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FRESH FROM THE FIGHT: THE TRANSITION INTO CIVILIAN LIFE

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Robert Harris
Keena Carter
June 2020

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ABSTRACT

While research regarding stigma in mental health can be found and studied with ease in today's research, the specification on how stigma impacts the population of athletes is not as heavily researched. Through this research project the question of how stigma impacts an athlete's willingness to receive mental health services was answered. There are not many athlete specific programs, services, or even questions on assessments for athletes in the field today. This study shows the ways athletes are impacted from mental health issues, and provide some light on ways stigma impacts these struggles. This was found through the use of a snowball sampling descriptive study using a cross sectional survey to determine the relationship between stigma and this population's willingness to receive mental health services. This strategy was used to target current and past athletes over the age of 18 to assess their beliefs and perceptions about social workers, with a goal of seeing how these beliefs do or do not impact their ability to receive services. The findings in this study showed that while there was no direct correlation between stigma and a willingness to receive mental health services, there is still an existing problem with athletes not receiving the care they need for their mental health issues. The results of this study identify this issue and give a foundation for further research to follow. This information is needed to ensure this population is not ignored, and that the quality of care for them is up to standard in the future.

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CHAPTER ONE

INTRODUCTION

Problem Formulation

In the field of athletics mental health is a newer concept that has not been heavily researched in the past. While there is literature that supports the concepts of physical injuries in regards to mental health, it seems that concussions are the main focus of past literature based on the amount of articles that refer to it. While there are multiple factors that feed into this lack of information, one of the main issues is the idea of stigma. Stigma is associated with impacting people's willingness to seek mental health services (Clement, 2015). This label of seeking services and/or having a mental health issue is at times related to individuals being treated differently in social settings, having a decreased level of self-esteem, and having the thought of being broken (Corrigan, 2004). While this idea of stigma is well researched and acknowledged in the mental health field, it is not heavily researched in the field of athletics.

When looking deeper into how mental health relates to the athletic population research shows that while 1 in every 4-5 youth alone deal with a mental health disorder (Merikangas, 2010), athletes struggle with some of these same problems on a daily basis. Athletes have been seen to specifically struggle with social anxiety, generalized anxiety, panic disorders, depression, and multiple others. When comparing the percentage of athletes meeting criteria for a mental

health issue to the rates of the general population athletes measured at 46%, while the general population was only at 25% (Gulliver, 2015). With athlete's measuring at almost twice the rate of the general population one could argue that more needs to be done to determine why this drastic difference exists. When looking at the differences between the general public and the population of athletes, one of the first places to look from a social work perspective is how the culture of athletics varies from those not associated with athletics. Carless (2013) states that in the world of athletics the culture of a dominant performance narrative, and how individuals are forced to play the part of an athlete or adapt to the life of an athlete impact their overall wellbeing. This idea of sacrificing everything for success and needing to be as close to peak performance at all times is one of the many potential factors to how the stigma of mental health could be a barrier for athletes.

This problem can impact social work policy by complicating how social workers interact with athletes at a micro level. An example of this can be seen if a social worker is not familiar with the specific culture and mental health issues an athlete encounters there can be a disconnect in the approach to treatment. Whether the disconnect is seen in an added layer of resistance from the athlete because the clinician is not a part of the client's trusted support system, or the athletes' needs are not noticed because of the symptoms looking like normal maladaptive behavior of a stereotypical athlete, there are multiple ways athletic culture can impact receiving services. Regardless of how these disconnects may

present themselves, it is the clinician's duty to be culturally competent and look into research that shows how the client's culture impacts them accessing mental health services.

Purpose of Study

The purpose of this study is contribute to social work practice by gaining a deeper understanding of the obstacles that prevent this population from receiving services. These obstacles include but are not limited to culture, athletic culture, psychoeducation, mental health funding, and how the role of stigma impacts each category. When looking into the life of an athlete stressors from performing in multiple areas in their lives, at the same time, can create a massive amount of pressure on an athlete. From balancing grades, to performing in their specific sport, carrying the stereotypes of privilege and an "easy path laid out" for them, these life stressors add on top of the daily struggles people already face on a daily basis. This study shines a light on these dynamics and explores how the stigma associated with the athletic population impacts their ability and willingness to seek mental health services. This was done by developing a survey that will be given to current and past athletes, via a snowball methodology. This strategy was chosen because, given the research, athletes feel more comfortable discussing mental health and all other issues with those associated with athletics per Gulliver (2012). With this being said, a snowball driven way to relay this survey

from one athlete to another should get better willingness and honesty in their participation.

Significance of the Project for Social Work Practice

The reason why this study is needed is because it fills a gap in the current research. This past research has focused on athletic culture and what mental illnesses athletes specifically encountered, but has not identified the impact that stigma specifically has in receiving mental health services. While this is a necessary starting ground to understand this problem, this study explores additional research and provides more data to help bridge the gap between our athletes and their usage of mental health services. It does this by working in the assessment stage of the generalist practice model by building on the exploration of past mental health, athletic mental health, stigma, and athletic culture based research. This studies desire to specifically show how stigma impacts the athletes, and their willingness to pursue mental health services aligns with the processes of assessing what the problem is, and why this issue exists in today's culture. With this information being assessed, this study allows further research to come in and begin the planning portion of the generalist model to help eliminate this issue for the athletic population in the future. This could be seen by athletic mental health programs being funded on a macro level, changes in micro policy to add interventions and assessment questions geared towards athletic mental health, de-stigmatization of the athletes, and an overall de-stigmatization

of mental health services for this population. The findings from this proposed study will contribute to social work practice by gaining a deeper understanding of the obstacles that prevent this population from receiving services. With that being said, the research question for this study will be: How does stigma impact athletes' willingness to access mental health support?

CHAPTER TWO

LITERATURE REVIEW

Introduction

While the focus of this study was athletes' willingness to receive mental health services, one must first understand the existing research before exploring any new potential information. This was done by looking at the categories of stigma and how it relates to the mental health of athletes. Research from prevalent mental health problems specific to athletes, common mental health diagnosis of athletes, the impacts of stigma, and even theory were all looked at to create a baseline of information for this study.

Stigma

According to the National Alliance on Mental Illness (NAMI), 1 in 5 adults in America experience a mental illness, with 1 in 25 of adults living with a serious mental illness. Of these people, three-quarters of all chronic mental illness begins by the age of 24; approximately 2.4 million adults living with schizophrenia, 6.1 million living with bipolar disorder, 16 million living with major depression, and 42 million living with anxiety disorders (National Alliance on Mental Illness, 2019). Stigma, in the context of mental health services, is very prevalent and consistent across the board. Countless peer-reviewed articles state that stigma remains the primary barrier in seeking mental health services

for those in all populations. This fact informs our understanding of the systemic nature of this issue and warrants our investigation into the factors that drive this phenomenon. Sartorius (2007) shows us that stigma can be seen as a negative attitude that came about from a lack of knowledge and bias.

Because stigma is an issue being reinforced by societal standards, as well as personal and family beliefs, it not only impacts the receiver of stigmatized services, but also those within that receiver's support system. This increases the pressure on the potential receiver, leaving them to not only decide if seeking help is in their best interest, but also whether it may be thought of and/or reflect negatively on those who are within their circle. Thornicoft (2016) states that not only can stigma affect someone's career and family members, but it can also lead to things like discrimination, shame, and self-blame. These results of stigma mirror closely to the results of those who struggle with a mental health disorder. The resistance to seeking mental health support is the result of stigma, potential discrimination, and fear of being outcast by one's social circle.

When we speak about a person's 'social circle,' this can include not only family and friends, but also teachers, employers, fellow church members, and even one's community. The reason for this is that stigma does not exclusively affect the individual, but also places a 'mark' on family, helping professionals and the institutions they work for, as well as peer and extra-curricular environments (Sartorius, 2007). Sartorius (2007) discusses how individuals diagnosed and/or labeled with mental health challenges are often treated with less respect and

dignity than the general population. Although one would hope that these discriminatory views would be held only by those who are less educated about mental health, the research reports that these views are held by community members and mental health providers, reducing the safety to seek and receive support (Sartorius, 2007).

Stigma Within Athletes

As previously discussed, stigma is a well-known issue in the social work community. In the world of athletics there is a similar narrative in regard to how acceptable it is for an athlete to receive mental health services. According to Lopez (2013) the perceived perception of an athlete to the general population is an individual who is praised for their academic performance but is negatively viewed in other areas of their lives. These areas include being seen as unintelligent, over privileged, and lazy in things not related to their sport. With these negative assumptions existing in the mind of the athlete there is a hesitation to seek additional help for a problem that would appear to add to their list of deficiencies (Lopez, 2013). While some professional athletes have begun to speak out about their current and/or lifelong struggles with mental health issues, this is a new trend that is starting in the world of athletics.

While there is a stigma that comes from the outside world in regard to mental health, there is also a unique dynamic within the individual sports team that contribute to the barrier that stigma presents. Gulliver (2012) discusses that athletes reported that there is a negative association with seeking non-sport

related services. These athletes claimed that athletes using a psychotherapist were negatively assessed in comparison to those who utilized a sports psychologist. In addition to this, Gulliver states that while athletes feel most comfortable talking to their coaches and teammates about their struggles, but the perception of weakness and shame associated with mental health issues in those same relationships prove to be barriers to seeking services (Gulliver, 2012).

Chen (2010) states that in general if an athlete plays a sport for a prolonged period of time, they can develop an identity associated with playing that sport. This identity can impact both an individual's psychological and cognitive health/ability (Chen, 2010). This connection explains in more detail the importance to the mental health of an athlete of being both accepted by his team, and how performance in the individual's sport has a direct correlation to the athlete's overall mental health. The team is established as one of the athletes' major support systems, but with the negative stigma that can cause an athlete to hesitate to share these struggles, it leaves them without knowledge of how to seek help for their mental health needs.

Culture

According to the NASW Standards and Indicators for Cultural Competence (2015), social workers are to be cognizant of their ongoing responsibility to consider culture in all aspects of their research, practice,

advocacy, and policy making. When discussing what is meant by culture, the NASW (2015) discusses how culture is made up of diversity, normal behaviors, and an awareness of how countries and communities are interconnected despite being separate. This is an important definition to be included in this research, due to there being several levels of culture to consider when discussing mental health and stigma. As previously stated, stigma, regarding mental health, is one of, if not the greatest, barriers to seeking mental health support, and is primarily caused by the fear of what others will think of and/or judgments they will have toward the person seeking support. When we consider this, alongside the history of marginalization and mistrust that exists for ethnic minorities, as well as gender differences, we find that willingness to seek help for mental health challenges is far less within these populations than among those of the dominant culture (Wu et al., 2017). Wu (2017) shows how barriers can arise between a therapist and a client if they are not culturally sensitive to their differences from their clients respective culture. The same study shows that men tend to engage in more self-stigma, seeking mental health support far less often than women.

Under the broad umbrella of culture exist subcultures, such as the expectations, beliefs and norms within the world of athletics. Similar to the ways that general culture impacts the willingness to seek and accept mental health support, there are multiple norms and cultural differences that impact an athletes mental health (Castaldelli-Maia et al., 2019). Gucciadi 2017, specifically compares the conflicting concepts of 'mental toughness versus mental health,'

proposing that the two are in opposition to one another. This explains that the athletic culture promotes the idea that if one is resilient, and able to cope with and overcome adversities, they are 'mentally strong,' whereas if another seeks mental health support, this implies they are unable to cope, and thus, mentally weak (Gucciardi et al., 2017). Gucciardi (2017) continues with the idea that the factors like what sport an athlete plays, what their gender is, and what cultural background they come from all change the way in which they perceive receiving mental health services. While these are some of the factors that impact their thinking, the main impact is seen by the stigmatization of being perceived as weak or broken.

Mental Health Problems Specific to Athletes

When looking into what specific mental health issues athletes encounter on a daily basis, the top two types of diagnosable disorders are considered to be depression and generalized anxiety disorder (Gulliver, 2015). When looking into depression of athletes, in comparison to the general public, there are two findings that come up in the literature. One of these findings states that this mental health disorder has a similar prevalence rate in both athletes and non-athlete control groups (Yang, 2007), while other sources state that athletes struggle less with these disorders than non-athletes (Proctor, 2010). When considering anxiety in the athletic population, there is also a dual narrative when considering the prevalence of this disorder in athletes compared to the general public. Koivula

(2002) states that the high-performance standards that an athlete faces in their life can contribute to higher levels of anxiety than those not facing these same demands (Koivula, 2002), while Patel claims that most athletes are subject to the same level of stressful circumstances than an average individual not participating in a sport (Patel, 2010). Given these findings there seems to be two lenses about this topic; one seeing the sport as a protective factor, while the other recognizes that mental health challenges exist for the athlete. One could argue that the sport is an absolute protective factor against mental health issues as long as the athlete is actively participating, performing well, and otherwise excelling in their sport. However, the protective factor can quickly become a risk factor if these criteria are not met (Wolanin, 2015).

As previously stated, one of every 4-5 athletes struggle with one of these mental health disorders and are currently subject to barriers preventing them from receiving mental health services (Gulliver, 2015). According to Ford when an athlete encounters these symptoms of either depression or anxiety and does not seek mental health services to cope with these struggles, one of the maladaptive coping skills used is substance abuse (Yusko, 2008). The reasons behind why substance abuse is one of the main coping strategies is discussed in an article written by Ford. This article discusses how things like social norms, stress, athletic performance, and other expectations related to the life of a student athlete are all challenges that an athlete uses substances to escape (Ford, 2007). While non-athletes who deal with their own set of stressors can

also turn to substance use as an alternative, Brenner discusses that athletes are at a much higher risk of substance abuse than the general population (Brenner, 2007). With these three mental health issues presenting as the main concern in athletic mental health, there needs to be a solution on how to meet the needs of these athletes as a social work profession.

Theoretical Guiding Conceptualization

When conceptualizing how stigma impacts the athlete's willingness to seek out and /or engage in mental health support, two perspectives are examined; resilience and/or 'mental toughness,' as well as the sociocultural factors within one's ecosystem. Therefore, the ecological systems theory will be utilized to conceptualize the ideas in this study. "Bronfenbrenner's (1979) ecological systems theory presents the individual as living in a series of nested social systems frequently visualized as a sequence of concentric circles (Shaw et al., 2016). The ecological theory can be described as a set of principles that can explain the influences from family, society, friends, and community that shapes one personality, thoughts, and beliefs. The model is represented by four levels the first being Microsystem which is one's immediate environment are traits one was born with and influences from parents, Mesosystem is one's connections with family, school, and peers, Ecosystem is one indirect environment such as work place and friends, Macrosystem ones customs, laws, values, and chronosystem is all things that happens at all levels.

When approaching mental health and stigma we are consistently considering not only the individual, but also the individual's support group, environment, the socially constructed norms within the community, and the institutional norms/ beliefs that create what is socially acceptable. It is important that "systems-level problems" are not approached with "individual-level solutions," resulting in a 'why even try' mentality created by a 'blame the victim' approach (Shaw et al., 2016). The reason that this is important is because if the approach does not meet the then it leaves room for the victim to blame themselves for a bad outcome. When an individual is dealing with feelings of being mentally weak they can blame their own competency instead of being able to see that the barriers of the system are at the core of the outcome (Shaw et al., 2016). The ecological systems theory serves as a foundational framework that utilizes the four levels of one's systems, in order to holistically examine how the intersection of micro, mezzo, and macro factors impact and create problems and solutions.

CHAPTER THREE

METHODS

Introduction

This study will describe how stigma impacts an athletes' willingness to seek mental health services. This chapter contains the details of how this study was carried out. The sections discussed will be study design, sampling, data collection and instruments, procedures, protection of human subjects, and data analysis

Study Design

The study design for this research that best addresses this problem was a cross sectional descriptive study. The purpose of a descriptive study is to give a more accurate and precise report on situations than an exploratory study does. A quantitative study, like this one, looks at the characteristics of a population and expands past research. This style is the most effective for this study because the topic of stigma is greatly established in past research. This study's shift, to focus on the specific impacts stigma has on the athletic population, builds upon past research to gather facts on this different population. Looking into the criteria of what stigma is, what mental health issues athletes specifically struggle with, the specific stigma that athletes are exposed to, and how the barrier of stigma

impacts an athletes' ability to access mental health services a descriptive quantitative study was the best type of design for this study. While this is the best design type for this study there are limitations to this approach. The two main things that cannot be gathered from this study are why stigma does/does not impact the athletes, and the study does not give a solution to the issue. This design is solely meant to build on research and show that a problem does, or does not exist.

Sampling

This study utilized a non-probability snowball sampling technique via survey to collect data from past and current athletes. This allows data to directly come from the athletes and show how the barriers associated with stigma impact their willingness to seek services. The reason a survey passed amongst social networks of other athletes was the route chosen is due to the comfortability to accurately answer the survey when seeing another athlete has taken/recommended it. This statement is based on the literary review research that showed an increase in comfortability in discussing mental health, and other issues, with someone connected to athletics (Gulliver, 2012). Another reason a snowball survey was chosen as the best course of action for sampling was to ensure a large amount of participants were able to be surveyed. This study looked at 67 individuals taking this 32 question survey. To reach this amount of people in the given time of completion for this study, the use of a snowball

approach allows for more individuals to be reached than conducting surveys individually.

Data Collection and Instruments

Quantitative data was collected via surveys developed using the Qualtrics program. This survey was made by adapting a previous scale on The Understandings and Beliefs about Social Workers Scale developed by Harris (2015). This scale has four sections that break up in 32 questions to understand the social work profession, the beliefs of African American males beliefs about social workers, how these social workers see the clients they serve, and Socio-Demographics. This scale was also put through validity and reliability testing by both researchers prior to its selection for use. These test included face validity, content validity, and inter-rater reliability. This tool was adapted to focus on the athletic population instead of the African American population, and measure how stigma impacts an athletes' willingness to receive mental health services. These changes included ten questions in section two and three, where the language of "black men" is replaced with "athletes", the removal of questions six through eight in section three that did not relate to the new research topic, and the change in section 3 question 9 from African American social workers being advocates to black men to previous athletes as social workers being advocates for current athletes. The tool developed by Harris was tested and approved by the researcher and IRB in 2015, and the new adapted tool was put through testing to

ensure its accuracy. These test included validity, reliability, and cultural sensitivity testing to ensure the results are accurate. The independent variable for this study is the stigma athletes face, and the dependent variable is their willingness to receive mental health services. This research tool addresses stigma and the athlete's belief about social workers throughout sections 2-3 in the research tool developed by Harris (2015), thus making them have an interval level of measurement. The dependent variable of the athlete's willingness to receive services is also measured in this same scale in section 2 also making this variable an interval value.

Procedures

The researchers used word of mouth and social media outlets to share a unanimous link for direct access to the survey. This link was passed on via the researchers social media to personal networks of athletes, with the message to continue to spread the survey through participants social networks of current and past athletes. This study was conducted entirely online and the results were gathered through the Qualtrics program. The solicitation of these surveys began once IRB approval was received and ran for a 60 day time span. Once this time elapsed the researchers accessed Qualtrics and started the data analysis process.

Protection of Human Subjects

The individual identity of participants were kept completely confidential from all individuals, including the researchers. The consent to enter the survey did not require any identifiable information, and only required an acknowledgement of reading the consent form/study design. This informed consent form was approved by IRB before its placement ahead of the survey and stated that the survey is completely voluntary, had no consequences if they did not participate, what expectations for harm were present, and that their results will remain confidential. After the data was collected it was used for the furthering of social work practice for athletes, and published in CSUSB's library for public viewing in this research project. Once the project is published the collected results will be maintained for a three year time period per IRB standards, and kept under digital password lock.

Data Analysis

The independent variable that was looked at during this study was the stigma athletes face. On the other hand, the dependent variable in this study would be the athletes' willingness to access mental health support. These factors were analyzed using multiple Bivariate data analysis known as a Pearson Correlation and T-test. This allowed a close look into the relationship between the independent and dependent variables in the study. Outside of these variables others such as athletic culture, knowledge of mental health services, and the

perceived interaction of mental health workers with the population were analyzed.

Summary

This study aimed to examine how stigma impacts an athletes' willingness to seek mental health services. The surveys invited a fresh perspective of a marginalized populations' view on stigma and mental health services in order to bridge a gap if found, or continue to strengthen the connection between this population and resources. Using this model of a descriptive quantitative study would be the best way to ensure a significant finding is made at the conclusion of this research

CHAPTER FOUR

RESULTS

Univariate Statistics

The target demographic that participated in this study were individuals who either currently identified as an athlete, or identified as an athlete in the past. This population was made up of 4.6% African Americans, 24.6% Hispanics, 12.3% Bi-racial, 41.5% Caucasian, and 16.9% identified as other. The age breakdown for this group was 81.5% of individuals in the range of 18-29 years old, 16.9% between 30-54 years old, and 1.5% were 55+ years old. While these numbers describe the basic statistics of this group, to better understand the total population surveyed there were some other identifying statistics that were gathered.

These three categories included individuals income levels, athletic status and education levels. From this group of people there was an income level breakdown of five different brackets that included 49.2% in the range of \$0-\$24,999, 26.2% at \$25,000-\$49,000, 18.5% at \$50,000-\$74,999, 1.5% at \$75,000-\$99,999, and 4.6% at \$100,000+. In regards to athletic status this population was made up of 43.1% current athletes, and 56.9% were athletes in the past. The final category that was measured was the education level of these individuals. This statistic was broken down in the following five levels; those with a GED at 1.5%, those with a high school diploma at 4.6%, individuals that have attended

some college at 32.3%, those with an undergraduate degree at 40%, and those with a Master's degree at 21.5%. These statistics give an accurate breakdown and representation of the individuals that were surveyed for this study.

Bivariate Analyses

When looking at the Bivariate analyses done in this study there were multiple things that were analyzed. These things included whether or not there was any correlation between the independent variable of athletes' stigma and the willingness to receive mental health services, and T-tests to show if being a current versus past athlete impacted the individual's stigma, and/or their willingness to receive services. When looking at the information received from the Pearson Correlation test, the Pearson correlation coefficient indicated no relationship between stigma and an athlete's willingness to receive mental health services, $r = -.181$, $n = 67$, $p = .178$. An independent samples t-test was conducted to compare the stigma for current athletes and past athletes. There was no significant difference in scores for current athletes ($M = 20.48$, $SD = 2.48$) and past athletes ($M = 20.64$, $SD = 2.51$; $t(55) = -.237$, $p = .813$, two-tailed). An independent samples t-test was conducted to compare the willingness to receive services from current athletes and past athletes. There was no significant difference in scores for current athletes ($M = 17.89$, $SD = 4.02$) and past athletes ($M = 17.65$, $SD = 4.79$; $t(63) = .218$, $p = .828$, two-tailed).

CHAPTER FIVE

DISCUSSION

Introduction

When looking at various research on athletic mental health there are not many articles discussing the impact stigma has on athletes. This study is one of the few that set out with the point of not only seeing if there has possibly been a gap in research so far in regards to stigma, but focuses specifically on this factors potential impact on athletes willingness to receive mental health services.

Discussion

When looking at the data analysis of the three different bivariate tests that were run in this study it was found that the data received was not of statistical significance. While this does not make this study seem ground breaking at face value there are still some valuable insights that can be taken away from this study. When looking at the data displayed in the chart (Figure 1), there was no best fit line that could be drawn from the points plotted, meaning that the study found no direct correlation between the stigma athletes have and their willingness to receive mental health services. This finding was not expected because it does not align with the findings that were explored in the literary review. The articles in the review painted a picture of a population of athletes that

struggled to receive resources (Lopez, 2013), and that they had higher levels of stigma towards receiving mental health services (Corrigan, 2004). Upon looking at the data that was collected, and the means of that collection, the researchers of this study had to look towards the studies limitations to discover why there was a discrepancy between the findings and the research of the past.

Limitations

The first of these limitations can be seen by the survey questions not going through a battery of testing to ensure their reliability and validity. While some test were run the lack of coverage of these questions could have very well contributed to the study's results not having significant findings. Another limitations was the use of the snowball sampling technique the researchers used to gather data. While a snowball sampling technique was considered the best option to gain the most participation from athletes, since as discussed in the literary review athletes are more likely to open up or share information with other athletes, it limited the amount of individuals that could be surveyed in a short period of time. This smaller sample size impacted the overall accuracy of the study and could have been a major contributor to the fact that the study did not find significant findings. In addition to the smaller sample size another factor that can be seen is the fact that the researchers began the snowball sampling with a group of athletes in the social work field. While this may not seem like a barrier at first glance, this fact may have led to an inaccurate representation of athletes in

general. Individuals in the field of social work are the ones who give resources that they think can help individuals going through a hard time. It is safe to assume that since these individuals are giving the services they would most likely be slightly biased in regards to having any type of negative stigma to their own field. With these individuals sharing the survey through their own social networks this positive bias towards mental health services most likely was present at different levels with most of the individuals that took the survey. While they may not all have been social workers or in the mental health field, most of the participants have a friend or someone close to them in the field that shared this survey with them that could have led to some different data from an athlete with no direct ties to individuals in the field. With stigma being the independent variable in this study, this fact could have unknowingly led to a misrepresentation of the entire athletic population.

Another limitation was that this study only had participants that were either athletes in the past or currently identified themselves as athletes. While the studies purpose was specifically to gain insight on athletes' willingness to receive mental health services based on stigma, it could have been more beneficial to see this survey also given to a group of non-athletes to see if being an athlete gave significantly different results than someone who does not identify as an athlete. The last limitation that was found was that the pool of athletes that were surveyed did not equally represent all types of athletes. This survey had a majority of its participants having an undergraduate degree (40%), being

Caucasian (41.5%), having a low income (49.2%), and falling in the age range of 18-29 (81.5%). This gives a very narrowed perspective of what demographics athletes are included in, and does not fully account for the athletes that fit in a different demographical makeup.

Recommendations for Social Work Practice, Policy, and Research

The recommendations for the field of social work and research in general from these writers is that more research needs to be done on this topic. As explained in the limitations section there were many limitations and potential errors in this study, but this study has the ability to lay a solid foundation for future research relating to athletes and mental health. Current research shows that these individuals have high rates of mental health issues, but also are not all willing to receive services. This discrepancy of having a need, but not accessing the tools and resources to fulfill it needs to be understood to better help these individuals. Whether it is more research on stigma specifically, athletes willingness to receive services, or any other factors that may be connected to athletes receiving mental health services more research needs to be done to identify what the issue is. The NASW Code of Ethics states that the dignity and worth of each person is a principle that the field of social work was founded on. If we as a field can identify gaps in research and potential problems, then it is our duty to pursue information in hopes of discovering an effective solution.

Conclusions

The broader implications on how this study can impact mental health services and social work practice in the future, is to start a dialogue and influence research to solve a needed problem with our athletic populations. There is research that exists on the need for services, and there is research that exists that states the population is not receiving these services. As a profession this population needs to be seen and heard and answers need to be found to help these individuals. Whether that answer is athletic specific services, an increase of cultural competence in athletic culture, de-stigmatization, or any other known strategy, more needs to be done to assist this populations that is crying out for help. Research is needed to bridge this gap of need and access, but before research can be started, individuals in the field of social work must choose to see this population as hurting and disenfranchised in order to start a push towards athletic mental health research.

APPENDIX A

UNDERSTANDINGS AND BELIEFS ABOUT SOCIAL WORK ORIGINAL SCALE

Understandings and Beliefs about Social Work Scale

Section 1: What do I understand about social work?

☑ Circle one number for each question.

1. Social Workers must have a college degree.
 - 1 – I believe this
 - 2 – I do not believe this
 - 3 – I am undecided about this
2. Social Workers only work with children.
 - 1 – I believe this
 - 2 – I do not believe this
 - 3 – I am undecided about this
3. Social Workers only work with families with children.
 - 1 – I believe this
 - 2 – I do not believe this
 - 3 – I am undecided about this
4. Social Workers have a Code of Ethics that they must follow in their practice.
 - 1 – I believe this
 - 2 – I do not believe this
 - 3 – I am undecided about this
5. Like doctors and other licensed professionals, Social Workers are governed by a professional licensing board in the state where they practice.
 - 1 – I believe this
 - 2 – I do not believe this
 - 3 – I am undecided about this

Section 2: What do I believe about social workers?

1. I would be okay with receiving services from a social worker who does not share my ethnicity.
 - 1 – Strongly Agree
 - 2 – Agree
 - 3 – Somewhat Agree
 - 4 – Disagree
 - 5 – Strongly Disagree
2. Social Workers might be able to help me develop a positive attitude about myself as a black man.
 - 1 – Strongly Agree
 - 2 – Agree
 - 3 – Somewhat Agree
 - 4 – Disagree
 - 5 – Strongly Disagree
3. Social workers are invested in helping black male clients reduce shame about their need for help.
 - 1 – Strongly Agree
 - 2 – Agree
 - 3 – Somewhat Agree
 - 4 – Disagree
 - 5 – Strongly Disagree

4. Black males' negative perceptions of social workers affect Black males' willingness to seek their services.
 - 1 – Strongly Agree
 - 2 – Agree
 - 3 – Somewhat Agree
 - 4 – Disagree
 - 5 – Strongly Disagree
5. Other people's opinions have largely determined how I feel about social workers.
 - 1 – Strongly Agree
 - 2 – Agree
 - 3 – Somewhat Agree
 - 4 – Disagree
 - 5 – Strongly Disagree
6. Because I'm not really sure how I feel, I'm looking for answers to my questions about what social workers offer.
 - 1 – Strongly Agree
 - 2 – Agree
 - 3 – Somewhat Agree
 - 4 – Disagree
 - 5 – Strongly Disagree
7. I know I should seek help to better my life, but I'd rather not think about it.
 - 1 – Strongly Agree
 - 2 – Agree
 - 3 – Somewhat Agree
 - 4 – Disagree
 - 5 – Strongly Disagree
8. Social work is an important and needed profession.
 - 1 – Strongly Agree
 - 2 – Agree
 - 3 – Somewhat Agree
 - 4 – Disagree
 - 5 – Strongly Disagree
9. My family would support me seeking services from a social worker.
 - 1 – Strongly Agree
 - 2 – Agree
 - 3 – Somewhat Agree
 - 4 – Disagree
 - 5 – Strongly Disagree
10. Social workers have positive things to offer me.
 - 1 – Strongly Agree
 - 2 – Agree
 - 3 – Somewhat Agree
 - 4 – Disagree
 - 5 – Strongly Disagree

Section 3: What do I believe about how social workers see the clients they serve?

1. Social Workers understand and value the significance of the history associated with their clients, and consider it when providing services.

- 1 – Strongly Agree
- 2 – Agree
- 3 – Somewhat Agree
- 4 – Disagree
- 5 – Strongly Disagree

2. Social workers understand and value the strength black males find in community and church.

- 1 – Strongly Agree
- 2 – Agree
- 3 – Somewhat Agree
- 4 – Disagree
- 5 – Strongly Disagree

3. Social workers would willingly challenge stereotypes about black males.

- 1 – Strongly Agree
- 2 – Agree
- 3 – Somewhat Agree
- 4 – Disagree
- 5 – Strongly Disagree

4. Social workers are invested in helping people without judging them.

- 1 – Strongly Agree
- 2 – Agree
- 3 – Somewhat Agree
- 4 – Disagree
- 5 – Strongly Disagree

5. Social workers are advocates for black men like me.

- 1 – Strongly Agree
- 2 – Agree
- 3 – Somewhat Agree
- 4 – Disagree
- 5 – Strongly Disagree

6. Hispanic Social workers are advocates for black men like me.

- 1 – Strongly Agree
- 2 – Agree
- 3 – Somewhat Agree
- 4 – Disagree
- 5 – Strongly Disagree

7. Caucasian Social workers are advocates for black men like me.

- 1 – Strongly Agree
- 2 – Agree
- 3 – Somewhat Agree
- 4 – Disagree
- 5 – Strongly Disagree

8. Asian Social workers are advocates for black men like me.
1 – Strongly Agree
2 – Agree
3 – Somewhat Agree
4 – Disagree
5 – Strongly Disagree
9. African-American Social workers are advocates for black men like me.
1 – Strongly Agree
2 – Agree
3 – Somewhat Agree
4 – Disagree
5 – Strongly Disagree
10. Social workers practice with the cultural norms and values of black men in mind.
1 – Strongly Agree
2 – Agree
3 – Somewhat Agree
4 – Disagree
5 – Strongly Disagree
11. Social workers have a realistic and reasonably accurate understanding of the plight of black men.
1 – Strongly Agree
2 – Agree
3 – Somewhat Agree
4 – Disagree
5 – Strongly Disagree
12. Social workers' perceptions and beliefs about black males, are influenced by mainstream media.
1 – Strongly Agree
2 – Agree
3 – Somewhat Agree
4 – Disagree
5 – Strongly Disagree
13. Social Workers promote and practice within a solid code of ethics with all clients.
1 – Strongly Agree
2 – Agree
3 – Somewhat Agree
4 – Disagree
5 – Strongly Disagree

Section 4: Socio-Demographics

☒ Circle one number for each question.

1. Please indicate your current age:
1) 18-29 years
2) 30-54 years
3) 55+ years

2. Please verify you are, or have been an athlete:
 - 1) Yes
 - 2) No
3. Please indicate your ethnicity:
 - 1) Black / African American
 - 2) Black / African-born (North African, South African, East African, West African)
 - 3) Black / Latino
 - 4) Black / Non-Latino
 - 5) Black / Bi-racial: _____
 - 6) Black / Other: _____
4. Please indicate your level of education:
 - 1) No high school diploma or GED
 - 2) GED
 - 3) High School Diploma
 - 4) Some college
 - 5) Undergraduate Degree
 - 6) Graduate Degree
5. Please indicate income level:
 - 1) \$0 - \$24,999
 - 2) \$25,000 - \$49,999
 - 3) \$50,000 - \$74,999
 - 4) \$75,000 - \$99,999
 - 5) \$100,000+
6. Please indicate your level of personal experience with accessing services offered by social workers:
 - 1) Directly receive or have received services
 - 2) Child of a parent who receives or has received services
 - 3) Sibling or a parent of an individual who receives or has received services
 - 4) Caretaker of a child or adult who receives or who has received services
 - 5) Friend of an individual who receives or has received services
 - 6) No personal experience with services offered by social workers.
7. Please indicate the length of your affiliation with social workers:
 - 1) 10 years +
 - 2) 7-9 years
 - 3) 3-5 years
 - 4) Less than 3 years
 - 5) No previous affiliation with social workers

Developed by: Tavon Antonio Harris

APPENDIX B
ADAPTED SURVEY

Understandings and Beliefs about Social Work Scale

Section 1: What do I understand about social work?

☑ Circle one number for each question.

1. Social Workers must have a college degree.
 - 1 – I believe this
 - 2 – I do not believe this
 - 3 – I am undecided about this
2. Social Workers only work with children.
 - 1 – I believe this
 - 2 – I do not believe this
 - 3 – I am undecided about this
3. Social Workers only work with families with children.
 - 1 – I believe this
 - 2 – I do not believe this
 - 3 – I am undecided about this
4. Social Workers have a Code of Ethics that they must follow in their practice.
 - 1 – I believe this
 - 2 – I do not believe this
 - 3 – I am undecided about this
5. Like doctors and other licensed professionals, Social Workers are governed by a professional licensing board in the state where they practice.
 - 1 – I believe this
 - 2 – I do not believe this
 - 3 – I am undecided about this

Section 2: What do I believe about social workers?

1. I would be okay with receiving services from a social worker who does not share my story of being an athlete.
 - 1 – Strongly Agree
 - 2 – Agree
 - 3 – Somewhat Agree
 - 4 – Disagree
 - 5 – Strongly Disagree
2. Social Workers might be able to help me develop a positive attitude about myself as an athlete.
 - 1 – Strongly Agree
 - 2 – Agree
 - 3 – Somewhat Agree
 - 4 – Disagree
 - 5 – Strongly Disagree
3. Social workers are invested in helping clients that have been athletes reduce shame about their need for help.
 - 1 – Strongly Agree
 - 2 – Agree
 - 3 – Somewhat Agree
 - 4 – Disagree
 - 5 – Strongly Disagree

4. Athletes' negative perceptions of social workers affect Athletes' willingness to seek their services.
 - 1 – Strongly Agree
 - 2 – Agree
 - 3 – Somewhat Agree
 - 4 – Disagree
 - 5 – Strongly Disagree
5. Other people's opinions have largely determined how I feel about social workers.
 - 1 – Strongly Agree
 - 2 – Agree
 - 3 – Somewhat Agree
 - 4 – Disagree
 - 5 – Strongly Disagree
6. Because I'm not really sure how I feel, I'm looking for answers to my questions about what social workers offer.
 - 1 – Strongly Agree
 - 2 – Agree
 - 3 – Somewhat Agree
 - 4 – Disagree
 - 5 – Strongly Disagree
7. I know I should seek help to better my life, but I'd rather not think about it.
 - 1 – Strongly Agree
 - 2 – Agree
 - 3 – Somewhat Agree
 - 4 – Disagree
 - 5 – Strongly Disagree
8. Social work is an important and needed profession.
 - 1 – Strongly Agree
 - 2 – Agree
 - 3 – Somewhat Agree
 - 4 – Disagree
 - 5 – Strongly Disagree
9. My family would support me seeking services from a social worker.
 - 1 – Strongly Agree
 - 2 – Agree
 - 3 – Somewhat Agree
 - 4 – Disagree
 - 5 – Strongly Disagree
10. Social workers have positive things to offer me.
 - 1 – Strongly Agree
 - 2 – Agree
 - 3 – Somewhat Agree
 - 4 – Disagree
 - 5 – Strongly Disagree

Section 3: What do I believe about how social workers see the clients they serve?

1. Social Workers understand and value the significance of the history associated with their clients, and consider it when providing services.

- 1 – Strongly Agree
- 2 – Agree
- 3 – Somewhat Agree
- 4 – Disagree
- 5 – Strongly Disagree

2. Social workers understand and value the strength athletes find in community.

- 1 – Strongly Agree
- 2 – Agree
- 3 – Somewhat Agree
- 4 – Disagree
- 5 – Strongly Disagree

3. Social workers would willingly challenge stereotypes about athletes.

- 1 – Strongly Agree
- 2 – Agree
- 3 – Somewhat Agree
- 4 – Disagree
- 5 – Strongly Disagree

4. Social workers are invested in helping people without judging them.

- 1 – Strongly Agree
- 2 – Agree
- 3 – Somewhat Agree
- 4 – Disagree
- 5 – Strongly Disagree

5. Social workers are advocates for athletes like me.

- 1 – Strongly Agree
- 2 – Agree
- 3 – Somewhat Agree
- 4 – Disagree
- 5 – Strongly Disagree

6. Social workers that have been athletes are advocates for athletes like me.

- 1 – Strongly Agree
- 2 – Agree
- 3 – Somewhat Agree
- 4 – Disagree
- 5 – Strongly Disagree

7. Social workers practice with the cultural norms and values of athletes in mind.

- 1 – Strongly Agree
- 2 – Agree
- 3 – Somewhat Agree
- 4 – Disagree
- 5 – Strongly Disagree

8. Social workers have a realistic and reasonably accurate understanding of the plight of an athlete.

- 1 – Strongly Agree
- 2 – Agree
- 3 – Somewhat Agree
- 4 – Disagree
- 5 – Strongly Disagree

9. Social workers' perceptions and beliefs about athletes, are influenced by mainstream media.

- 1 – Strongly Agree
- 2 – Agree
- 3 – Somewhat Agree
- 4 – Disagree
- 5 – Strongly Disagree

10. Social Workers promote and practice within a solid code of ethics with all clients.

- 1 – Strongly Agree
- 2 – Agree
- 3 – Somewhat Agree
- 4 – Disagree
- 5 – Strongly Disagree

Section 4: Socio-Demographics

☑ Circle one number for each question.

1. Please indicate your current age:

- 1) 18-29 years
- 2) 30-54 years
- 3) 55+ years

2. Please verify you are, or have been an athlete:

- 1) Yes
- 2) No

3. Please indicate your ethnicity:

- 1) Black / African American
- 2) Black / African-born (North African, South African, East African, West African)
- 3) Black / Latino
- 4) Black / Non-Latino
- 5) Black / Bi-racial: _____
- 6) Black / Other: _____

4. Please indicate your level of education:

- 1) No high school diploma or GED
- 2) GED
- 3) High School Diploma
- 4) Some college
- 5) Undergraduate Degree
- 6) Graduate Degree

5. Please indicate income level:

- 1) \$0 - \$24,999
- 2) \$25,000 - \$49,999

- 3) \$50,000 - \$74,999
- 4) \$75,000 - \$99,999
- 5) \$100,000+

6. Please indicate your level of personal experience with accessing services offered by social workers:

- 1) Directly receive or have received services
- 2) Child of a parent who receives or has received services
- 3) Sibling or a parent of an individual who receives or has received services
- 4) Caretaker of a child or adult who receives or who has received services
- 5) Friend of an individual who receives or has received services
- 6) No personal experience with services offered by social workers.

7. Please indicate the length of your affiliation with social workers:

- 1) 10 years +
- 2) 7-9 years
- 3) 3-5 years
- 4) Less than 3 years
- 5) No previous affiliation with social workers

Developed by: Robert Harris and Keena Carter

APPENDIX C
INFORMED CONSENT FORM

INFORMED CONSENT

The Study in which you are asked to participate is designed to examine how stigma impacts athlete's willingness to access mental health services. The study is being conducted by Robert Harris and Keena Carter, graduate students, under the supervision of Dr. Armando Barragan, Assistant Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the institutional Review Board at CSUSB.

PURPOSE: The purpose of the study is to examine athlete's willingness to access mental health services.

DESCRIPTION: Participants will be asked questions regarding their understanding and beliefs regarding mental health services.

PARTICIPATION: Your participation in the study is voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

CONFIDENTIALITY: Your response will remain confidential and data will be reported in group form only.

DURATION: It will take 15 – 20 minutes to complete survey.

RISKS: Although not anticipated, there may be some discomfort in answering some of the questions. You are not required to answer and skip the question. You are required to answer and can skip the question or end your participation.

BENEFITS: There will not be any direct benefits to the participants.

CONTACT: If you have any question about this study, please feel free to contact Robert Harris at 909-957-0678) or Keena Carter at (909-815-3308).

RESULTS: Results of the study can be obtained from the Pfau Library Scholar Works database (<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino after July 2020.

I understand that I must be 18 years of age or older to participate in your study, have read and understand the consent document and agree to participate in your study.

Place an X mark here

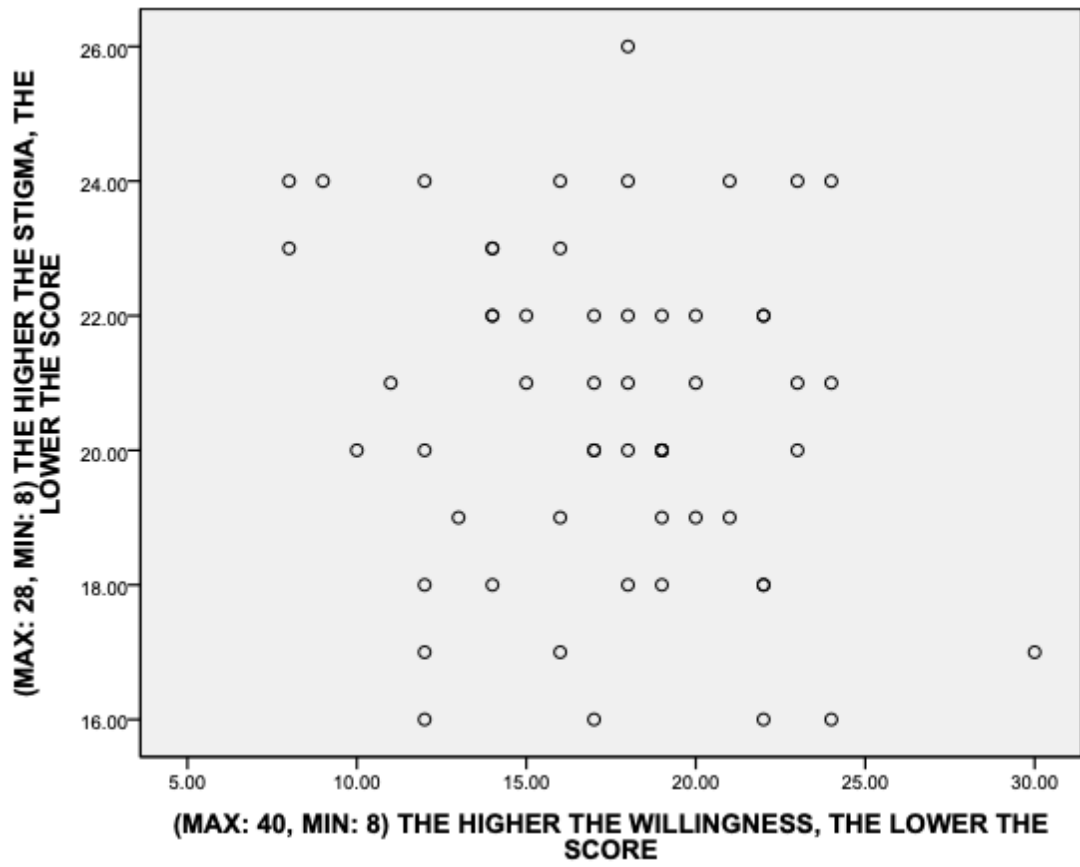
Date

APPENDIX D
SOCIO-DEMOGRAPHICS OF RESPONDENTS TABLE

Table 1. Socio-Demographics of Respondents (N = 67)

Variable	N	Valid %
Ethnicity	65	
Black/ African American	3	4.6
Hispanic	16	24.6
Bi-Racial	8	12.3
Caucasian	27	41.5
Other	11	16.9
Age	65	
18-29 years	53	81.5
30-54 years	11	16.9
55+ years	1	1.5
Income Level	65	
\$0 - \$24,999	32	49.2
\$ 25,000 - \$49,999	17	26.2
\$ 50,000 - \$74,999	12	18.5
\$ 75,000 - \$99,000	1	1.5
\$100,000+	3	4.6
Education Level	65	
GED	1	1.5
High School Diploma	3	4.6
Some College	21	32.3
Undergraduate Degree	26	40.0
Graduate Degree	14	21.5

APPENDIX E
CORRELATION BETWEEN STIGMA AND WILLINGNESS FIGURE



APPENDIX F
IRB APPROVAL LETTER

January 16, 2020

CSUSB INSTITUTIONAL REVIEW BOARD

Administrative/Exempt Review Determination

Status: Determined Exempt

IRB-FY2020-108

Robert Harris Armando zzzDELETED_Barragan, Keena Carter
CSBS - Social Work
California State University, San Bernardino
5500 University Parkway
San Bernardino, California 92407

Dear Robert Harris Armando zzzDELETED_Barragan, Keena Carter

Your application to use human subjects, titled "Fresh From The Fight: THE TRANSITION INTO CIVILIAN LIFE" has been reviewed and approved by the Chair of the Institutional Review Board (IRB) of California State University, San Bernardino has determined that your application meets the requirements for exemption from IRB review Federal requirements under 45 CFR 46. As the researcher under the exempt category you do not have to follow the requirements under 45 CFR 46 which requires annual renewal and documentation of written informed consent which are not required for the exempt category. However, exempt status still requires you to attain consent from participants before conducting your research as needed. Please ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.

The CSUSB IRB has not evaluated your proposal for scientific merit, except to weigh the risk to the human participants and the aspects of the proposal related to potential risk and benefit. This approval notice does not replace any departmental or additional approvals which may be required.

Your responsibilities as the researcher/investigator reporting to the IRB Committee the following three requirements highlighted below. Please note failure of the investigator to notify the IRB of the below requirements may result in disciplinary action.

- Submit a protocol modification (change) form if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before implemented in your study to ensure the risk level to participants has not increased,

- If any unanticipated/adverse events are experienced by subjects during your research, and
- Submit a study closure through the Cayuse IRB submission system when your study has ended.

The protocol modification, adverse/unanticipated event, and closure forms are located in the Cayuse IRB System. If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mjillesp@csusb.edu. Please include your application approval identification number (listed at the top) in all correspondence.

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mjillesp@csusb.edu. Please include your application approval identification number (listed at the top) in all correspondence.

Best of luck with your research.

Sincerely,

Donna Garcia

Donna Garcia, Ph.D., IRB Chair
CSUSB Institutional Review Board

DG/M

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ASSIGNED RESPONSIBILITIES

The researcher, Robert Harris and Keena Carter completed this research project collectively. Both researchers respectfully voiced their thoughts and ideas about this project, which made this project possible. Robert and Keena shared the same amount of interest in regards to this topic, which made the completion of this project easy and efficient. To add, the researchers allowed one another to provide and welcomed feedback that assisted with the development of the final result of the project. Robert and Keena both worked collaboratively to complete each section as follows:

Introduction:

Literature Review

Methods

Results

Conclusion

Both Robert and Keena contributed to the formatting, editing, and revisions process throughout the completion and submission of the final research project.