
- Many options for athletes
- Services take weight off the coach
- Learned from an experienced head coach
- Head coach aware of services
- Appreciation for services
- Responsibility of the coach in coach-athlete relationships
- Saw other coaches utilize services with lack of stigma
- Following standard set by other coaches
- Training available for coaches
- Became aware of services and symptoms of mental health issues
- Distinguishes between services
- Lack of influence from support staff
- Limited interaction with support staff
- Unclear of definition for mental performance (term)

- Would send the athlete to available professionals
- Knows referral process for mental performance
- Use of outside resources
- Limited time/staffing issues
- Mental performance services accessible
- Coaches educated through meetings
- Lists specific mental health providers
- Able to define and distinguish mental health
- Vast access to mental health resources
- Stress of modern college student life
- Importance of educating coaches
- Increase in prevalence of mental health issues
- Two parts to mental health
- Managing stressors as a part of mental health
- Puts health before performance
- School prioritizes well-being
- Actively monitors for stressors/symptoms
- Value of coach education
- Coach meetings facilitate discussion of mental health
- Could explain available resources to the athlete
- Knows mental health referral process
- Athletic trainer involved in mental health referral process
- Staff psychologist involved in mental health referral process
- Mental health services accessible
- Psychologists are busy
- Meetings for assistant coaches
- Increased awareness of available services
- More staff at current school than previous
- Potential budget restrictions
- Frequency of discussions greater when there's more staff
- More familiarity with resources and psychological professionals at this school
- Psychological professional spent time with athletes
- Athletes familiar with professionals
- Coaches familiar with professionals
- Better experience with current sport psychologist
- Experienced Coach
- Received sport psychology training as an athlete

Linda
- Protect athletes' time
- Many Responsibilities
- Involved with sport psychologist team meetings
- Trends in highs and lows among athletes
- Effects of gender
- Athletic department prioritizes mental health (coach approves)

- Resources are available
- Distinguishes between service providers
- Coaches receive training
- Coaching staff prioritizes mental health over practice time
- Identifies the different professionals delivering different services
- Athletic department promotes the resources
- Associates mental performance with sport psychologist
- Understands mental performance
- Gives example of mental performance
- Associates mental performance with value in and out of sport
- Formal education in psychology
- Link between value and performance
- Good relationship with sport psychologist
- Team has check in meetings
- Working with a coach who values sport psychology
- Involvement of the nutritionist
- Nutritionist mindful of mental health
- Learned from nutritionist
- Distinguishes between services
- Eating concerns sent to counseling, not sport psychologist
- Interprofessional approach
- Athletes immersed in mental performance services
- Provided example of mental performance
- Athlete takes initiative
- Prior relationship/familiarity aids in accessing services
- Informs athlete of available resources
- Coaches trained in mental health
- Coach comfortable communicating with mental performance service providers
- Believes mental performance services are very accessible
- Identifies issues specific to mental health
- Mentions CAPS
- Aware of athlete behavior and how it relates to performance
- Expresses that there are two separate entities
- Challenges of college student
- Stress of social media
- Associates mental health with day-to-day things
- Understands mental health through athlete experience
- Progress in mental health services over time
- Personal example of the difference between services
- Needed something more personal than mental performance
- Saw a coach refer an athlete to a counselor rather than sport psychologist
- Stigma of counselor title / Less stigma around sport psychologist
- Impact of the service label
- Discussion around mental health and stigma reduction
- Online resources

• Referral for mental health starts with conversation with athlete
• Athletic Trainer involved in mental health referral process
• Feels mental health services are accessible
• High utilization of mental health services on team
• Budget restrictions and lack of services
• Access and visibility of resources increased over time
• Young coach
• Appreciates the progression of services
• Believes in the benefits of resources
• Formal training in psychology

George
• Recruiting
• Feels mental health and mental performance are underutilized
• Not satisfied with service provision
• Need for services
• Does not approve of how athletic department handles services
• Issues with the system
• Impact of COVID
• Athletes afraid to seek services
• Identifies need for services
• Feels that these services are necessary/beneficial
• Proximity/location issue
• Mentions stigma around services
• Impact of current events/times and need for services
• Supports services for athletes
• Dangers of not addressing mental health issues
• Problems with the system as it is
• Appreciates having services
• Acknowledges many schools don't have services
• Approves of psychological support staff
• Believes in the importance of relationships
• Athletes had to pay for services
• Lack of involvement in resources for assistant coaches
• Assistant coach relationships more comfortable
• Budget problems and limits restricting services
• Combines service providers
• Staffing issues
• Assistants taken out of the equation
• Some confusion on terms/ names of professionals
• Feels there's a stigma
• Personal experience with mental performance
• Appreciation for mental performance services
• Describes mental performance
• Provides example of mental performance

• The issues of stigma
• Understanding the athlete aids in coaching them
• Relates mental aspect to the physical
• Previous positive experience with mental performance
• Head coach values mental performance
• Previous school shamed those using resources
• Head coach position/title may prevent athletes from opening up
• Problems with the system/ disconnect
• Unsure of the title of mental performance professionals
• Time limiting utilization/ staffing issues
• Important role of the athletic trainer/ personal relationships
• Performance problems may not be surface level
• Coach employs mental performance strategies with team
• Intimidation factor of speaking to head coach
• Assistants have limited knowledge of referral process
• Frustration around lack of involvement
• Location problems preventing service utilization because of stigma
• Proximity conflicts
• Impact of social media
• No resources for assistant coaches
• Need for professional development
• Mental health as a day-to-day necessity
• Relates mental health to physical health
• Learned about mental health through personal experiences
• Values coach athlete relationship
• Good impression of sport psychologist
• Encourages athletes to utilize the resources
• Discontent with education for coaches
• Mental health services accessible but not utilized enough
• Feels empowered to speak about psychological services at this school
• Role of the head coach
• Head coach discrepancies
• Believes best programs address psychological needs
• Lack of education for assistant coaches
• Inefficient referral process
• Unsure how utilized the resources are
• Assistants spend time around the athletes
• Lack of involvement of support staff when it comes to services
• Void in services
• Experienced coach

Michael
• Role of assisting the head coach
• Does recruiting
• Athletic department values services

- Asked about mental performance but describes mental health
- Gender of the psychological professional
- Current times impact on mental health
- Mentions COVID/current events
- Describes mental health instead of performance
- Effects of technology
- Feels that people need to talk to someone
- Had personal experience with mental health
- Budgeting considerations
- Role of the athletic trainer
- Trainers spend critical time with athletes
- Psychological professionals spend time with the athletes
- Coach values relationships
- Service confusion
- Trainer involved in referral process
- Coach believes mental performance services are very accessible
- Coach is provided with resources from athletic department
- Coach defines mental health but still describes performance
- Equates mental health with self-worth and confidence
- Believes mental health services are beneficial
- Importance of talking
- Wrong professional described
- Believes mental health services are accessible
- Understanding of mental health came from experience, not the institution
- Feels spending time with the staff led to knowledge
- Experienced coach

Richard
- Recruiting
- Interprofessional collaboration for mental health
- Believes athletic department values mental health
- Believes that not all schools with financial means have the same resources
- Psychological professionals meet regularly with the coaches
- Interprofessional team
- Players know where to find the resources
- Athletic department resources easily accessible
- Interprofessional approach/ connection
- Staff is very present with the athletes
- Early exposure to mental performance
- Relates mental performance to overcoming failures
- Describes mental performance
- Provides examples of mental performance strategies
- Not confident in knowledge of mental health
- Developing player relationships
- Mental performance and having a clear mind/ being present

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- Mental performance and confidence
- Mental performance and controlling emotions
- Distinguishes between services
- Less confident on mental health than mental performance
- Mental performance strategies apply to daily life
- Growth in acceptance of mental health/ decreased stigma over time
- Managing emotions
- Learned from other coaches
- Learned from prominent sport psychologists' work
- Involvement of nutritionist
- Athletes familiar with service providers
- Psychologists may not have sports knowledge
- Athletes may not want to speak to coach
- Service confusion
- Knowledge has improved while at this institution
- Blended role for advisor when there was not psychological staff
- Challenges of not having services
- Coach feels mental performance is accessible
- Proximity of services (positive)
- Feels confident about knowing how to inform athletes
- Institution makes information more available than previous school
- Provides example of mental health
- Discussing mental health but shifts back to performance
- Acknowledges difference between services but seems unsure
- Believes mental health services are for saving lives
- Increase in need for mental health services over time
- Influence of social media
- Increased mental health awareness in society
- Personal experience with mental health
- Possible service confusion
- Learned about mental health from sport psychologist
- Decreased stigma around mental health
- Feels confident in how athletic department handles mental health
- Athletes are familiar with the sport psychologist
- Understands mental health referral process
- Uncertain about university student resources
- Believes mental health services are accessible
- Coaches are educated about and exposed to mental health service information
- Athletes are educated about services
- Exposure taught importance of services
- Blended coach role
- Positive outlook on services
- Experienced coach
- Self-taught on mental performance

Chris
• Coaches the walk-ons and novices
• Believes athletic department values psychological well-being
• Staffing limits
• High demand for services currently
• Coaches trained to look for signs
• Coaches receive trainings
• Links mental performance with mental health
• Describes example of sport psychology
• Relates mental performance to physical training
• Personal mental health experience
• Involvement of athletic trainer
• Relates mental health to physical health
• Value of mental performance outside of sport
• Seems to know referral process for mental performance
• Staffing and time limitations
• Mentions COVID
• Asked about performance but shifts into discussing mental health
• Feels services are accessible
• Not sure where to find information as a coach
• Gives same definition (taking care of the brain) for both services
• Associates mental health with counselor
• Feels mental health is needed sporadically
• Athletes undergo mental health screening
• Asked about mental health but describes mental performance
• Mental health and managing emotions
• Coach has personally utilized mental health services
• Links mental health with other types of health care
• Believes mental health struggles are common
• Stresses of current college athlete
• Unfamiliar with the mental health staff
• Role of the coach in identifying issues
• Athletic trainer involved in referral process
• Not familiar with university referral process
• Feels mental health services are accessible
• Need more staff
• Unsure where to get mental health information
• Has not been a lot of coach education
• Issues of blended coach role
• Resources at high level programs help coaches
• New coach
• Unfamiliar with mental health and mental performance staff
• Professionals not regularly involved with athletes
• Athletes know who professionals are because of screenings

Zack
- Does recruiting
- Unsure how much value athletic department places on psychological well-being
- Self-worth and performance
- Coaches used to meet with sport psychologist regularly
- Psychologist met with coaches and had them read
- Experience with athlete having mental health struggles
- Coach saw impact of mental health services
- Coach has experience dealing with mental health
- Links mental performance and sport psychology
- Lists mental health professional
- Stigma around mental performance prevents utilization
- Coach encourages use of mental performance
- Pressures of an individual sport
- Coach values mental performance services
- Mental performance and being prepared
- Mental performance and awareness
- Coach believes mental performance is beneficial
- Value of coach-athlete conversations around performance
- Saw coach carry out blended role
- Coach feels confident about mental performance
- Coach understands psychological impact on performance
- Coach has good impression of the sport psychologist
- Athletic trainers encourage athletes to use sport psychologist
- Coach feels athletic department handles mental performance well
- Stigma prevents some from using mental performance services
- Lists example of mental performance benefits
- Mental performance increasing in acceptance over time
- Feels mental performance still has further to go
- Sport psychologist is present with athletes
- Athletes know how to connect with sport psychologist
- Proximity as a positive
- Coach feels mental performance services are very accessible
- Feels sport psychologist would be willing to provide information
- Acknowledges differences between services
- More stigma around mental health
- University promotes mental health services
- Feels university values mental health services
- Believes mental health is to save lives
- Increased prevalence of mental health issues
- Social media and mental health
- Relates mental health to depression
- Exposed to mental health information from social media
- Developed understanding of mental health from others and own thoughts
- In contact with psychological staff

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- Demands and pressures increased over time in society
- Mentions COVID
- Social media
- How athletes have changed in mentality
- Previous small school had no access to services
- People at previous institution avoided mental health discussion
- Previous school didn't utilize mental health
- Athletic trainer role in service provision
- Important influence of Athletic trainers for mental health
- Medication conflicts with sport
- Mental health to feel better
- Mental health and having someone to talk to
- Athletic trainer involved in mental health referral
- Not sure of university student referral process
- Feels mental health services are accessible to athletes
- Athletes and non-athletes use same system for mental health services
- Not sure where to find information about mental health
- Difficulties of blended coach role
- Negative previous experience with handling mental health situations
- Mental health services and progress over time
- Staffing limitations
- Mental health services still need work
- Sprot psychologist time limitations
- Feels department could do more for providing psychological services
- School prioritizes resources
- Fairly new coach

WD
- Relationship with head coach impacts service utilization
- Athletic department highly values psychological services
- Coach exhibits understanding of mental performance services
- Coach values mental performance services
- Coach describes mental performance strategies
- Lack of resources/education
- Learned about services through others, not athletic department
- Shift in focus from mental performance to mental health
- More mental health incidents recently than in previous years
- Coach exhibits ability to distinguish between services
- Coach takes initiative in learning and implementing services
- Assistant coaches removed from the equation
- Coach exhibits knowledge of referral process for mental performance services
- Coach is unsure of how accessible mental performance services are
- Lack of educational materials for coaches
- Athletic trainer plays role in service provision
- Coach exhibits understanding of mental health services
- Coach provides example of mental health services
- Coach exhibits knowledge of mental health referral process
- Believes mental health services are accessible
- Personal relationship between assistant coaches and athletes
- Budgetary concerns
- Benefits of in-house resources
- Need for athletic department resources
- Access to trainings
- Athletic trainer's role in services
- Feel that athletes have access to psychological services
- Communication between coach and mental health professionals

Kelly
- Assistant coach has many roles and responsibilities
- Handles recruiting
- Assistant coach responsible for educating athletes on department resources
- Coach exhibits ability to distinguish between services
- Person before athlete approach
- Psychological service development over time
- How can we make the system more effective?
- High athletic department value for psychological services
- Recent shift from performance focus to mental health focus
- Coach takes initiative to provide resources for team
- Coach exhibits understanding of mental performance
- Coach feels fortunate to have access to services

- Coach compares mental performance services to other forms of training
- Coach trainings and education
- Accessibility is important
- Staffing challenges create the gap
- Works for head coach who values mental performance
- Interprofessional collaboration
- Full staff values services (performance)
- Coach describes performance related concerns
- Coach knows referral process for mental performance
- Coach exhibits understanding of mental health services
- Coach links mental health and counseling
- University services led to understanding of services
- Mental performance services accessible
- Coach has knowledge of mental health referral process
- Strong department resource knowledge
- Coach is familiar with psychological staff members
- Experience as athlete contributed to understanding
- Coach feels fortunate to have resources
- Coach associates mental performance with sport psychology
- Coach compares mental performance training to other training areas
- Coach describes mental health service providers
- Mental health services accessible
- Growth of mental health services over time
- Meeting and discussing with psych. professionals led to understanding
- New coach

Jeff
- Recruiting
- Coach distinguishes between services
- Athletic department educates coaches and discusses resources
- Person over player
- Growth of services
- Gender differences
- Team culture of openness/awareness of psychological services
- Coach/program values mental health
- Trends in issues among athletes
- Coach able to describe mental performance well
- Links mental performance with sport psychology
- Discussions with other coaches had impact
- Athletic trainer involved in psych. services
- Interprofessional collaboration and communication
- Knows mental performance referral process
- Knows mental health referral process
- Confused mental performance with mental health
- Feels mental performance accessible

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- Relates mental health to everyday functioning
- Coach described mental health and provided examples
- Has psych. background
- Learned through experiences and watching others
- Self-learning/taught
- Unsure of general university referral process
- Feels mental health accessible
- Mentions stigma
- Compares psychological services to other types of services/coaching
- Knowledge increased as he moved up in levels of coaching
- Links mental performance and mental health (connected)
- Coach meets with sports performance person
- Experienced coach

Larry
- Recruiting
- Increase in services and awareness over time
- Unsure about things as new coach
- No service education
- Connects mental performance to athletic performance/competition
- Uses wrong term for staff member
- Unclear mental performance definition and couldn't describe
- Learned through watching others
- Unsure of mental performance referral process or accessibility
- Vague definition of mental health and couldn't describe
- Does provide mental health example
- Learned about mental health through personal athlete experience
- Described mental performance when asked about mental health

Sam
- New coach
- Athletic department prioritizes psych. services
- Lack of education/training
- Asked about mental performance but describes mental health such as depression/anxiety
- Coach distinguishes between services
- Coach also combines services
- Learned more about mental performance as athlete than as coach (previous exposure)
- Appreciates mental performance services
- Influence of strength and conditioning coach
- Feels mental performance accessible
- Knows mental performance referral process
- Lists available mental health services
- Relates mental health to daily living
- Increase in mental health awareness over time
- Compares psych. services to other forms of services/coaching

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• Learned about mental health through athletic trainer
• Learned about mental health through personal experience
• Knows mental health referral process but did not learn from department
• Mental health conditionally available
• Learns more from staff than department
• Feels mental performance could be better utilized
• Became more aware of need for services over time
• Didn't realize how much she had not learned until asked questions
• Had some educational background in psychology

Callie
• Many responsibilities
• Recruiting
• Appreciates having resources available
• Distinguishes between services
• Staffing problems/issues/considerations (need more)
• Formal training in sport psych.
• Identifies challenges of not having resources
• Administration not understanding difference between services and impact on athletes
• Dangers of using terms interchangeably
• Education came from academics not from department
• Thorough understanding of mental performance
• Compares mental performance with other services/coaching
• Learned about mental performance from experience in coaching
• Discusses determining which service an athlete needs
• Importance of personal relationships
• Knows mental performance referral process
• Impact of strength coach
• Proximity of services-positive
• Lack of educational materials
• Role of social media
• Understands mental health services and provides example
• Decrease in stigma of mental health over time
• Personally utilized services
• Learned from support staff about mental health services
• Recent awareness and acceptance in athletics
• Athletes may resist services
• Impact of current events and society
• Knows mental health referral process
• Controversy around proximity/location of services
• Lack of info/education for coaches
• Frustration with administration not knowing difference
• Smaller schools lack resources
• Blended coach role
• Connects the different services

- Young coach but has experience
- Current state of college athletics

Ricky
- Many responsibilities
- Recruiting
- Assist the head coach
- Approves of how athletic department handles services
- Feels services accessible
- Frequent information/education for coaches
- Improve coach-athlete communication
- Trends in psychological well-being
- Relates mental performance to sport psychology
- Impact of coach attitude on service utilization
- Shows understanding of mental performance
- Mental performance and self-esteem
- Some confusion on professionals
- Personally utilized services
- Distinguishes between services
- Learned from personal experience and coaching
- Mindset shift from player to coach
- Importance of coach-athlete relationship
- Development of services and acceptance over time
- Acknowledges need for services
- Having services takes weight off coach
- Head coach aware of services
- Appreciates having resources available
- Responsibility of the coach in coach-athlete relationships
- Saw other coaches utilize service with lack of stigma and lived up to standard
- Lack of influence and involvement with support staff
- Unclear definition of mental performance
- Knows referral process for mental performance
- Use of outside resources
- Limited time and staffing
- Feels mental performance accessible
- Describes and distinguishes mental health and provides examples of resource
- Very accessible mental health
- Stress of modern college student life
- Importance of educating coaches
- Increased prevalence of mental health concerns
- Managing stressors and mental health
- School prioritizes mental health over performance
- Meetings facilitate discussion of mental health
- Coach could explain the resources to the athlete
- Knows mental health referral process

- Current school has more staff than previous
- Budget restrictions
- Familiarity of staff to coaches and athletes
- Frequent service discussions with more staff
- Better experience with current sport psych.
- Experienced coach

Linda
- Many responsibilities
- Value athletes' well-being over practice time
- Involved in sport psych meetings
- Trends in highs and lows of athletes
- Effects of gender
- Athletic department prioritizes and promotes resources
- Distinguishes between services/providers
- Coaches receive education/training
- Associates mental performance with sport psych.
- Understands and gives examples of mental performance
- Mental performance and value in and out of sport
- Formal training in psych.
- Good relationship with sport psych
- Team has check in meetings
- Working with coach who values sport psychology
- Involvement and impact of nutritionist
- Interprofessional approach
- Athletes immersed in mental performance services
- Athlete takes initiative with services
- Prior relationship/familiarity helps in accessing resources
- Coach comfortable communicating with mental performance service providers
- Mental performance accessible
- Identifies issues specific to mental health
- Mentions CAPS
- Aware of athlete behavior and relation to performance
- Expresses that there are two separate entities
- Challenges of college student
- Social media
- Mental health related to day-to-day things
- Understands mental health through athlete experience
- Progress in mental health services over time
- Personal experience with difference between services and needing specific service
- Saw a coach exhibit difference between services through referral
- Title of professional/ less stigma with sport psych.
- Discussion around mental health and stigma reduction
- Online resources
- Referral for mental health starts with conversation with athlete

- Athletic trainer involved in mental health referral process
- Mental health accessible and highly utilized
- Budget restrictions causing lack of services
- Visibility of resources increased over time
- Young coach
- Believes in benefits of resources

George
- Recruiting
- Feels both services underutilized
- Not satisfied with service provision/utilization in athletic department
- Need for services
- Impact of COVID
- Athletes afraid to seek services
- Proximity/location issue
- Stigma around services
- Impact of current events and times- need
- Dangers of not addressing mental health issues
- Appreciative of having the resources
- Approves of the psychological support staff
- Importance of relationships
- Athletes had to pay for services
- Acknowledges many schools don't have the resources at all
- Assistant coach relationship to athletes vs. head coach
- Lack of resources and involvement for assistant coaches (out of equation
- Budget problems restricting services
- Combines service provider titles
- Describes and provides examples of mental performance
- Understanding the athlete aids in coaching them
- Previous positive personal experience with mental performance
- Relates mental aspect to physical
- A previous school shamed those using resources
- Head coach values resources
- Importance of the athletic trainer and personal relationships
- Performance issues may not be surface level
- Frustration around lack of involvement
- Need for professional development
- Mental health as day-to-day necessity
- Learned about mental health through personal experiences
- Values coach athlete relationship
- Good impression of sport psych.
- Encourages athlete to use services
- Mental health accessible but not utilized enough
- Best programs address psychological needs
- Inefficient referral process

- Unsure how utilized resources are
- Lack of involvement of support staff when it comes to services
- Experienced coach
- Void in services

Michael
- Role of assisting head coach
- Recruiting
- Athletic department values resources
- Asked about mental performance but describes mental health
- Gender of the psychological professional
- Current times and impact on mental health/ COVID
- Describes mental Health instead of performance
- Effects of technology
- Feels people need to talk to someone
- Had personal experience with mental health
- Budgeting considerations
- Role of AT
- Psychological professionals around athletes
- Coach values relationships
- Service confusion
- AT in referral process
- Mental performance accessible
- Resources provided to coaches from athletic department
- Defines mental health but describes performance
- Equates mental health with self-worth and confidence
- Believes mental health services beneficial
- Wrong professional described
- Mental health accessible
- Understanding cam from experience not institution
- Feels spending time with staff led to knowledge
- Experienced coach

Richard
- Recruiting
- Interprofessional collaboration
- Athletic department values mental health
- Not all schools with financial means have same resources
- Psychological professionals meet regularly with coaches
- Players know where to find resources
- Staff very present with athletes
- Early exposure to mental performance
- Relates mental performance to overcoming failures
- Describes mental performance and provides examples
- Developing player relationships

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- Mental performance and clear mind/ being present
- Mental performance and confidence
- Mental performance and managing emotions
- Distinguishes between services
- Less confident in mental health than performance
- Mental performance strategies application to daily life
- Growth in acceptance of mental health and decreased stigma with time
- Learned from other coaches and prominent sport psych.
- Involvement of nutritionist
- Athletes familiar with service providers
- Psychologists may not have sports knowledge
- Athletes may not want to speak to coach
- Service confusion
- Knowledge has improved while at this institution
- Blended role for advisor when there was no psych. staff
- Challenges of not having services
- Mental performance accessible
- Proximity of services positive
- Confident in informing athlete
- Institution makes information more accessible than previous school
- Provides mental health example
- Learned from sport psych.
- Feels confident in athletic departments handling of mental health
- Understands mental health referral process
- Uncertain about university resources for general students
- Mental health accessible
- Athletes educated about resources
- Blended coach role
- Positive outlook on services
- Experienced coach
- Self-taught mental performance

Chris
- Coaches walk-ons and novices
- Believes athletic department values psychological well-being
- Staffing limits
- High demand for services currently
- Coaches trained in services
- Links mental performance with mental health
- Describes example of sport psychology
- Relates mental performance to physical training
- Personal mental health experience
- Involvement of AT
- Relates mental health to physical health
- Value of mental performance outside of sport

• Knows referral process for mental performance
• Mentions COVID
• Asked about performance but shifts into discussing mental health
• Feels services accessible
• Not sure where to find info as a coach
• Gives same definition for both services (take care of brain)
• Associates mental health with counselor
• Feels mental health is needed sporadically
• Athletes undergo mental health screening
• Asked about mental health but describes mental performance
• Mental health and managing emotions
• Coach has personally utilized mental health services
• Links mental health with other types of health care
• Believes mental health struggles are common
• Stresses of current college athlete
• Unfamiliar with mental health staff
• Role of the coach in identifying issues
• AT involved with referrals
• Not familiar with university student referral process
• Need more staff
• Unsure where to get mental health information
• Lack of coach education
• Issues of blended coach role
• Resources at high level programs help coaches
• New coach
• Unfamiliar with psychological staff
• Athletes not regularly around staff

Zack
• Recruiting
• Unsure how much value athletic department places psych. well-being
• Self-worth related to performance
• Coaches used to meet with sport psych. regularly
• Experience with athletes having menta health concerns
• Coach has seen impact of mental health services
• Links mental performance and sport psychology
• Lists mental health professionals
• Stigma around mental performance prevents utilization
• Coach encourages use of mental performance
• Pressures of an individual sport
• Coach values mental performance
• Mental performance and being prepared/aware
• Value of coach-athlete conversations around performance
• Saw coach carry out blended role
• Coach feels confident about mental performance

- Coach has good impression of the sport psychologist
- Coach feels athletic department handles mental performance well
- Stigma prevents some from using mental performance
- Lists examples of mental performance benefits
- Mental performance increasing acceptance over time
- Feels mental performance still has further to go
- Sport psychologist is present with athletes
- Proximity positive
- Coach feels mental performance services are very accessible
- Feels sport psych. would be willing to provide info.
- Acknowledges differences between services
- More stigma around mental health
- University promotes mental health
- Believes mental health is to save lives
- Increased prevalence of mental health issues
- Social media
- Mental health and depression
- Developed understanding of mental health from others and own thoughts
- Demands and pressures of society have increased
- COVID
- How athletes have changed in mentality
- Small schools lacking services and did not discuss mental health
- Athletic trainer for service provision
- Medication conflicting with sport
- Mental health to feel better
- Mental health and having someone to talk to
- Feels mental health accessible to athletes
- Athletes and non use same services
- Not sure where to find mental health info.
- Difficulties of blended coach role
- Negative previous experience with handling mental health situations
- Mental health services and progress over time
- Mental health still needs more work
- Feels department could do more for providing psych. services
- School prioritizes resources
- Fairly new coach

WD
• High athletic department value for services
• Lack of resources/education for coaches
• Coach highly values mental performance and mental health services
• Shift in focus from mental performance to mental health
• Coach distinguishes between services
• Coach takes initiative in learning and implementing strategies
• More mental health incidents recently
• Assistant coaches removed from the equation
• Impact of the head coach on assistant coach involvement and relationships
• Coach understands mental performance and mental health
• Coach provides examples of mental health
• Coach knows referral process for mental health and mental performance
• Unsure how accessible mental performance services are
• Believes mental health services accessible
• Budgetary concerns
• Role of the athletic trainer
• Need for resources
• Access to trainings
• Communication between coach and mental health professionals

Kelly
• Many responsibilities and recruiting
• Assistant educates athletes on department resources
• Coach distinguishes between resources
• Person before athlete approach
• Psychological services developed over time
• How can we make the system more effective?
• High athletic department value for services
• Recent shift from mental performance to mental health focus
• Coach takes initiative to provide resources to team
• Gap in services comes from staffing
• Importance of accessibility
• Coach understands mental performance and mental health
• Mental performance and mental health accessible
• Coach compares mental performance to other forms of training
• Coach trainings and education
• Head coach values mental performance
• Having university services led to understanding
• Coach associates mental performance with sport psychology
• Coach knows mental health and mental performance referral process
• Coach is familiar with psychological staff
• Coach feels fortunate to have resources

- Growth of mental health services over time
- Coach shows knowledge of both services
- Athlete experience led to understanding
- New coach

Jeff
- Recruiting
- Coach distinguishes between services
- Athletic department educates coaches and talks about resources
- Person over player
- Gender differences
- Growth of services
- Create team culture of openness/awareness
- Coach values mental health
- Trends in issues among athletes
- Links mental performance with sport psychology
- Coach able to describe mental performance and mental health
- Discussions with other coaches impact understanding
- Involvement of athletic trainer
- Interprofessional collaboration/communication
- Feels mental health and mental performance are accessible
- Knows mental health and mental performance referral process
- Service confusion
- Relates mental health to everyday functioning
- Has psychology background
- Learned through experiences and watching others
- Self-taught
- Unsure of general student referral process
- Mentions stigma
- Compares psychological services to other types of services/coaching
- Knowledge increased as he moved up in coaching level
- Links the two services/connects them
- Coach interacts with sports performance staff
- Experienced coach

Larry
- Recruiting
- Increase in service awareness over time
- Lot of uncertainty as new coach
- No education on services
- Connects mental performance to competition
- Service confusion
- Struggles to define and describe services
- Learned through watching others
- Learned about mental health through experience as athlete

Sam
• New coach
• Athletic department prioritizes resources
• Lack of education/training
• Service confusion
• Coach distinguishes between services but also combines them
• Learned more as athlete than as coach
• Appreciates mental performance services
• Influence of strength and conditioning coach
• Mental performance accessible
• Mental health conditionally accessible
• Learned more from staff than athletic department
• Knows mental health referral process and mental performance referral process
• Relates mental health to daily living
• Increase in mental health awareness over time
• Compares psychological services to other forms of services/coaching
• Learning through athletic trainer/staff/personal experience
• Feels mental performance could be better utilized
• Increased awareness/knowledge of services over time
• Didn't realize how much she had not learned until asked questions
• Some education in psychology

Callie
• Many responsibilities including recruiting
• Appreciates having the resources
• Distinguishes between services
• Staffing problems/issues/considerations – need more people
• Formal training in sport psychology
• Identifies challenges of not having the resources
• Administration may not understand the difference-negative impact this could have
• Education from academics – not department
• Understands mental health and mental performance
• Importance of personal relationships
• Knows mental performance and mental health referral process
• Personally utilized services
• Compares mental performance to other services/coaching
• Lack of education for coaches
• Proximity of services/positive
• Impact of strength coach
• Decreased mental health stigma over time
• Determining the service the athlete needs
• Current state of college athletics and increased awareness/acceptance
• Athletes may resist services
• Current events and society

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- Social media
- Blended coach role
- Young coach but has experience
- Smaller schools lacking resources
- Frustration around the service confusion

Ricky
- Many responsibilities, recruiting, assist head coach
- Approves of how athletic department handles resources
- Feels the services are accessible
- Frequent education and info for coaches
- Improving coach-athlete communication
- Trends in psychological well-being
- Relates mental performance to sport psychology
- Impact of the coach attitude on service utilization
- Shows understanding of mental health and mental performance
- Mental performance linked with self-esteem
- Some service confusion regarding staff
- Distinguishes between services
- Learned from coaching and personal experience
- Mindset shift from player to coach
- Importance of coach-athlete relationship – responsibility of the coach
- Development of services and acceptance over time
- Need for services
- Having resources takes weight off the coach
- Unclear mental performance definition
- Use of outside resources
- Limited time and staffing/ budget restrictions
- Saw other coaches using the services without stigma and wanted to live up to standard
- Knows referral process for mental performance and mental health
- Stress of modern college life and increased prevalence of mental health concerns
- Importance of educating coaches
- Managing stressors and mental health
- School prioritizes mental health over athletic performance
- Good impression of current sport psych. – better than last school
- More staff = more frequent discussions around services
- Experienced coach
- Familiarity of staff to coaches and athletes

Linda
- Many responsibilities
- Value athlete's well-being over practice time
- Involved in sport psych team meetings
- Trends in highs and lows of athletes
- Effects of gender

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- Athletic department prioritizes and promotes resources
- Distinguishes between services and providers/ two separate entities
- Coaches receive education/training
- Associates mental performance with sport psych.
- Formal training in psychology
- Understands mental performance and mental health
- Good relationship with sport psych./ comfortable communication
- Head coach values mental performance
- Involvement of nutritionist
- Interprofessional approach
- Athletes immersed in mental performance services
- Athlete takes initiative in seeking services
- Prior relationship/familiarity helps when seeking services
- CAPS
- Challenges of modern college student
- Social media
- Mental health related to day-to-day things
- Understands mental health through athlete experience
- Progress in mental health services over time
- Personal experience with needing to distinguish between services
- Title of professional/less stigma around sport psych.
- Discussion around mental health and stigma reduction
- Online resources
- Referral for mental health starts with conversation with athlete
- Mental performance and mental health accessible/ Mental health highly utilized
- Involvement of athletic trainer
- Budget restrictions and lack of services
- Young coach
- Visibility of resources increased over time
- Believes in benefits of resources

George
- Recruiting
- Feels services underutilized
- Not satisfied with the system/ utilization in athletic department
- Need for services/void
- Impact of COVID
- Athletes afraid to seek services
- Proximity/ location issue (negative)
- Dangers of not addressing mental health issues
- Stigma around service preventing utilization
- Impact of current times and need for services
- Appreciation for having resources
- Approves of psychological support staff
- Importance of relationships/ values coach athlete relationship

- Athletes had to pay for services
- Assistant coach relationship to athletes vs. head coach
- Smaller schools lacking resources
- Lack of involvement for assistants/ taken out of equation/ frustration
- Budget problems restricting resources
- Combines service provider titles/ service confusion
- Understanding the athlete aids in coaching them
- Head coach values resources/ assistant empowered to speak on them
- Previous positive personal experience with mental performance
- Previous head coach different school shamed those using services
- Importance of the athletic trainer
- Performance issues may not be surface level
- Need for personal development
- Relates mental aspect to physical
- Feels services are accessible but not utilized because of system
- Mental health day-to-day necessity
- Best programs address psychological needs
- Unsure how utilized the resources are
- Experienced coach

Michael
- Role of assisting the head coach and recruiting
- Athletic department values resources
- Service confusion
- Gender of the service provider
- Current times, COVID, technology, impact on mental health
- Feels people need to talk to someone
- Budgeting considerations
- Personal experience with mental health
- Coach values relationships
- Role of athletic trainer
- Psychological professionals are around the athletes
- Feels mental health and mental performance services accessible
- Coaches provided resources by athletic department
- Mental health with self-worth, confidence
- Experienced coach
- Understanding from experience – not institution
- Believes mental health services beneficial

Richard
- Recruiting
- Interprofessional collaboration
- Athletic department values mental health
- Not all schools with financial means have same resources
- Psychological professionals meet with coaches and athletes regularly (familiarity)

• Early exposure to mental performance for coach
• Developing player relationships
• Mental performance and clear mind, being present, confidence, overcoming failure, managing emotions
• Distinguishes between services
• Less confident in mental health than performance
• Mental performance strategies applied to daily life
• Growth in acceptance of mental health and less stigma over time
• Learned from other coaches and prominent MPCs
• Involvement of nutritionist
• Psychologist may not have sports knowledge
• Athletes may not want to talk to coaches
• Service confusion
• Knowledge has improved while at this institution
• Challenges of not having staff, blended role for previous advisor, blended coach role
• Mental performance and mental health accessible
• Proximity of services – positive
• Self-taught in mental performance
• Institution makes resources more accessible than previous, coach confident in this
• Uncertain about general student referral process
• Positive take on services
• Experienced coach
• Learned from MPC
• Mental health services accessible

Chris
• Coaches walk-ons/novices
• Coaches trained in services
• Links mental performance and mental health
• Relates mental performance to physical training
• Involvement of athletic trainer
• Value of mental performance outside of sport
• Athletes and coaches not very familiar with psychological staff
• Not sure where to find information for mental health
• COVID
• Knows mental performance referral process
• Service confusion
• Feels services are accessible
• Same definition for both services (Take care of brain)
• Believes mental health services common
• Need more staff
• Lack of coach education
• Issues of blended coach role
• New coach
• Resources at high level programs take weight off coach

- Stresses of current college athlete
- Role of coach in identifying issues
- Athletes go through mental health screening
- Coach has utilized mental health services
- Feels mental health is needed sporadically
- Associates mental health with counselor

Zack
- Recruiting
- Coaches meet with performance person regularly
- Unsure how much value placed on psych. well-being in athletic department
- Athletes relate self-worth with performance
- Links mental performance and sport psychology
- Had experience with athletes having mental health concerns
- Has seen impact of mental health services
- Stigma around mental performance prevents utilization
- Coach encourages use of mental performance
- Mental performance increasing in acceptance over time
- Saw coach blended role, difficulties of blended coach roles
- Good impression of MPC
- Mental performance and being aware/ prepared
- Pressures of individual sport
- Value of coach-athlete conversations
- Coach feels athletic department handles mental performance well
- More stigma around mental health but stigma also affects performance
- Mental performance accessible and mental health accessible
- Mental performance and mental health have further to go/ department could do more
- Proximity- positive
- Believes mental health is to save lives
- MPC present with athletes
- Mental health linked with depression
- Demands of society increased, COVID, social media
- Small schools lacking services and did not discuss mental health
- How have athletes changed in mentality
- Developed understanding from others and own thoughts
- Fairly new coach
- Athletes and non-athletes use same services
- Medication conflicting with sport
- Role of athletic trainer
- Mental health and having someone to talk to/ feeling better

APPENDIX K – First Draft of Thematic Structure

1. Theme I: Role of the Assistant Coach
   a. Many responsibilities
   b. Handling recruiting
   c. Assist head coach in endeavors
   d. Effect of the head coach on assistant coach involvement and access to information
   e. Assistant coaches and closer relationships with athletes/opening up

2. Need for Psychological Services
   a. Current events/times creating more need for services
   b. Effects of COVID
   c. Use of social media and technology
   d. Pressures of being a college student and athlete – Individual sports
   e. Most coaches feel that need for services has increased over time
   f. Focus has shifted more from performance to mental health recently

3. Education and Information for Coaches
   a. Some schools have education for coaches while others do not
   b. Many coaches feel there should be more information or do not know where to find information
   c. Other coaches have frequent access to information and education

4. Athletic Department Value of Services
   a. Many coaches feel athletic department values mental performance and mental health services
   b. Many coaches approve of how the university handles services but feel there is further to go
   c. Most coaches appreciative of having resources

5. Factors Preventing Service Utilization
   a. Budget and hiring
   b. Not enough time to see all athletes
   c. Stigma still surrounding mental performance and mental health

6. Understanding of Mental Performance Services
   a. Most coaches exhibit understanding of mental performance
   b. Relating mental performance to sport psychology or sport psychologist
   c. Use of strategies for being aware/present, managing emotions, dealing with failures, being prepared to compete
   d. Most coaches know referral process

7. Understanding of Mental Health
   a. Most coaches exhibit understanding of mental health services
   b. Relating mental health to anxiety, depression, day-to-day life
   c. Relating mental health to counselors, CAPS
   d. Most coaches know referral process

8. Service Confusion
   a. Though most coaches exhibit understanding and can distinguish between services, many still showed service confusion in their answers

b. Using the wrong title of the professional

c. Describing the wrong service when asked or using same definition for both

d. Effects of using the wrong terms, not understanding the difference between services

9. How Coaches Learn about Services

a. Personal Experience

b. Athletic Experience

c. Experiences Coaching

d. Learning from support staff

e. Learning from service providers

f. Some had formal training/education

g. Learning from athletic department resources, often less than experiences

10. Interprofessional Team

a. Athletic trainer plays huge role

b. Involvement of strength coach

c. Nutritionist

d. Psychological service providers

11. Effectiveness of Services

a. Proximity – mostly a positive attribute

b. Accessibility, familiarity of staff to coaches and athletes

c. Stigma reduction

12. Blended Coach Role

a. Coach picks up slack when services not available, don't always feel qualified

b. Having services takes weight off the coach

c. Athletes may not be comfortable talking to the coach

1. Day-to-Day Responsibilities of the Assistant Coach
- a. Technical and tactical responsibilities
- b. Recruiting
- c. Building strong relationships with student-athletes
- d. Engaging in and finding Resources to use in practice

2. Needing Mental Performance and Mental Health Services
- a. Increased need for mental health services
- b. Service providers take pressure off the assistant coach
- c. Normalizing mental performance and mental health services

3. Factors Influencing Understanding of Mental Performance and Mental Health Services
- a. Head coach impact on assistant coach knowledge
- b. Limited access to performance tam meetings
- c. Assistant coaches must seek information about services

4. Factors Impacting Student-athlete Utilization of Mental Performance and Mental Health Services
- a. Stigma presence
- b. Student-athlete initiative in seeking services
- c. Proximity of service providers
- d. Ratio of providers to student-athletes

5. Confusion Between Mental Performance and Mental Health Services
- a. No clear referral process for either service
- b. Uncertainty around what mental performance services entail
- c. Incorrect professional title when referring to mental performance services
- d. Use of university counseling services despite in-house mental health provider

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