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Spring 2020

An Examination into the Factors of Stigma Toward Help Seeking Attitudes in College Student Athletes

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Recommended Citation

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Athletes

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Abstract

Meeting the demands of a rigorous schedule for a student athlete can be challenging. The appearance of perceived public stigma and self-stigma may interfere with the student athlete's attitudes toward help seeking, creating a negative relationship between attitudes toward seeking help and the action of seeking help. This study examined college student athlete attitudes toward seeking mental health help in association to perceived public stigma, self-stigma and athletic identity. The sample consisted of 39 college student athletes who participate in a team sport within the Atlantic 10 conference in Division 1 of the NCAA. The cross sectional approach used the SSOSH, SSRPH, AIMS and ATSPPHS to measure each variable. The result showed a significant negative correlation between perceived public stigma and attitudes along with self-stigma and attitudes. The implications of the findings suggest more direct outreach for college student athletes suffering from mental health problems.

Keywords: perceived public stigma; self-stigma; athletic identity; college student athletes

An Examination into the Factors of Stigma Toward Help Seeking Attitudes in College Student

Athletes

Research has shown that college student athletes have more negative attitudes toward

seeking help and underutilize mental health services in comparison to nonathlete college students

(Hilliard, Redmond & Watson, 2018; Lopez & Levy, 2013; Watson, 2005; Watson, 2006).

However, student athletes experience relatively the same amount of mental health issues. College

student athletes may be subject to poor mental health with increased stressors such as devoting

20 or more hours a week to practice and participation in the sport, not including rehab,

extracurriculars and academics (Kaier, Cromer, Johnson, Strunk & Davis, 2015; Watson, 2006).

Athletes also have more stressors because eyes are on them as other students on campus look at

them in a different light, increasing pressure (Wahto, Swift & Whipple, 2016). Yet, other

research has shown that nonathletes perceive higher levels of stress than athletes, consistent with

other research explaining that exercise reduces stress levels (Hudd et al., 2000). Some

nonathletes may also be more likely to judge someone for seeking help than a student athlete,

suggesting that the gap in help seeking between the two groups has decreased (Barnard, 2016).

These wavering findings show that more research needs to be done in order to make the findings

more consistent in help seeking intent and stress (Vogel, Wester, Wei & Boysen, 2005; Levy &

Lopez, 2013).

The problem of not seeking help can be allotted to many different factors. Stress, stigma,

emotion and perception are all components as to why someone may not seek help. One study

found that three main barriers to help seeking in college student athletes were stigma, not

wanting others to know and fear of weakness (Biggin, Burns & Uphill, 2017). Stigma plays a

large role in one's ability to seek help. Student athletes have shown to have higher perceived

public stigma and self-stigma that non athletes (Hilliard et al., 2018; Kaier et al., 2015).

Research in emotions has shown that those who are fearful of emotions may attribute

inability to receive help to self-stigma instead of being closed off to their emotions (Komiya,

Good & Sherrod, 2000). Emotion regulation is an important skill to have in athletics on and off

the field, but it may be harder to do so outside of the practice field. Athletes may also be hesitant

to seek help if it is outside of the athletic department (Watson, 2005). Some student athletes may

not want to reach to others outside of the athletic department because it is outside of their

comfort zone. Student athletes are subject to misconceptions such as being socially incompetent

and lacking intellectual ability (Watson, 2006). This may hinder their ability to seek help due to

fear of judgement and lack of confidence. Another reason why athletes may be hesitant to get

help is because they believe their issues were not of a doctor's concern, so they attempt to solve

their problems on their own (Bird, Chow & Cooper, 2018). However, by attempting to solve

issues on one's own, it may in fact hinder athletic or academic ability. This study found that in

order for a student athlete to have positive attitudes toward getting help, the individual must have

perceived benefits and self-efficacy. This means that the individual must believe that they are

capable of getting help and that there will be a positive outcome from going to get help.

One main factor as to why a college student athlete is affected by mental health issues is

self-stigma. Self-stigma is agreeing with mainstream negative views about mental health and

internalizing them as a reflection of one's self (Vogel, Wade & Hackler, 2007). When an athlete

agrees with these views and aligns them with themselves, it hurts their self-esteem and may lead

the internalization of ideas. In addition, this may lead to avoidance of seeking help in order to

maintain a positive self-image to others, especially teammates. A significant reason to avoid

seeking help is due to the fear of teammates finding out and agreeing with the stigma associated with counseling, which makes people who seek help appear to be undesirable or crazy (Lopez & Levy, 2013; Vogel et al., 2007). Society views counseling as a last resort, creating an idea in the athlete's head that they should avoid therapy at all costs. Another study found that people who blame themselves for their illness are more likely to suffer by themselves (Cooper, Corrigan & Watson, 2003). Many people in this instance do not get help in order to avoid appearing weak and again wanting to maintain a positive image (Vogel, Wade & Haake, 2006 & Vogel et al., 2007).

Perceived public stigma on the other hand is concerned with the negative attitudes that one believes others will hold towards them for engaging in a certain behavior, specifically seeking help for mental health issues (Wahto et al., 2016). Perceived public stigma can be harmful because student athletes may not get help because they do not want others to see (Kaier et al., 2015). Stigma in general has been shown to have strong correlations with help seeking, but perceived public stigma has been shown to have a negative association with need for help among 18-22 year old's (Barney, Griffiths, Jorm & Christensen, 2005; Eisenberg, Downs, Golberstein & Zivin, 2009; Golberstein, Eisenberg & Gollust, 2008). In relation to attitudes, student athletes tend to have higher perceived public stigma and less positive attitudes toward seeking help than nonathletes (Hilliard et al., 2018). Self-sigma has been positively correlated with perceived public stigma and has been shown to be a slight mediator for pubic stigma and attitudes toward help seeking (Wahto et al., 2016; Eisenberg et al., 2009). Perceived stigma is an important variable in this study and many others because its relationship with other variables is prominent and produces strong correlations. In order to understand self-stigma, it is essential to understanding perceived pubic stigma and its role in the mind of a college student athlete.

Athletic identity is the level to which an individual using their athletic role to identify themselves (Visek, Hurst, Maxwell & Watson, 2008). Athletic identity has not been locked at in relation to help seeking attitudes. This research will add to current studies about athletic identity and provide a better understanding about the construct. Athletic identity can be good because it creates a sense of self for the individual, but it can also have harmful effects with emotion. Athletes who have high levels of athletic identity may be more vulnerable to emotional difficulties, especially when there is an injury (Brewer, Van Raalte & Linder, 1993). This finding relates to physical injury, but the current study may be able to add to this research with mental injury as well. Athletic identity has been shown to be positively correlated with the Perceived Importance Profile (PIP), a similar scale distinguishing between high and low levels of physical activity in college students.

The aim of this study is to understand why student athletes seek help less often than nonstudent athletes and possibly identify some of the barriers that inhibit them from seeking help for mental issues that may be affecting them. The study is also aimed at assessing perceived public stigma and self-stigma as factors that play a role in the decision for student athletes to receive help from a professional for mental health issues. We hypothesize that there will be a negative relationship between self-stigma and positive attitudes to seek mental health help, there will be a negative relationship between perceived public stigma and positive attitudes to seek mental health help and there will be a negative relationship between athletic identity and positive attitudes to seek mental health help.

The results of this study are aimed at adding more information to the field of mental health and data concerning college student athletes. This population has limited data regarding mental health attitudes. The results of this study could be used to account for more people with

the potential to better provide services for those athletes who may be experiencing mental health issues. Insight to help seeking attitudes will allow institutions and services to be better equipped with how student athletes feel about going to get help and how the service providers can be more effective with outreach and treatment. Findings from this study could also better inform universities, the NCAA and individual conferences of how to provide their resources to the athletes.

Many universities have resources available to all students, but athletes have to go out of their comfort zone to find them, making them less likely to go beyond the athletic department to receive help for mental health issues (Lopez & Levy, 2013). However, understanding college student athlete's attitudes could help faculty market their services and appeal more to this select population. In addition to promoting services better, these organizations can use the public information to hire people that will be more beneficial to the student athlete population. Research has shown that student athletes prefer to seek counseling when the counselor has participated in a sport previously and/or understand their times demands and busy schedule (Lopez & Levy, 2013; Ward, Sandstedt, Cox & Bex, 2005). However, Western athletes have shown to perceive less stigma in getting help, have more personal openness and care less about the race of the counselor in comparison to Eastern athletes (Ong & Harwood, 2018). NCAA Division I sports have become more inclusive over the years of people from many different countries other than the United States. In order to account for them as well, the universities need to understand their habits and preferences in services. Otherwise, students may continue to repress their issues and underutilize services that could be beneficial.

This research deserves further investigation because the practical implications are important to protect college student athletes at a time that has a crucial impact on their mental

health. Previous studies have not looked at stigma, help seeking attitudes and athletic identity at the same time. Some studies have used these measures, but in isolation and not relative to each other (Vogel et al., 2005). Other studies have also used various other measures to gather data on stigma and attitudes. This study is providing a combination of measures and variables that has not been done before. The findings may add to the literature with new knowledge on college student athletes which could be used directly by the NCAA to help increase the use of mental health services. The findings from this study can be extended to other populations as well, such as Division II and Division III athletics and possibly amateur athletics as well. If health care providers can better understand their athletes, then the likelihood of internalization of feelings and underutilization of services will be changed in a positive way. We hypothesized that there will be a negative relationship between self-stigma and positive attitudes to seek mental health help. Additionally, we hypothesized that there will be a negative relationship between perceived public stigma and positive attitudes to seek mental health help. Lastly, we hypothesized that there will be a negative relationship between athletic identity and positive attitudes to seek mental health help.

Methods

Participant Characteristics

The population this study is aimed at is college student athletes who participate in a team sport. The sample is consisting of players who compete within the Atlantic 10 conference in the NCAA. To participate, the students must be a part of a team sport belonging to the Atlantic 10 Conference which competes in the NCAA. The students must be 18 to 24 years old. Students

must be able to read and understand English. Those who are not eligible to participate are non-student athletes and/or any athlete that is below the age of 18. The survey was open from January 30, 2020 to April 3, 2020. A total of 55 participant data was collected but 14 participants had to be removed due to incomplete data, one participant was removed because they did not go to a school within the Atlantic 10 conference and one participant was removed for not being a student athlete and was used for a trial run. 39 participants' data was used for analysis. Of the 39 participants, 66% were student athletes from La Salle University, 15% were student athletes from Fordham University, 2.6% were student athletes from Duquesne University, 2.6% were student athletes from University of Dayton and 2.6% were student athletes from Virginia Commonwealth University. 10.3% of participants chose not to respond to this section of the demographics section.

The sample of 39 student athlete participants was predominantly white, making up 77% of the sample. The remaining participants making up the sample were 12.8% African American, 2.6% Asian and 7.7% did not respond. However class wise, 33% of the sample were seniors, 28% were juniors, 15% were freshmen, 13% were sophomores, 2.6% were graduate students and 7.7% did not respond. Along with class, the mean age of participants was 20.5 years old with a standard deviation of 1.38. Three participants did not respond with their age. The sports participants played is the most diverse demographic of the sample, which includes 9 different sports. The majority of the sample includes volleyball and women's basketball both accounting for 20.5% individually along with field hockey and track and field, both accounting for 15.4% individually. Baseball and women's lacrosse accounted for 5.1% individually while men's golf, soccer and tennis each accounted for 2.6%. The sample included one dual sport athlete but we

are opting to not share the sports to protect the identity of the participant.3 participants opted to do not respond to this demographic section.

Sampling Procedures

The sample was collected through a survey created through Qualtrics with surveys that have already been used in previous studies. Participants were recruited through emails sent to the athletic departments at each university within the Atlantic 10. The emails will include the flyer with a link to the survey and requirements for participation. For La Salle, flyers were put up in the gym area, longue area, study hall area and lifting area of the athletic facility. Athletic Directors from each university were aware of the study along. Participants were recruited primarily through emails or online. At La Salle, the PI prepared a brief description of the study that was presented to the Student Athletic Advising Committee (SAAC). The methods of recruiting were done through convenience sampling because the PI is a member of an organization that can create easier access to those schools in the Atlantic 10 conference. Self-selection will also be applied because participation is completely voluntary and will be done with the consent of the participant. Coaches were not permitted to make the survey mandatory and could not penalize an athlete who chooses to not participate in the survey. The sampling may also be considered snowball sampling because if members of certain teams take the survey first, they may tell other athletes about it if they had a good experience with it. Cluster sampling may also be applicable because the people who participate are already in groups not designated by the researchers. The sampling techniques are not probability sampling techniques so the results of the study may not be strongly generalizable to all athletes across the country.

If an athlete decided they would like to participate by taking the survey, they were given a Qualtrics link that first prompted them to the Informed Consent form. This form explained the risks and benefits of the study, the purpose of the research, what is being consented to and contact information as needed. This form explained that the research is strictly voluntary and the participant may decide to stop the survey at any time they feel so without penalization. If they felt any negative emotions or thoughts, information was provided for a suicide hotline. In addition, the contact information for the IRB administrative assistant and chair was provided along with the PI and faculty advisor who are conducting the study.

The study could last approximately 10-15 minutes with questions pertaining to perceived public stigma, self-stigma, athletic identity and mental health seeking attitudes. The questionnaire was able to be taken on any device that is accessible to the participant. The potential devices that could be used but are not limited to a personal computer, a school computer, a phone or a tablet. Once the survey was complete, the participant could opt to answer an option demographic form. Results are not given out to the participates after the completion of the study but if an individual decides they would like to be given any information collected, they are given the option to contact the PI with any inquiries or wishes to see the data.

The data was collected through a Qualtrics link accessible on any device with internet connection. The participants could complete the survey at any location convenient to them but it was advised to work in a quiet area with minimal distractions. After March when data collected ended, the link was deactivated and the data was downloaded into an SPSS file to the PI's personal computer.

Measures and Covariates

Self-Stigma of Seeking Help. The Self-Stigma of Seeking Help (SSOSH) was developed by Vogel, Wade and Haake in 2006 concerning the loss of self-esteem if someone decides to seek psychological help. Their initial tests were used on college students which translates over well to my sample and target population. The first questionnaire adapted was 25 questions on a 5 point partially anchored Likert scale with 7 reverse keyed questions. The participant would rate how they would react if they faced a problem that was considered in the questions. The higher the scores, the greater concern for getting help. The researchers assessed how strong each individual question was at capturing the desired construct. After revision, the researchers chose to only use 10 items, which is much shorter and more feasible for concisely addressing self-stigma. The 10 items have an internal consistency of .91 with adequate reliability (Vogel, Wade & Haake, 2006). After performing a factor analysis, the items show to have a unidimensional factor solution suggesting that the questionnaire is measuring one thing. The survey also has a small response bias and showed that reverse-keyed and nonreverse-keyed items measure the same construct, adding to the reliability of the items.

The items also show strong construct validity. The researchers examined the correlation of the SSOSH with the Stigma Scale for Receiving Psychological Help (SSRPH), which measures perceived public stigma. The association was positive, providing support for the measures' validity. To assess criterion validity, the researchers examined correlations between the SSOSH and the Attitudes Toward Seek Professional Psychological Help Scale- Shortened (ATSPPHS-S), which showed a negative correlation, also confirming the measures' validity. When looking at help seeking attitudes, the results showed that those who perceived greater stigma had less positive attitudes, suggesting the self-stigma associated with help may be an inhibiting factor (Vogel et al., 2006). In addition, the scale showed a significant difference in

self-stigma over a 2 month period in those who eventually sought help and those who did not. This measure exhibits strong internal consistency, validity and good 2 month test-retest reliability. The final measure consisted of 10 questions that were measured on a 5 point Likert scale rated from 1 (strongly disagree) to 5 (strongly agree) with 5 questions reversed keyed. Questions 2, 4, 5, 7 and 9 were all reversed keyed. The lowest possible score on these questions is a 10 and the highest possible score is a 50.

Stigma for Receiving Psychological Help. The Stigma Scale for Receiving Psychological Help (SSRPH) was designed by Komiya et al. in 2000 to assess perceived public stigma in a study looking at emotional openness in college students' attitudes toward receiving help. This questionnaire contains 5 questions rated on a 4 point Likert scale anchored as 0 meaning strongly disagree and 3 meaning strongly agree, with higher scores equating to more perceived stigma. The lowest possible score is a 0 and the highest possible score is a 15. The researchers used two doctoral licensed counselors in psychology who examined the 5 questions and determined that the items assessed perceived stigma accurately. A factor analysis indicated that only one factor was captured by the questions, accounting for almost 100% of the variance in SSRPH. The internal consistency showed an alpha of .72, an acceptable level. To assess construct validity, the researchers examined the correlation of SSRPH with the ATSPPHS-S. The results showed a negative correlation, indicating the less social stigma perceived, the more positive the participants will feel getting help (Komiya et al., 2000). Adding to the strength of the measures' construct validity, women scored lower than men. This finding is consistent with findings that woman are more willing to get help for psychological needs than men.

Attitudes Toward Seeking Professional Psychological Help Scale. The Attitudes Toward Seeking Professional Psychological Help Scale was originally adapted by Fischer in

1970 with 29 questions aiming to address attitudes for seeking help. However, Fischer and

Farina adapted this scale in 1995 to obtain only 10 items, making the scale shorter and more

concise. They began with using the 14 items with the highest item total scale. A factorial analysis

showed that factor 1 contained 10 items with loadings above .50, reflecting essential construct

understanding (Fischer & Farina, 1995). 10 items showed an internal consistency alpha of .84.

The original scale in 1970 had alphas of .83 and .86. 4 items were much weaker and were

dropped, maintaining the 10 strong items to represent the abbreviated study.

The current study contained 2 studies within, the first measuring just the abbreviated

questionnaire and the second comparing the original version to the abbreviated version. The

second study was done to determine the stability of the abbreviated version over time. Some

participants were given the new questionnaire with a break and the original questionnaire, while

others were given the original questionnaire first and then the abbreviated version. The means

and standard deviation for the abbreviated score were almost identical to those in the first study

of the abbreviated version (Fischer & Farina, 1995). The abbreviated version's test-retest

correlation over a one month period had an alpha of .80, the one month alpha for the 1970

version a .82. The correlation between the abbreviated version and the original version had an

alpha of .87, accounting for 76% of the shared variance (Fischer & Farina, 1995). The shortened

version shows to be closely related to the original 29 questions making this instrument easier to

administer to samples who have limited time schedules, like student athletes. The current

questionnaire used contained 10 questions rated on a 4 point Likert scale with 0 anchored as

strongly disagree and 3 anchored as strongly agree. However, 5 questions were reverse keyed,

specifically questions 2, 4, 8, 9, 10. The higher the score meant the more positive attitude toward

seeking psychological help. The lowest possible score is a 0 and the highest possible score is a 50.

        Athletic Identity Measurement Scale. The Athletic Identity Measurement Scale (AIMS) was first developed in 1993 by Brewer. In 2001, Brewer and Cornelius further assessed the scale's psychometric properties and changed the scale from 10 items to 7 items. The scale is scored on a 7 item Likert Scale ranging from 1 as strongly disagree to 7 as strongly agree. Higher scores indicate higher identification with the athletic role. The lowest possible score is a 7 and the highest possible score is a 49. The items showed that they can be used as multidimensional and unidimensional. The initial factor analysis showed three first order factors to be subordinate to one higher order factor, athletic identity (Visek, 2008). The three factors are social identity, exclusively and negative affectivity. The internal reliability coefficient for American athletes was .76 and .81 for English speaking Hong Kong athletes. The original internal consistency for the 2001 study was .81. The results for the 7 items are valid and parsimonious. The consistency for this scale is not the most reliable but it is the most used scale to test for athletic identity.

        These questionnaires will be used individually on each section of the Qualtrics link. After the participant is finished with the questionnaires described, they will be promoted to a demographic sections, listing their age, gender and what sport they play. At the end of the entire survey, participants have the option to enter their name and email address to be entered into a raffle for a chance to win a gift card. Their name and email will not be connected to their responses in any away and if they decide they do not want to enter in this information they may finish and submit their responses.

Research Design

This study is a quantitative cross-sectional design. It is looking at the association between two measured variables at one time. The data that is collected is quantified using a Likert scale for each questionnaire and will be disseminated with statistical analyses. Each questionnaire is meant to capture one construct, but all together the SSOSH, SSRPH and AIMS will be used to understand how each one relates with attitudes toward seeking psychological help. Demographics will be collected by the participant at the end to use as a secondary way to try to explain help seeking attitudes in college student athletes.

Results

The means and standard deviation were collected for each scale, all falling in range with the original measurements of each scale. The SSOSH sample in this study showed $M= 24$, $SD= 7.07$ while the original study showed $M=27.1$, $SD= 7.7$ (Vogel, Wade & Hackler, 2007). The SSRPH sample in this study showed $M= 5.67$, $SD= 2.74$ while the original study showed $M= 5.79$, $SD= 3.06$ (Komiya, Good & Sherrod, 2000). The AIMS sample in this study showed $M= 37.68$, $SD= 7.5$ while the original study showed $M= 31.09$, $SD= 12.84$ (Brewer, Van Raalte & Linder, 1993). This 1993 study with the 10 questions AIMS is used as the comparison because the 2001 Brewer study with the 7 question AIMS could not be accessed. The ATTSPHS sample in this study showed $M= 19$, $SD= 6.06$ while the original study showed $M= 17.45$, $SD= 5.6$ (Fischer & Farina, 1995). Further, a correlation was done to test the relationship of the three other variables with attitudes towards seeking psychological help. The results are presented in Table 1. There was a significant relationship between all of the variables with attitudes, however, attitudes toward seeking help and athletic identity did not have a significant relationship. Using the demographic information that was filled out, a subsequent correlation was run to look at the

potential relationship between class level and the four variables. The results of the first year

associations are attitudes toward seeking help and perceived public stigma (R= -0.932, p= .007),

attitudes toward seeking help and athletic identity (R= -0.879, p= .021), and athletic identity and

perceived public stigma (R= 0.926, p= .008). The junior class had a significant relationship

between attitudes toward seeking help and self-stigma (R= -0.784, p= .004). The senior class had

similar correlations to the first year class with attitudes and self-stigma (R= -0.858, p< .001),

attitudes toward seeking help and perceived public stigma (R= -0.639, p= .019), and attitudes

toward seeking help and athletic identity (R= -0.557, p= .048). The sophomore class had no

significant correlations and the graduate level class only had one participant so the correlation

was not run. Interestingly, the only class level that has not significant relationship with any of the

variables is the sophomore class.

Discussion

Evidence for attitudes toward seeking psychological help in college student athletes was

examined in this study. Previously, the student athlete population was measured by each variable

used in this study separately, however, this study looked at them all together and how each

variable plays a role in the student athletes efforts to seek psychological help. Specifically,

perceived public stigma, self-stigma and athletic identity were all predicted to be negatively

associated with positive attitudes. The mean attitudes score for this sample fell in the moderate to

more positive attitude side. The results of the correlations showed a negative relationship

between perceived public stigma, self-stigma and athletic identity with positive attitudes,

however, only perceived public stigma and self-stigma had a significant relationship with

attitudes.

Self-stigma and attitudes toward seeking psychological help had a high correlation. While the sample size is small, the relationship shows that an athlete's attitude toward seeking professional psychological help is influenced by self-stigma. This finding is important for mental health professionals to know because reaching out to student athletes is difficult, but addressing the self-stigma would be a way to get them better access to help.

Perceived public stigma and attitudes toward seeking psychological help had a moderate to high correlation. This finding shows that in order for student athletes to get to mental health professionals, they first need to get over the hurdle of what other people think about them. This knowledge is important because how student athletes view themselves is important, but how others view them is also an important factor in their help seeking behavior.

The second correlation found that class year has some relationship to attitudes toward seeking psychological help and the other variables. The first year sample was small, but first year attitudes toward seeking help had a significant relationship with perceived public stigma and athletic identity. However, perceived public stigma and athletic identity has a high significant correlation. This suggests that first year students perceive a lot about what others think of them and strongly identify as an athlete. The sophomore class level had no significant relationship with any of the variables, suggesting that perhaps some other things are going on during this time that play a larger role than the variables presented in this study. The junior class had only one significant relationship between attitudes toward seeking help and self-stigma. Perhaps during this time the student athletes are internalizing their feelings more because they are in the prime season of their sport and beginning to venture into a more adult phase. Lastly, the senior class had similar results to the first year class. The seniors had a high and significant negative correlation between attitudes and self-stigma, attitudes and perceived public stigma and attitudes

and athletic identity. The findings from each class year reflect the different struggles and phases on life that each level is going through at their age and year in their sport.

Mental health has become an increasingly popular topic, especially in the realm of sports and college student athletes. With the information found in this study, mental health professionals can better reach this vulnerable population and use more effective techniques to get the student athletes the help they need and deserve. The findings in this study suggest that all student athletes have some level of perception of what others think about them and their mental health. The findings also suggests that athletic identity plays a role in how student athletes perceive getting help and may act as a barrier to seeking help for some class levels. While everyone has different experiences and different struggles, it is important that everyone's feelings are heard and feel that they can be taken care of. College is a vulnerable time for many people, but especially athletes with the pressure to perform on the field, in this classroom and in their social life. The findings in this study can be used to help reach out to the student athlete population and reach more people who may be hesitant to reach out for help for fear of being judged, ruining their self-image or acting in ways that do not align with their athletic identity.

Implications and Limitations

Perhaps in future studies researchers can use these variables, but in a mixed methodology approach, collecting qualitative data as well. Interviews or focus groups with athletes may allow for more detailed information to be gathered on their level of athletic identity and their attitudes toward seeking help. This study had a small sample size and only collected data from a small number of schools within the NCAA. In future studies, researchers could reach a larger geographic region of schools throughout the three divisions. This study did not focus on gender

but future researchers could use gender as a specific variable along with the variables used in this study to gather more in-depth information and target a more specific audience within this sample. It is also recommended that future researchers look at age or class level as a specific variable as there were more significant relationships in the first level class and senior class level.

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Table 1

Descriptive Statistics and Correlations for Study Variables

Variable	*n*	*M*	*SD*	1	2	3	4
1. Total Attitudes (ATSPPHS)	36	19	6.06	—			
2. Total Athletic Identity (AIMS)	37	37.68	7.5	−0.021	—		
3. Total Self-Stigma (SSOSH)	39	24	7.07	−0.802**	−.020	—	
4. Total Perceived Public Stigma (SSRPH)	39	5.67	2.74	−0.590**	−.184	0.592**	—

** = Correlation is significant at the 0.05 level (2-tailed). For each significant relationship p< .001