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# Male Collegiate Student-Athletes Masculinity and Attitudes Toward Mental Health Seeking

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MALE COLLEGIATE STUDENT-ATHLETES: MASCULINITY AND ATTITUDES  
TOWARDS MENTAL HEALTH HELP-SEEKING

A Dissertation

Presented to the Faculty of  
Antioch University New England

In partial fulfillment for the degree of

DOCTOR OF PSYCHOLOGY

by

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April 2024

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TOWARDS MENTAL HEALTH HELP-SEEKING

This dissertation, by Jennifer L. Mayette, has  
been approved by the committee members signed below  
who recommend that it be accepted by the faculty of  
Antioch University New England  
in partial fulfillment of requirements for the degree of

DOCTOR OF PSYCHOLOGY

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## **ABSTRACT**

### **MALE COLLEGIATE STUDENT-ATHLETES: MASCULINITY AND ATTITUDES TOWARDS MENTAL HEALTH HELP-SEEKING**

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The mental health and well-being of college student-athletes has recently come to the attention of the general public with the increase in current and past athletes speaking out about the stressors they faced during their collegiate careers. With this increase in attention, higher education institutions and larger athletic associations have turned towards research to identify factors that are contributing to the struggles of student-athletes. One factor that has consistently been identified as a barrier for athletes seeking help for mental health concerns is stigma. For male student-athletes in particular, perception of the stigma associated with receiving psychological help due to conformity to masculine norms has consistently been found to be a deterrent for help-seeking behaviors. While many studies have drawn this conclusion, they have failed to separate the student-athlete from their athletic environment and explore how an athlete's values and attitudes may differ and interact with that of their sport. This exploratory study aimed to examine if there was a difference between the strength of the relationship between a male athlete's personal value versus perceived value of masculinity of their sport with their attitudes towards mental health help-seeking. Additionally, the ability for personal value of masculinity and perception of sport's value of masculinity to predict male student-athletes' attitudes toward mental health help-seeking were explored. Through the use of an online survey, participants completed demographic questions, as well as questions from the Attitudes Towards Seeking

Professional Psychological Help-Short Form (ATSPPH-SF), Conformity to Masculine Norms Inventory (CMNI), and an adapted version of the CMNI that was specifically tailored to ask questions regarding athletes' experience in their sport. Results indicated a negative relationship between male student-athletes' personal value of masculinity and attitudes towards mental health help-seeking. Results also showed male athletes' personal value of masculinity as the only predictor of their attitudes towards help-seeking. While further research is needed to determine true effects of male athletes' personal value versus perceived sport's value of masculinity on their attitudes towards mental health help-seeking, this study provides foundational knowledge for how colleges and universities can implement interventions to help better their student-athletes mental health and well-being. This dissertation is available in open access at AURA (<https://aura.antioch.edu>) and OhioLINK ETD Center (<https://etd.ohiolink.edu>).

*Keywords:* masculinity, stigma, student-athlete, college students, mental health, help-seeking, sports, NCAA, attitudes, values, quantitative, ATSPPH-SF, CMNI, correlations, multiple linear regressions

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## CHAPTER I: INTRODUCTION

Within the past decade, there has been an influx of current and past college student-athletes speaking out about their experiences during their collegiate career. In addition, there has been an increase in awareness of the suicide deaths of nationally recognized student-athletes. With this, the mental health of college student-athletes has made its way to national headlines and a rise in rates of mental health conditions has been noted (Brown et al., 2022). While studies on the mental health of college athletes have previously been published, the recent attention of the general public has pushed colleges, universities, and larger athletic associations to try to better understand and address the needs and concerns of the approximately 522,000 college student-athletes within the United States (National Collegiate Athletic Association [NCAA], 2022).

### Statement of Problem

Recent research has identified several factors that contribute to the mental health and well-being of college student-athletes. These factors include, but are not limited to: gender, sport type, injuries, academic pressures, social environment, availability of resources, self-stigma, and societal stigma associated with mental health and help-seeking behaviors (Barnard, 2016; Cutler & Dwyer, 2020; Moreland et al., 2018; Sutcliffe & Greenberger, 2020; Wolanin et al., 2016). When considering self-stigma in male athletes, researchers have explored the topic of masculinity. Several studies have shown conformity to masculine norms, including in personal and environmental values and attitudes, has negatively impacted attitudes toward help-seeking for mental health concerns (Picco et al., 2016; Ramaeker & Petrie, 2019). The term personal value can be defined as a quality someone regards as desirable or highly important. An environmental value holds a similar definition, though it applies to qualities that are desirable or

of great importance to a specific environment, such as corporations, regions, and cultures. For example, an environmental value of a corporation could be growth or recognition. It is important to note that an individual within an environment may hold similar or different values. In this paper, the value of masculinity as a personal value and environmental value within the context of a collegiate sport will be explored. The environmental factor of masculinity within a collegiate sport will be referred to as a sport's value for the remainder of this paper.

Despite much research confirming the negative influence of both personal and sport's value towards conforming to traditional masculine norms, research has been limited to exploring only one value as a predictive factor of attitudes towards mental health help-seeking. In addition, much of this research has looked at personal and sport's attitudes as independent factors that play a role in an individual's behaviors, rather than as factors that occur simultaneously with one another. Interestingly, although personal and environmental values coexist in any context, the majority of studies have only focused on the impact of this coexistence within the area of organizational psychology. These studies often have focused on leadership methods, marketing, employee motivation, and workplace culture.

The present study first aimed to contribute to the pool of research on the relationship between masculinity and collegiate male athletes' attitudes toward mental health help-seeking. First, the relationship between the help-seeking attitudes of an athlete and the value of masculinity on a personal level and perceived value within their sport was explored for possible differences in strength. Secondly, this study aimed to investigate if there was a difference in personal value versus perceived value of masculine norms within an individual's sport's ability to predict their attitudes towards mental health help-seeking. Specifically, this study aimed to explore how the agreement or disagreement of male student-athletes' personal value of

masculinity and their respective sport's value of masculinity relate to an athlete's attitudes towards mental health help-seeking.

## CHAPTER II: LITERATURE REVIEW

### Mental Health in College Student-Athletes

#### Stressors for College Student-Athletes

For any individual, the college experience can bring about a number of different stressors. Navigating new academic demands, social relationships, responsibilities that can come with increased independence, and preparing for the future, can cause some college students to experience feelings of stress, exhaustion, and being overwhelmed. While college student-athletes can experience the same stressors as nonathlete students, there are additional unique stressors that the athletic environment and experience can bring. Bronfenbrenner's ecological systems theory is helpful in considering the levels that these stressors can arise from and how they can affect a student-athlete. This theory outlines five levels within an individual's life that each hold different important influences that when interacting with an individual can greatly impact their life. Four of these levels and the stressors unique to student-athletes that can arise at each level will be explored below. These levels include individual, microsystem, exosystem, and macrosystem (Bronfenbrenner, 1994; Purcell et al., 2019).

#### *Individual*

Individual attributes that can contribute to the stressors a student-athlete faces include attitudes, goals, self-esteem, and identity. In terms of attitudes, athletes often have to unwillingly forfeit some level of independence given the extensive time demands and structured nature of holding a student-athlete status (Cutler & Dwyer, 2020). With this decrease in independence, some athletes may develop an attitude of an external locus of control in their lives. By this, it is meant that they view factors in their lives as coming from external forces that are beyond their control. Research has shown that individuals who hold an attitude of an external locus of control

have higher levels of stress and responsiveness to the negative effects of such stress (Watson, 2016). Links between personal goals and self-esteem in student-athletes have also been found. Many student-athletes hold an attitude that they must meet a certain level of athletic performance and have a strong commitment to succeeding and winning (Sutcliffe & Greenberger, 2020). When they do not meet these expectations, whether real or falsely perceived, this can lead to decreased self-esteem (Barnard, 2016). Lastly, an individual's level of identity tied to being an athlete can hold the potential for several different stressors. For many athletes, early in their athletic career they are primed to believe that success is sport-centered and their overall competence or worth as a person is based on their athletic accomplishments (Gould & Whitley, 2009; Watson, 2016). This can minimize the opportunity for other aspects of identity to be developed. When these individuals with a strong sense of athletic identity do not meet the goals or expectations that they or others set, this can lead to increased levels of stress (Gould & Whitley, 2009). Not all student-athletes form their identity solely around being an athlete. Some view success as coming from both academics and athletics, thus allowing the opportunity for two components of identity to be formed: student and athlete. In the college athletic environment, there is a high demand for an individual to perform in both areas of these aspects of identity. This creates the potential for conflict and an individual's ability to maintain both the student and athlete components of identity (Hwang & Choi, 2016). Several studies have found that the demands of collegiate athletics can cause drops in test scores and grade-point averages, including for those students who are academically gifted (Stansbury, 2003). This transition from receiving high marks in the high school environment to lower grades in college due to higher academic and athletic demands can become extremely stressful for those students who identify more with the student aspect of being a student-athlete. Furthermore, individuals may experience identity



conflict between their area of study and associated vocational goals and sports-related goals (Barnard, 2016).

### ***Microsystem***

In using an ecological framework to examine student-athletes' stressors, an athlete's microsystem can consist of family, friends, hometown community, coaches, teammates, professors, and their respective sport in the context of their school environment (Purcell et al., 2019). Given these many factors, a student-athlete faces the stress of balancing social relationships, academic demands, and athletic demands. In examining stressors in more detail, a common stressor reported by student-athletes is the need to please family, friends, teammates, faculty, and coaches. Socially, student-athletes may become isolated due to the time demands of games and practices and can face peer pressure or the need to please friends (Sutcliffe & Greenberger, 2020). Stressors involving academics may include meeting the expectations of professors and keeping their grade-point average at a level at which they can maintain scholarships based on academic performance. Specific to freshman students, some athletes may face the stress that comes with the increased demands of college and university-level academics (Wilson & Pritchard, 2005). In examining stressors that can arise from an athlete's hometown community, student-athletes may feel the need to meet the expectations of their hometown, as many athletes experienced a level of "star status" while in high school. These athletes may not want to lose this status at the collegiate level of play (Wilson & Pritchard, 2005). Within the athletic environment, stressors that may fall upon student-athletes include the need to manage relationships with coaches, teammates, sports medicine staff, and strength and conditioning coaches. In addition, athletes may feel stress that can come with the need to meet the expectations of their coaches, the pressure to win, the possibility of being red-shirted their

freshman year and being benched or given limited playing time (Sutcliffe & Greenberger, 2020; Wilson & Pritchard, 2005). Lastly, players must face the possible stress that can be associated with the transition from senior status on their high school teams to freshmen status on their new college teams.

In this current study, the environmental value of masculinity is of particular importance to take into consideration at the microsystem level. Being that a student-athlete's microsystem consists of coaches, teammates, sports medicine staff, and other athletic personnel, there is a prime opportunity for masculine values to be expressed at this level. Given past research, in those microsystems that enforce conformity to masculine norms, it is expected that there is a negative impact on a student-athlete's attitudes towards seeking help for mental health concerns (Ramaeker & Petrie, 2019; Steinfeldt & Steinfeldt, 2012; Tabet et al., 2021).

### *Exosystem*

A student-athlete's exosystem can include an athlete's respective sport and its rules, as well as their college or university. In many sports, a certain body weight and muscle mass are encouraged to maintain or enhance performance. This can push athletes to eat or workout in ways that meet these expectations. Another stressor unique to student-athletes is the frequent possibility of injury. With injury, athletes also must adjust to the recovery process, missed playing time while injured, and any concerns of reinjury once they are cleared by medical personnel or sports medicine staff to return to play (Sutcliffe & Greenberger, 2020). For some athletes, injuries can also result in the loss of potential professional careers in sports, causing them to have to greatly rethink their futures and dreams. Student-athletes are also often looked at to be role models. Being that the athletes represent their school, many colleges and universities hold behavioral expectations for athletes both on and off campus. Additionally, schools often

have minimum academic standards that they expect athletes to hold to continue their eligibility to play (Cutler & Dwyer, 2020). This can become a significant stressor for those student-athletes who may struggle with academics. To maintain the required academic standards, time may be taken from a struggling athlete's schedule for long study sessions or required tutoring. This can further create a feeling of an external locus of control and increase the already high time demands of balancing academics and athletics. Both of these factors have already been identified as unique stressors on a personal and microsystem level for these athletes.

### ***Macrosystem***

Purcell et al. (2019) defined a student-athletes' macrosystem as "the role of national and international sporting bodies and the media and broader society" (p. 3). The NCAA is the primary sporting body at the college level. This association establishes many different rules and regulations that may be difficult for student-athletes to abide by. These rules can include individual sport rules changes, health and safety protocols, and eligibility requirements. Many college sporting events are also televised, particularly at the Division I level. When these events are publicized, student-athletes are more likely to experience both the praise and criticism by the public as spectators and through social media platforms. These criticisms can become a stressor for student-athletes and add to the feeling as if they need to meet or exceed the expectations of the general public. As of July 2021, the NCAA established an interim name, image, likeness, or "NIL," policy. This policy allows student-athletes to monetize the use of their name, image, and likeness by signing paid endorsement deals with off-field businesses (National Collegiate Athletic Association [NCAA], 2021). This rule creates a potential stress for student-athletes to perform at a level that increases their likeability and attractiveness. This increase can in turn increase their marketability, managing the role of becoming their own brand manager, and

keeping their performance at a level at which their endorsements and associated pay continue throughout their athletic career (Harris et al., 2021). Overall, all the mentioned factors must be considered as additional stressors on top of those already put on a student-athlete by those brought about by their personal, microsystem, and exosystem levels.

### **Mental Health Concerns Among Male College Student-Athletes**

In response to the growing recognition of the unique stressors and opportunities for negative impacts on college student-athletes' mental health and well-being, the NCAA began the "NCAA Student-Athlete Well-Being Study." Although this study primarily aimed to examine the impact that the COVID-19 pandemic had on student-athletes' experience, the survey also highlighted a number of mental health concerns throughout the course of the spring 2020 semester through the fall 2021 semester. Additional studies examining the experiences of student-athletes, titled the "NCAA GOALS Study," have been conducted by the NCAA in 2006, 2010, 2015, and 2019. Due to the nature of the present study focusing on male college athletes, the statistics reported from this population of athletes within the "NCAA Student-Athlete Well-Being Study" and "NCAA GOALS Study" will be highlighted.

#### ***NCAA Student-Athlete Well-Being Study***

In terms of mental health concerns, of the 3,137 male athletes that participated in the fall 2021 survey, 22% reported feeling mentally exhausted, 19% reported experiencing sleep difficulties, 12% reported feeling overwhelming anxiety, 11% reported feeling sad, 8% reported feeling a sense of loss, and 6% reported feeling that things were hopeless (National Collegiate Athletic Association [NCAA], 2022). When comparing these statistics to the results of the same survey from previous semesters, there has been little change in reports of mental exhaustion, anxiety, and feelings of being sad since the first survey in the fall of 2020. It is also important to

note that these levels of mental distress were found to be highest among student-athletes of color, those identifying as LGBTQ+, and those reporting financial hardships. Taken together, these types of feelings have resulted in approximately 15% to 25% of student-athletes meeting clinically significant symptoms for depression and one in three athletes showing clinically significant symptoms of anxiety, as determined by the *Diagnostic and Statistical Manual of Mental Health Disorders* (5th ed.; DSM-5; American Psychiatric Association, 2013; Leonelli et al., 2022). It is important to note that these symptoms of depression increase an individual's risk of suicide. It has been found that this risk is higher among collegiate male athletes and collegiate football players when compared to male non-athletes. Suicide risk has also been found to be higher for African American athletes when compared to White athletes (Rao et al., 2015).

### ***NCAA GOALS Study***

Upon the conclusion of the 2019 "NCAA GOALS Study," a summary and comparison of the 2019 study results to the previous studies' results was given. Two major topics of comparison involved sleep quality and feelings of being overwhelmed. Participants in the 2019 study reported an average of 6 hours and 15 minutes of sleep per night on a typical in-season weeknight. This average time had decreased by approximately 14 minutes when compared to the 2010 study. Among all college athletes, football players continued to report the lowest amount of average weekday hours of sleep, with a reported average of 5 hours and 51 minutes of sleep per night (National Collegiate Athletic Association [NCAA], 2020). These numbers are lower than the minimum of 7 hours of sleep recommended by the American Academy of Sleep Medicine. This lack of sleep can have several negative impacts on an individual's life, including mood (i.e., increased irritability and lack of motivation), performance (i.e., lack of concentration, attention deficits, lack of energy, lack of coordination, decreased executive functioning), and physical and

mental health (i.e., high blood pressure, heart attack, obesity, diabetes, symptoms of depression, and anxiety; American Academy of Sleep Medicine, 2008). Taken together, these effects can have tremendous impacts on not only a student-athletes' academic and athletic success, but also their overall quality of life. The 2019 "NCAA GOALS Study" also reported approximately 25% of male student-athletes feeling "difficulties piling up so high that they could not overcome them" (slide 29). When examining reports of feeling overwhelmed since 2006, specifically among the first-year student-athlete population, data show an increasing trend of this feeling.

### ***Other Mental Health Concerns***

Depression and anxiety, and associated symptoms, are two of the most prevalent mental health disorders among the student-athlete population. However, there are also several other disorders and symptoms that are common among this population. Two additional mental health-related concerns that are commonly seen among the male student-athlete population include substance misuse and eating disorders.

**Substance Use Disorders.** Substance use disorders are continuously a concern among the college student population, with approximately 1,825 college students dying of alcohol-related events each year (Ryan et al., 2018). Among the student-athlete population, there is a particular concern about the prevalence of substance use disorders. Among several studies, it has been found that 34% of athletes engaged in binge drinking in the past two weeks, 28% used cannabis during the past year, and approximately 1% to 4% used cocaine, MDMA, hallucinogens, or amphetamines within the past year (Lewis et al., 2017; NCAA, 2018; Reardon & Creado, 2014). To further explore substance-use patterns, the NCAA conducted a self-report study among collegiate student-athletes' substance use habits. This study found that of the 23,028 participants, 3% of students reported using narcotic pain medication without a

prescription and 2% of athletes reported misusing these prescriptions. Additionally, 6% of participating student-athletes reported misusing Attention-Deficit Hyperactivity Disorder (ADHD) stimulants (NCAA, 2018). Additional reports of the misuse of opioids and stimulants have been found in a 2013 NCAA report. This survey involving a sample of 21,000 NCAA student-athletes found 6% of athletes reported using pain medication that they had not been prescribed. In the same survey, 16% of respondents reported using medication used to treat ADHD. Half of these respondents did not have a prescription and were using these stimulants to keep up with the academic demands of their classes (Ryan et al., 2018). In regard to alcohol and drug-related behaviors, 33.3% of male reporters in the study conducted by Knettel et al. (2021) endorsed that they had “forgotten things they had done while using alcohol or drugs” (p. 123). Additionally, 33.3% of reporters had driven or ridden in a car with someone while using alcohol or drugs. Of note, results related to use of alcohol and cannabis from this study were similar to those found in a study conducted by the NCAA in 2018 using a national sample of student-athletes (Knettel et al., 2021).

**Eating Disorders.** While the rates of eating disorder diagnoses are higher amongst the female athlete population, several studies examining the eating behaviors of NCAA athletes have also found maladaptive eating behaviors and symptoms of eating disorders among the male athlete population. In a literature review conducted by Power et al. (2020), studies ranged widely, between zero to 19%, in their findings of the prevalence of maladaptive eating behaviors and symptoms of eating disorders in male student-athletes. This wide range can be explained by differing sample populations, such as participants from different divisional levels of play and sport. Some of the maladaptive eating behaviors and symptoms of eating disorders found in the studies explored by Power et al. (2020) included inadequate nutrient intake, the use of dietary

supplements for weight reduction, restricting fluid intake, and excessive exercise. One consistent finding was that male athletes who participated in sports labeled “endurance sports,” including cross-country, track, and swimming, as well as weight-class sports, such as wrestling, demonstrate higher rates of disordered eating when compared to nonathletes (Joy et al., 2016; Krebs et al., 2019; Power et al., 2020).

### **Student-Athletes Help-Seeking Tendencies**

Despite the high levels of mental health concerns reported among the collegiate student-athlete population, student-athletes have been found to be less likely to seek out mental health services when compared to nonathlete college students (Harris & Maher, 2023). Furthermore, male athletes are less accepting and hold less favorable views of mental health help-seeking. This has led to male athletes being less interested in pursuing any type of mental health intervention compared to female athletes (Donohue et al., 2021). While there are a variety of reasons behind this difference in help-seeking tendencies that have been studied, two themes that have consistently been identified by researchers have been expectations to conform to masculine norms and stigma surrounding help-seeking. These themes will be further explored below.

### **Masculinity and Mental Health Help-Seeking Behaviors**

Although the prevalence of diagnosed mental illnesses is lower in males compared to females, there are still a number of mental health-related statistics that raise concern. In the male population, depression and suicide rank among the leading causes of death. In addition, when compared to females, men are two to three times more likely to engage in the misuse of drugs and the rate of alcohol-related deaths is significantly higher (Chatmon, 2020). Despite these statistics, it has been well-documented that men seek professional help for mental health at a



lower rate than females (Moreland et al., 2018). A wide range of factors have been studied to investigate the causes that play into these help-seeking behaviors. One factor that has been consistently agreed upon by researchers to be a significant determinant of help-seeking behaviors is an individual's conformity to masculine norms and their perception of the stigma associated with receiving psychological help (Chatmon, 2020).

### **Masculinity and Stigma**

While there is no one definition of masculinity, the construct of "traditional masculinity" is often used when studying masculinity in Western cultures. "Traditional masculinity" is defined as "the idea that men are dominant, independent, aggressive and stoic...and typically encompasses four key elements including shunning of femininity, the need to be powerful, self-sufficiency, and aggression/dominance" (Wasylkiew & Clairo, 2018, p. 234). As shown by this definition, there is a set of social rules and norms that men are expected to abide by to be considered masculine by the environment around them, on both a micro and macro scale. These social rules can greatly influence one's behaviors and attitudes due to a fear of being stigmatized. Stigma is defined as "a mark of shame or discredit" (Merriam-Webster, n.d.). Stigma can occur on several different levels when applied to mental health. These levels include cultural stigma, social stigma, professional stigma, and self-stigma (Chatmon, 2020). For the purposes of this paper, cultural stigma, social stigma, and self-stigma will be of focus. Cultural stigma in relation to mental health encompasses a culture's overall attitudes towards mental health and all related aspects. These aspects include, but are not limited to, views of those who are experiencing mental health concerns, diagnoses, and seeking psychological help. Social stigma of mental health refers to the public's attitudes towards mental health. These attitudes can often stem from cultural stigma, as societal norms are often set by cultural norms. Social stigma can often be seen

through media. This can lead to the general public's perceptions and comfort or discomfort with mental health as a topic, as mental health problems may be seen as a sign of personal weakness. For the purposes of this paper, the attitudes towards mental health within one's sport or sports will also be included within the level of social stigma. Lastly, self-stigma refers to an individual's internalization of social stigma, often leading to shame if they are experiencing mental health concerns (Chatmon, 2020).

### **Influence of Masculinity and Stigma on Help-Seeking Behaviors**

The rules and norms established under the idea of "traditional masculinity," and associated stigma that can arise if one does not abide by these rules and norms, can greatly influence one's behaviors and attitudes. When thinking of mental health, there is a great amount of stigma surrounding men speaking of mental health challenges or seeking professional psychological help for mental health concerns. This is due to these behaviors going against the traditional norm of being stoic, dominant, powerful, and self-sufficient. Men can feel pressure to conform to masculine norms to prevent backlash, both socially and economically, as a result of the stigma surrounding men and mental health (Moss-Racusin et al., 2010). This stigma has been found to be a common factor in men's reluctance to seek professional psychological help (Picco et al., 2016). Studies have found that males are more likely than females to hold negative attitudes towards seeking help, as well as an inverse relationship between adherence to "traditional masculinity" norms and help-seeking behaviors (Picco et al., 2016; Ramaeker & Petrie, 2019). As a result of this inverse relationship, Ramaeker and Petrie (2019) suggest that compared to females, males may be more vulnerable to experiencing greater psychological distress due to this reluctance to seek help. Additionally, Ramaeker and Petrie (2019) suggest

that males may be more susceptible to engaging in behaviors that can become problematic if help is not sought out when compared to females.

### **Past Research in the Influence of Masculinity on Mental Health Help-Seeking Behaviors in Male Athletes**

There is a vast amount of research on the relationship between masculinity as a construct to attitudes towards mental health help-seeking behaviors among the male population as a whole. There is also research on the tendencies of male athletes to not seek professional help for mental health concerns. However, few studies examine the relationship between an individual's and a sport's culture of masculinity as related to help-seeking. In the studies that have been conducted to explore these two factors, several limitations exist. These limitations include limited representation of sports, sampling from a small number of institutions, lack of exploration of various divisional levels of play, and lack of consideration of the specific construct of masculinity as a variable when examining student-athletes help-seeking attitudes.

In a study conducted by Steinfeldt and Steinfeldt (2012), researchers did acknowledge the role of sports as a specific context that can hold the potential to relay messages to players about the importance of adherence to traditional masculine norms. Furthermore, these researchers discussed the development of individual athletes' values of masculinity based on social norms. To understand the relationship between these two factors on help-seeking behaviors, researchers explored college football players' conformity to masculine norms using the Conformity to Masculine Norms Inventory-46 (CMNI-46), as well as the Self-Stigma of Seeking-Help Scale (SSOSH) to assess participants' attitudes toward help-seeking. The results of this study found that those players who reported higher levels of conformity to traditional masculinity norms also reported higher levels of stigma toward help-seeking. While this study did explore the same

basic concepts that the current study aimed to explore, there is a major limitation, in that the study was only conducted using football players. Additionally, by focusing on a single sport and athlete population, the study was unable to explore differences that may exist among sports with different levels of masculine emphasis or study the relationship of those levels to student-athletes' help-seeking attitudes.

In another study conducted by Ramaeker and Petrie (2019) exploring the influence of masculinity, self-stigma, and help-seeking, researchers surveyed both athletes and nonathletes through a series of questionnaires that measured each variable. Similar to the previously mentioned study, Ramaeker and Petrie (2019) also acknowledged sports to be a context in which traditional masculine norms can be reinforced, thus creating unique environments in which athletes versus nonathletes spend time and develop behaviors. Results from this study found that both athletes and nonathletes with higher scores on the CMNI, and thus higher levels of conformity to traditional masculine norms, also had higher levels of self-stigma and less favorable attitudes towards help-seeking than those with lower scores. Additionally, those participants who reported higher levels of conformity “reported having fewer intentions to seek counseling because of increased self-stigma and more negative attitudes” (Ramaeker & Petrie, 2019, p. 523). While these results contribute to the literature that the current study explored, one major limitation that is acknowledged by the researchers is the athlete participants in their study were only those from two Division I institutions and thus were not representative or generalizable to the entire student-athlete population (Ramaeker & Petrie, 2019).

A study conducted by Tabet et al. (2021) sought to explore the relationship between student-athletes' degree of mental health stigma, help-seeking attitudes, and levels of depression, anxiety, and life stress. Results found that public stigma towards mental health help-seeking

behaviors were a predictor of attitudes towards mental health help-seeking. With this however, results also found personal stigma to explain a greater portion of unique variance. This finding suggests that a student-athlete's personal stigma influences their degree of stigma towards mental health more than public stigma. This study concluded that student-athletes may have a more inflated view of public stigma and be more susceptible to societal influence. This study further explained that because of this susceptibility, student-athletes can internalize public stigma and create their own personal stigma. As a result, Tabet et al. (2021) state that a student-athlete can avoid "any behavior deemed 'socially unacceptable' or potentially against 'sport culture' such as seeking professional mental health services" (p. 259). While this study did explore the influence of personal and environmental stigmas on student-athletes' attitudes towards mental health help-seeking, it focused on stigma as a general concept. Additionally, this study sampled both male and female student-athletes.

Overall, existing literature does show a relationship between male student-athlete's attitudes towards mental health help-seeking, stigma, and their conformity to masculinity. With this however, the existing literature does not separate an athlete from their sport, rather they simply acknowledge that an athlete is part of the unique environment of sports. The current study aimed to look specifically at the factor of masculinity and separate the individual from their sport. This allowed for the examination of how an individual's value of the specific factor of masculinity differed from their respective sport's. This separation also allowed for the exploration of how an individual's value versus a sport's value of masculinity related to student-athletes' attitudes towards mental health help-seeking.

### **Research Questions**

The current study aimed to add to the existing literature on factors that contribute to low rates of mental health service utilization among collegiate student-athletes despite their high rates of mental health problems and concerns. The specific factors that were explored included student-athletes' attitudes towards mental health help-seeking, student-athletes' personal value of masculinity, and how a student-athlete perceives their sport to value masculinity. In this study, two research questions were addressed:

1. Is there a difference in the strength of the relationship between personal values of masculinity versus the perceived value of masculinity of a sport with student-athletes' attitudes towards mental health help-seeking?
2. Is there a difference in the ability for male student-athletes' personal value of masculinity and their perceived sport's value of masculinity to predict their attitudes towards mental health help-seeking?

## CHAPTER III: METHOD

### Research Design

This quantitative study used data collected through an online survey. The following variables were examined: student-athletes' attitudes towards seeking mental health services, players' personal conformity to masculine norms, and players' perception of their sport's conformity to traditional masculine norms when coaches, teammates, and the overall culture of the sport were considered.

### Participants

This study focused on full-time undergraduate and graduate NCAA male student-athletes ages 18 to 24 enrolled full-time at United States colleges and universities. Of note, eligible participants only had to identify as male, thus allowing for transgender student-athletes to participate. A total of 67 participants agreed to take part in the study, however, the responses of only 54 of these participants were analyzed ( $N = 54$ ). Eleven participants' responses were not analyzed due to not completing the survey in its entirety, whereas two participants did not meet the inclusion criteria of the study of needing to identify as male.

The average age of respondents was 19.8 years old ( $SD = 1.3$ ) with a range from 18 to 23 years old. The majority of respondents identified as heterosexual/straight ( $n = 53$ ), whereas one participant preferred not to answer the question. Several races and ethnicities were represented among respondents, including White/Caucasian ( $n = 49$ ), Latinx/Hispanic ( $n = 2$ ), Black/African American ( $n = 1$ ), Indian ( $n = 1$ ), and Multiracial/Biracial ( $n = 1$ ). See Table 1 for a complete breakdown of the demographics of survey participants.

All class years as of the Fall 2023 semester were represented among survey respondents. See Table 2 for a full breakdown of the number of participants from each class year. Of note

regarding graduate students being eligible to participate in the study, those student-athletes who elect to “redshirt”, or not compete in games with their team, are granted an extra year of eligibility to play in college. In addition, those student-athletes whose athletic seasons were canceled due to the COVID-19 pandemic were granted an additional year of eligibility to play. Respondents came from schools within a variety of different regions within the United States, with 49.1% playing a sport at a school within the Mid-West, 26.3% playing at a school within the Southeast, 12.3% playing at a school in the New England region, and 7.0% playing a sport in the Mid-Atlantic region. Schools represented also ranged in settings, with 45.6% of respondents’ schools being within a suburban setting, 22.8% in an urban region, and 24.6% in a rural region. One survey participant did not answer what setting their school is in. See Table 2 for a complete breakdown of participants’ academic year and school information.

With the current study’s focus on student-athletes, survey participants were asked several questions regarding their respective sport. A variety of different sports were represented among respondents, including baseball ( $n = 22$ ), lacrosse ( $n = 9$ ), track and field ( $n = 6$ ), football ( $n = 7$ ), tennis ( $n = 3$ ), golf ( $n = 2$ ), and soccer ( $n = 1$ ). Four participants indicated they participate in both track and cross country. Most respondents participate in their sport at the NCAA Division III level ( $n = 32$ ), followed by NCAA Division II level ( $n = 16$ ), and NCAA Division I level ( $n = 6$ ). See Table 3 for a complete breakdown of survey questions survey participants were asked related to their respective sport.

Lastly, given that this study aims to examine the mental health of student-athletes, participants were asked several questions regarding their experience with mental health services. The majority of student-athlete respondents indicated they are not currently seeking mental health services ( $n = 48$ ) and they have never sought out or received mental health services ( $n =$



37). The majority of participants did not know of any athlete-specific services offered ( $n = 27$ ) or indicated that their school did not offer any services ( $n = 8$ ). See Table 4 for a complete breakdown of responses related to mental health service utilization by student-athletes. Of those remaining students who indicated that their school did offer mental health services that were specifically dedicated to student-athletes, they provided descriptions of these services. See Table 5 for the descriptions of these services.

### **Measures**

The measure distributed to participants in this study was a single survey that combined questions asking participants to provide demographic data, as well as questions from two published measures: Attitudes Towards Seeking Professional Psychological Help Scale (ATSPPH-SF; Fischer & Farina, 1995) and the Conformity to Masculine Norms Inventory (CMNI; Mahalik et al., 2003). In addition, the survey contained a set of questions adapted from the CMNI that asked participants to answer questions related to their respective sport's conformity to traditional masculine norms.

### ***Demographic Variables***

The survey used in this study asked participants to provide information on their basic demographic variables including their age, race/ethnicity, biological sex at birth, gender identity, and sexual orientation. Participants were also asked to provide information on the region and setting of their school/university, year in school, sport or sports that they play, the number of years they have played these sports at the collegiate level, and the divisional level of their sport to gauge the representation of the sample in variables that are more specific to the research questions of this present study. Lastly, participants were asked questions about their current and past mental health service utilization, as well as the presence of mental health services available

to student-athletes at their educational institution. A “prefer not to answer” option was provided for questions pertaining to sexual orientation, gender identity, and mental health service utilization due to the sensitive nature of such questions.

***Attitudes Towards Seeking Professional Psychological Help Scale-Short Form (ATSPPH-SF)***

The Attitudes Towards Seeking Professional Psychological Help Scale- Short Form (ATSPPH-SF; Fischer & Farina, 1995) is a self-report measure that aims to measure an individual’s general attitudes toward seeking professional help for mental health issues (See Appendix C). This measure is an adapted version of the original Attitudes Towards Seeking Professional Psychological Help Scale (ATSPPH) created by Fischer and Turner (1970). The ATSPPH-SF is comprised of 10 items, with each item being rated on a 4-point Likert scale (0 = disagree, 3 = agree; Fischer & Farina, 1995). Higher scores on the ATSPPH-SF indicate more positive attitudes towards seeking professional psychological help, whereas lower scores suggest a stigma against mental health and help-seeking behaviors.

The ATSPPH-SF was created by selecting 10 items from the original 29-item measure that had the highest item-total correlation, each with loadings above .50. The internal consistency of the 10 chosen items was .84 ( $\alpha = .84$ ). The ATSPPH-SF is strongly correlated with the original ATSPPH ( $\alpha = .87$ ; Fischer & Farina, 1995). This measure has been tested and used widely among many different racial and ethnic groups, as well as translated into four different languages (Rayan et al., 2020). For the purposes of this study the English version of this measure was used.

***Two Forms of the Shortened Conformity to Masculine Norms Inventory (CMNI)***

The Conformity to Masculine Norms Inventory (CMNI) is a self-report measure used to evaluate the extent to which an individual does or does not conform to traditional male norms,

rules, and standards present in the U.S. society. In its original form, the CMNI-94 was comprised of 11 subscales: winning, emotional control, risk-taking, violence, dominance, playboy, self-reliance, primacy of work, power over women, disdain for homosexuals, and pursuit of status. In total, 94 questions made up these subscales. Each question is scored by participants on a 4-point Likert scale (0 = strongly disagree, 3 = strongly agree), with some questions needing to be reverse-scored. Higher scores on the CMNI indicate higher levels of conformity to overall masculine norms, as well as specific norms based on the subscales in which they showed higher scores. This measure is considered psychometrically sound, with high internal consistency for the entire measure ( $\alpha = .94$ ), as well as each subscale ( $\alpha = .72$  to  $.91$ ). The CMNI, as well as several subscales, also demonstrated significant and positive correlation with other masculine-related measures, including the Brannon Masculinity Scale-short form (BMS), Gender Role Conflict (GRCS), Masculine Gender Role Stress Scale (MGRS), Brief Symptom Inventory (BSI) of psychological distress, ATSPPH, and the Marlowe-Crowne Social Desirability Scale (MCSDS; Mahlik et al., 2003).

In an effort to decrease the number of questions within the CMNI-94, researchers developed the CMNI-46, which is comprised of 46 questions. This adapted measure eliminated subscales from the original measure that demonstrated weaker reliability and validity values, including the dominance and pursuit of status subscales. When subscales contained within the CMNI-94 were compared to those in the CMNI-46, scores demonstrated strong consistency, with correlations ranging from  $.89$  to  $.98$ . In the original study on the development of the CMNI-46, there was a high level of internal consistency with the measure as a whole ( $\alpha = .88$ ), as well as each subscale ( $\alpha = .77$  to  $.91$ ; Parent & Moradi, 2009).

For the purposes of this study, it was determined that only the winning, emotional control, risk-taking, violence, and self-reliance subscales and questions within these subscales would be used. These subscales were chosen due to their relevance to the athletic environment compared to the remaining subscales. Several other studies exploring various topics involving student-athletes and sport culture have also used abbreviated versions of the CMNI, choosing to use one or more of the subscales that will be used in this study (Kroshus et al., 2017; Miller, 2009; Tredinnick et al., 2023; Wong et al., 2011). Questions within the chosen subscales were given to participants in two forms. The first of these forms involved asking questions from the chosen subscales in their original form. This form is referred to in this research as the CMNI Personal, as it measures participants' personal conformity and value of masculinity. The second form of the CMNI was adapted by the researcher to assess the student-athletes' perception of their respective sport's conformity to and value of masculinity. For example, the question "It is best to keep your emotions hidden" was modified to "My coaches/teammates believe it is best to keep your emotions hidden." This form of the CMNI is referred to in this research as the CMNI Sport.

## **Procedure**

The survey used in this study was developed and hosted on Google Forms. Prior to answering any questions contained in the distributed survey, upon clicking on the survey link, participants were brought to an informed consent page. This page contained information about the study, potential benefits and risks, and let them know that the study responses were anonymous and no identifying information was collected. Next, participants were asked if they would like to proceed in participating in the study and answering questions used in the study survey. Upon clicking that they had read the consent form and agreed to participate in the study,

participants were brought to another page of the survey and began answering this study's survey questions. See Appendix A for the informed consent page participants were required to read before starting the survey and Appendix B for a copy of the demographic questions survey participants completed.

### **Data Collection**

Participants were recruited using personal social media platforms such as Facebook and Instagram. The researcher also contacted college and university athletic department personnel with whom the researcher has personal and professional connections, including trainers and coaches, as well as college counseling staff, to provide information on how to distribute the survey to their schools' athletes. In the researcher's email to athletic department personnel, the link to this study's survey was provided so it could be shared via college and university-based social media, as well as communication platforms (i.e., athletic department distribution lists, student groups, etc.). The researcher informed these schools' athletic personnel that it is voluntary to distribute the survey to their student-athletes. The researcher also noted that if they choose, the school could share the survey with other colleges and universities. Many of the schools that were initially contacted by the researcher were located in the northeast, however, it was anticipated that the survey would spread through snowball sampling and allow participants from other parts of the country to participate.

Social media platforms and information provided to college and university athletic department personnel were given directions to the online survey through Google Forms. The first page of the survey contained an informed consent page. If athletes disagreed to take part in the survey, they could either exit out of the link or click on the "Disagree" button at the bottom of the informed consent page, in which they were brought to a new page that verified their choice

and thanked them for their consideration. If athletes chose to participate in the study, they clicked on the "Agree" button at the bottom of the informed consent page and were brought to the first page of survey questions. For those athletes who agreed to participate in the study, upon successful completion of the survey, participants could choose to enter a random drawing for one of four \$25 Amazon gift cards to compensate them for their time. Participants entered this drawing by clicking on a link on the final page of the survey that directed them to a separate survey through Google Forms. This survey asked them for their email information and was not connected to the prior survey responses, thus protecting the anonymity of the data. All email information was destroyed upon completion of the drawing.

The data collected from the survey was downloaded from Google Forms and converted to a password-protected Microsoft Excel sheet. This document was maintained on a confidential, password-protected file on the researcher's computer for the duration of the study.

## **Data Analysis Procedures**

### ***Research Question 1***

Two bivariate correlation analyses were used to evaluate whether personal value of masculinity or perception of the value of masculinity within a sport is more strongly associated with attitudes towards mental health help-seeking in male college student-athletes. In the first correlation, the variables were participants' ATSPPH-SF total scores and CMNI Personal total scores. The correlation coefficient, or Pearson  $r$  value, was noted. In the second correlation, the variables were participants' ATSPPH-SF total scores and CMNI Sport total scores. Again, the Pearson  $r$  value of this correlation was noted. A Fisher's  $r$ -to- $z$  transformation was then performed as a way to explore if there was a statistically significant difference between the two correlations.

### ***Research Question 2***

First, a bivariate correlation using the variables of participants' CMNI Personal total scores and CMNI Sport total scores was run to check for multicollinearity. Then, two multiple linear regression analyses were used to explore the difference between the relationship of student-athletes' personal value of masculinity with attitudes toward mental health help-seeking and between the relationship of their perception of their respective sports value of masculinity with attitudes towards mental health help-seeking. In the first multiple linear regression, the predictor variables were participants' CMNI Personal total score and CMNI Sport total score, while the outcome variable was ATSPPH-SF total score. In the second analysis, an interaction variable was created. This variable was added as another predictor variable in addition to CMNI Personal total score and CMNI Sport total score in the regression analysis.

## CHAPTER IV: RESULTS

A total of 67 surveys were completed, however, only 54 surveys were eligible to be used for data analysis, yielding an attrition rate of 80.6%. Only those surveys in which all questions related to the ATSPPH-SF, CMNI Personal, and CMNI Sport were answered were included for analysis. Data was analyzed using Statistical Package for the Social Sciences (SPSS) software.

### Statistical Analyses

#### *Relationship Between Value of Masculinity and Attitudes Towards Help-Seeking*

Two bivariate correlations were run to explore if the independent variables of personal and sport value of masculinity were related to student-athletes' attitude towards mental health help-seeking. For those athletes who indicated they participate in two sports, the scores for the CMNI Sport for both of their sports was averaged. This average score was used for data analysis to ensure independence of responses ( $N = 54$ ). Results indicated a significant moderate negative correlation between ATSPPH-SF total scores and CMNI Personal total scores at the 0.01 level,  $r(52) = -.42, p = .002$ . This result suggests that there is an inverse relationship between a student-athlete's personal value of masculinity and their attitudes towards mental health help-seeking. A nonsignificant correlation was found between ATSPPH-SF total score and CMNI Sport total scores,  $r(52) = -.20, p = .142$ . This result suggests there is no relationship between a student-athlete's perception of their sport's value of masculinity and their attitudes towards mental health help-seeking. A Fishers r-to-z transformation online calculator was used to determine if there was a statistically significant difference between the correlation between ATSPPH-SF total score and CMNI personal total score and the ATSPPH-SF total and CMNI Sport total score. This analysis found there was no statistically significant difference between the two correlations,  $z = -1.24, p = .215$ .



### ***Predictors of Attitudes Towards Mental Health Help-Seeking***

A bivariate correlation was run to determine if there was multicollinearity between the two independent variables that would be used in later multiple linear regression analyses involving these two variables. These two variables were participants' CMNI Personal total score and CMNI Sport total score. At the 0.05 level, a statistically significant moderate positive correlation was found between CMNI Personal total scores and CMNI Sport total scores,  $r(52) = .30, p = .027$ .

A multiple linear regression was carried out to investigate the relationship between student-athletes' attitudes towards mental health help-seeking, student-athletes personal value of masculinity, and student-athletes perceived sport's value of masculinity. The predictors in this analysis were participants' CMNI Personal total score and CMNI Sport total score, while the output variable was participants' ATSPPH-SF total score. This analysis resulted in a significant model,  $F(2, 51) = 5.62, p = .006, R^2 = .15$ . Only the CMNI Personal variable added statistically significantly to the prediction ( $b = -.392, t(51) = -2.94, p = .005$ ).

An interaction variable was also created to examine if there is a difference in the fit of the model when interaction terms are taken into consideration. The interaction term between CMNI Personal and CMNI Sport was added to the regression model, which accounted for 13.1% of the variance,  $F(3, 50) = 3.67, p = .018, R^2 = .13$ . However, the interaction variable only accounted for less than 1% of the variance included in the model, and was not significant ( $b = .002, t(50) = .004, p = .997$ ). This suggests that CMNI Sport does not moderate the relationship between CMNI Personal and ATSSPH-SF.

### ***Demographic Differences: Previous History of Seeking Mental Health Services***

The survey distributed in this study provided an opportunity for participants to answer whether or not they have previously sought out mental health services. Based on the final results collected, it was determined that a subgroup analysis could be run to determine if there were any differences in relationship between masculinity and attitudes towards help-seeking when comparing participants who indicated they have a history of seeking mental health services versus those who do not have such history. To determine if a difference did exist, four bivariate correlations in total were run.

The first two correlations that were run involved those participants who indicated they have a history of seeking mental health services ( $n = 16$ ). The independent variable in the first correlation was CMNI Personal total score, while the dependent variable was the ATSPPH-SF total score for these participants. Results indicated a significant moderate negative correlation between CMNI Personal total score and ATSPPH-SF total scores at the .05 level,  $r(14) = -.50$ ,  $p = .05$ . This indicates there is an inverse relationship between a student-athlete's personal value of masculinity and their attitudes towards mental health help-seeking in this subgroup of the current study. The second correlation run included the independent variable of CMNI Sport total score and dependent variable of ATSPPH-SF total score. A nonsignificant correlation was found between these two variables,  $r(14) = .02$ ,  $p = .94$ . This result suggests there is no relationship between student-athletes' perception of their sport's value of masculinity and their attitudes towards mental health help-seeking in this subgroup of the current study.

The final two correlations that were run examined the relationships of values and attitudes among those participants who indicated they have no history of utilization of mental health services ( $n = 37$ ). Results indicated a significant moderate negative correlation between

CMNI Personal total scores and ATSPPH-SF total scores at the .01 level,  $r(35) = -.45, p = .01$ . A significant moderate correlation was also found between CMNI Sport total scores and ATSPPH-SF total scores at the .05 level,  $r(35) = -.39, p = .02$ . These results indicate that for this study's subgroup, there is an inverse relationship between a student-athlete's personal value, as well as perceived value of masculinity in their sport, and their attitudes towards mental health help-seeking.

A Fishers r-to-z transformation online calculator was used to determine if there was a statistically significant difference between the correlation values found for the CMNI Personal total score and ATSPPH-SF total score of athletes with a history of seeking mental health services versus no history. This analysis found no statistically significant difference between the two correlations,  $z = -.198, p = .843$ . This same calculator was used to determine if there was a statistically significant difference between the correlation values found for the CMNI Sport total score and ATSPPH-SF total score of athletes with a history of seeking mental health services versus no history. This analysis also found no statistically significant difference between the two correlations,  $z = 1.324, p = .185$ .

## CHAPTER V: DISCUSSION

The overall purpose of this study was to explore the influences of the value of masculinity on attitudes towards mental health help-seeking in male college student-athletes. Through the use of correlational analyses and multiple linear regressions, this study provided a preliminary understanding of the roles that personal and environmental factors play in attitudes towards mental health help-seeking in student-athletes.

### **Relationship Between Value of Masculinity and Attitudes Towards Help-Seeking**

In this study, a negative relationship was found between personal value of masculinity and attitudes towards mental health help-seeking. This finding suggests that as value of masculinity increases, favorable attitudes towards mental health help-seeking decreases. Alternatively, as value of masculinity decreases, a student-athlete's attitudes towards mental health help-seeking increases. This result is consistent with previous research on the relationship between attitudes towards mental health help-seeking and associated behaviors (Picco et al., 2016; Ramaeker & Petrie, 2019; Steinfeldt & Steinfeldt, 2012; Wasylkiw & Clairo, 2016). While a negative relationship was found between personal value of masculinity and attitudes towards mental health help-seeking, it is important to note that it cannot be said that the strength of this relationship is greater or less than that of the relationship between a student-athlete's perception of their sport's value of masculinity and attitudes towards mental health help-seeking. This is due to the lack of statistical significance that was found when comparing the results of the two correlations.

Results from this study found there is no relationship between student-athletes' perceived value of masculinity within their sport and their attitudes towards mental health help-seeking. Although there are a limited number of research studies that have explored the environment of a

sport as a possible factor for a student-athlete's attitudes towards seeking help for mental health concerns, this study's finding of there being no relationship between the two variables conflicts with the existing previous literature. In those studies that have been conducted, a negative relationship was found between athletes' conformity to traditional masculine norms and their attitudes toward help-seeking (Ramaecker & Petrie, 2019; Wasylkiw & Clairo, 2016). Various factors can be attributed to the contrast in this study's correlation finding when compared to previous research. Two factors that will be explored below include celebrity and social media, as well as the COVID-19 pandemic's, influence on mental health.

### ***Impact of Celebrities and Social Media***

Over the past few years many pro-athletes that can be considered of celebrity status have increased their disclosure of mental health struggles. Many have also become involved in efforts to destigmatize speaking about mental health and promote the use of mental health resources. Social media further allows for the messages and efforts of these athletes to be spread to others. Research has shown positive correlations between disclosures of mental health concerns by celebrities and the frequency of searching, asking, and providing information on mental health (Gronholm & Thornicroft, 2022). Social learning theory and modeling can be of importance when considering the findings of this study and celebrity efforts. This theory is defined as "the general view that learning is largely or wholly due to modeling, imitation, and other social interactions" (American Psychological Association, 2018). By definition of this theory, it is possible that male college athletes who are familiar with professional athletes involved in efforts toward enhancing mental health awareness and who have positive views towards these professional athletes may imitate their actions. Through the findings of Gronholm and Thornicroft's (2022) study, as well as the principles of social learning theory, it is possible that

while athletes may still view their sport as conforming to traditional masculine values, their personal attitudes towards seeking help for mental health concerns may shift. This would be due to athletes imitating the actions or messages that celebrities are portraying. Alternatively, a college athlete who sees a celebrity athlete who they view as masculine promoting the utilization of mental health services may adjust their definition of masculinity. This can shift their perception of their sport's value of masculinity, while also shifting their attitudes towards mental health help-seeking. Although there was no relationship found between student-athletes' attitudes toward mental health help-seeking and their perception of their sport's conformity to masculine norms, there is still a possibility that a relationship does exist. The low power of this study made it that this effect was not found among the existing sample. Either of the previously stated explanations can contribute to the relationship that may still possibly exist.

### ***COVID-19 Pandemic***

The COVID-19 pandemic had a significant impact on the mental health of individuals and overall stigma of the topic of mental health (Nielsen & Levkovich, 2020). Within the general public, conversations on mental health have been found to increase during and after the pandemic, and some positive effects have taken place (McAfee et al., 2023). In looking at college and university campuses that saw a significant rise in mental health concerns among their student population throughout the pandemic, this same kind of conversation and enhanced knowledge was observed (Abrams, 2022). As they saw students return to campus, many higher education institutions created alternative approaches to helping students access mental health services. These types of approaches include, but are not limited to: group therapy, peer support groups, creation of school wellness mobile apps, social media initiatives, educational seminars and workshops for students, staff, and faculty, and providing free subscriptions to mental health

related online resources (Abrams, 2022). In looking at the usage of mobile mental health apps, a study conducted by Aziz et al. (2022) found an increased use of these types of apps among males compared to females during the pandemic. Furthermore, since the start of the pandemic, the availability and use of telehealth services by the public has increased by 4,000%, with 54% accounting for individuals seeking help for behavioral health services (Lawler McHugh et al., 2021). Many of the telehealth services available during the pandemic remain in place as of present day. In a study conducted by McAfee et al. (2023), students who found stigma as a barrier contributing to their willingness to seek professional psychological help reported telehealth to be a more viable option to seek this type of help. Similar worries of stigma and discomfort with face-to-face counseling are shown in the results of a study conducted by Bird et al. (2018). Research on student-athletes mental health help-seeking behaviors has shown stigma and fear of judgment by coaches and teammates to be a major barrier to seeking out services (Gulliver et al., 2012; Picco et al., 2016). Given the continued availability of these types of services post-pandemic, it is possible that while participants in the current study may still view their sport to hold a high value of masculinity, they may still be willing to seek professional psychological help through a virtual method. This allows for decreased worry of stigma associated with such behaviors. However, it is also expected that despite the variety of mental health services that may allow for decreased stigma, the use of such services did not occur to a significant degree among male student-athletes given the lack of significant relationship between a student-athlete's perception of their sport's value of masculinity and their attitudes towards mental health help-seeking.

### **Predictors of Attitudes Towards Mental Health Help-Seeking**

A significant positive relationship between CMNI Personal total score and CMNI Sport total score was found in this study. This finding suggests that as a student-athlete's personal values of masculinity increases, their perception of their sport's value of masculinity also increases. Alternatively, this finding suggests as a student-athlete's personal value of masculinity decreases, their perception of their sport's value of masculinity also decreases. This can be due to those athletes who hold more traditionally masculine values being attracted to participate in sports that are perceived by society as being more masculine, such as football, baseball, and hockey (Sobal & Milgrim, 2019). Additionally, in following social learning theory, those athletes who begin participating in a sport that holds more masculine values may adapt and take on those values of their sport, thus increasing their personal value of masculinity. Of note, in this study baseball was the most represented sport within the sample. Given that this is one of the more masculine viewed sports, as the principles of social learning theory suggest, a large portion of the overall sample of this study may have both personally valued masculinity, as well as adapted values of masculinity through their years of playing.

When interpreting the results from the first regression model, it was found that the CMNI Personal variable could predict the value of the ATSPPH-SF, whereas the CMNI Sport variable could not. This suggests that only a student-athlete's personal value of masculinity can be used to predict their attitudes towards mental health help-seeking. When considering that a student-athlete's perceptions of their sport's value of masculinity had no relationship with their attitudes towards mental health help-seeking, it is not surprising that this variable was not a significant predictor. The lack of significance of the interaction variable as a predictor in the second regression model run reinforces that a student-athlete's perceptions of their sport's value



of masculinity cannot be used to predict their attitudes towards mental health help-seeking. The lack of this factor's ability to predict attitudes towards mental health help-seeking can also be understood by the previously explained factors of social media, celebrities, and the COVID-19 pandemic.

### ***Demographic Differences: Previous History of Seeking Mental Health Services***

When comparing how the personal values and perceived sport's value of masculinity related to student-athletes' attitudes towards mental health help-seeking in those athletes who have a history of seeking mental health services versus those who do not, several similarities and differences were found.

Results from this study found the two student subgroups to have similar results in terms of how a student-athletes' personal value of masculinity is related to their attitudes towards mental health help-seeking. In both student-athletes who have a history of seeking mental health services and those with no history, a significant negative relationship was found. This suggests as the value of their masculinity increases, favorable attitudes towards mental health help-seeking decreases. Alternatively, as their value of masculinity decreases, these student-athletes' attitudes toward mental health help-seeking increases. Of note, although it was found that both student populations have similar relationships between student-athletes' personal value of masculinity and their attitudes towards mental health help-seeking, neither relationship can be determined to be greater or less than the other. This is due to the lack of statistical significance that was found when comparing the two correlations. Overall, the results found among both student subgroups are consistent with past research on the relationship between masculinity and attitudes toward mental health help-seeking and associated behaviors (Picco et al., 2016; Ramaeker & Petrie, 2019; Steinfeldt & Steinfeldt, 2012; Wasylikiw & Clairo, 2016).

Results from this study found there is no relationship between student-athletes' perceived value of masculinity within their sport and their attitudes toward mental health help-seeking in the student population who have a history of seeking mental health services. This finding is similar to that of the overall sample. When compared to those athletes who have no history of seeking mental health services, however, results found a negative relationship between student-athletes' perception of their sport's value of masculinity and their attitudes towards mental health help-seeking. This result indicates that in this student subgroup, as student-athletes' perception of their sport's value of masculinity increases, their attitudes towards mental health help-seeking decrease. Alternatively, as their perception of their sport's value of masculinity decreases, their attitudes towards mental health help-seeking increases. Despite the discrepancy in the presence of a relationship between student-athletes' perception of their sport's value of masculinity and their attitudes towards mental health help-seeking when comparing students with a history of seeking mental health services and those with no history, this discrepancy is nonsignificant. This suggests that there is no actual difference in how a student-athletes' perception of their sport's value of masculinity relates to their attitudes towards mental health help-seeking, whether they have a history of seeking services or not.

Overall, when examining two different student populations in this study, it was found that those participants who have utilized mental health services do not differ in their attitudes towards mental health help-seeking compared to those student-athlete participants who have no history of utilization. However, given the low power of this analysis, it is not to say that differences don't exist. To determine a true effect, further research involving a larger sample size is needed.

## **Clinical Implications**

Given the current study's findings that personal value of masculinity has a relationship with and can be a predictor of student-athletes' attitudes towards mental health help-seeking, clinical interventions at the personal level must be considered. However, since the findings in this study found a negative relationship between personal values of masculinity, which places high importance on self-reliance, and attitudes towards mental health help-seeking, these interventions must be targeted towards limiting the influence that the concept of masculinity itself has on one's attitudes and behaviors. Attention has recently turned towards mental health literacy as an avenue to promote positive attitudes towards mental health. Mental health literacy can be defined as "knowledge and beliefs about mental disorders which aid their recognition, management, or prevention" (Sampaio et al., 2022, p.1). Research has shown that individuals who have high mental health literacy are more likely to engage in help-seeking behaviors for mental health struggles compared to those with lower levels of mental health literacy (Ratnayake & Hyde, 2019). Although studies on mental health literacy intervention programs are limited and have mixed results, some studies have found promising results to increase help-seeking in individuals. A common theme among research has found that providing mental health literacy programs within a school or community-based environment with mixed forms of teaching methods, such as seminars, discussion groups, and reading materials, yield results that are more likely to increase mental health literacy (Sampaio et al., 2022). Despite these promising findings, much research is still needed on specific programs and interventions to get to a place where they can be presented to individuals with confidence that they will increase their mental health literacy and shift their attitudes toward mental health.

Despite this study not finding a student-athlete's sport to be a significant factor in the relationship or prediction of their attitudes towards mental health help-seeking, it is still important to take an athlete's environment into consideration. Given previous research on stigma, an individual's personal values are largely shaped by the environment they are surrounded by (Wasylkiew & Clairo, 2018). This influence can cause an individual's personal values to equal those values carried by their environment. Bronfenbrenner's ecological systems theory can be helpful to understand that there are multiple system levels and influencing parties within an individual's environment (Bronfenbrenner, 1994). Since stigma has been found by previous research to be a major reason for male student-athletes to not seek out help for mental health concerns, changes in the attitudes towards mental health at each systematic level of an athlete's life can hold great potential for change in attitudes towards help-seeking (Gulliver et al., 2012; Picco et al., 2016).

When looking at a student-athlete's life, the microsystem, exosystem, and macrosystem are of particular importance, as they each hold sources of unique stressors and the possibility for mental health struggles to arise (Purcell et al., 2019). Within the microsystem and exosystem level, fostering an overall college or university acceptance and understanding of mental health through increased acceptance and awareness of mental health may help decrease the stigma towards mental health struggles that student-athletes feel on campus. This can be done through student clubs, classroom conversations, campus activities, and educational seminars, as well as an increase in the availability of mental health resources in a variety of forms. Furthermore, this sense of acceptance and understanding should carry into the athletic environment. Interventions tailored to student-athletes such as the availability of sport psychologists, mental health check-ins, educational seminars, and training for coaches, sports medicine staff, strength and

conditioning coaches, and other athletic department personnel in how to provide support for mental health struggles that their players may experience, can help foster a supportive environment for their athletes. Lastly, from a macrosystem level, changes in policies and funding from the NCAA are needed. The NCAA currently has a list of “mental health best practices” that schools can follow to support their student-athletes’ mental wellness (National Collegiate Athletic Association Sport Science Institute, 2020). However, none of these practices are mandatory and many require a significant amount of money to fund. For example, the implementation of licensed mental health practitioners on campus, team physicians, dietitians, and crisis training for all athletic staff are suggested. While considered by the NCAA as a best practice, they turn primarily to the schools themselves to provide the funding for these practices despite the association being a billion-dollar industry (NCAA, 2023b). With increased funds being spread to NCAA-participating higher education institutions specifically for mental health efforts that are considered best practice can greatly help achieve the overall goal of supporting athletes’ mental health and well-being.

### **Limitations**

Several limitations must be considered when reviewing the results of this study. The sample of respondents presents a significant limitation in several different ways. Despite the large amount of inquiries sent to schools and athletic personnel requesting participation in the study, as well as consistent advertisement of the study on social media platforms, only a small sample of student-athlete responses was able to be obtained. This small sample size limits the ability to identify any type of significant relationships between variables and draw valid conclusions. Additionally, this small sample size contributed to the low power found between the correlational analyses, which indicates that there is only a small chance that a true effect was

found, and rather errors could have distorted the results. By obtaining a larger sample size, greater power could be obtained. This could allow for better determination if there is a true effect of there being a negative relationship between student-athletes' personal value of masculinity on their attitudes towards mental health help-seeking. Greater power can also help determine if there is a true lack of relationship between student-athletes' perception of their sport's value of masculinity on their attitudes towards mental health help-seeking as found in this study.

When analyzing the demographics of the sample, it can be determined that it is not fully representative of the U.S. college and university student population. Race and ethnicity, as well as sexual orientation, are of particular concern. Eighty-six percent of participants in this study responded that they identify as White/Caucasian. According to the 2023 NCAA demographics database, only 33% of male student-athletes were identified to be White/Caucasian, while 11% identified as Black, and 12% identified as another race under the category of "Other" (NCAA, 2023a). Based on the data provided in this database, it is clear that this survey was not representative of the U.S. NCAA student-athlete population. In regard to sexual orientation, 93% of respondents in this study responded that they identify as heterosexual/straight. While it is unclear the exact number of NCAA student-athletes who identify as LGBTQ+, a pilot study conducted by Mullin et al. (2023) found 6.3% of male participants across all divisions and sports identified as a sexual orientation other than heterosexual/straight. The results of this study suggest that again, this study was not representative of the NCAA student-athlete population. Another limitation involving the sample of respondents is the region of colleges and universities within the U.S., NCAA sports, and number of years a student has played their respective sport are all not equally represented. Overall, each of these factors could have possibly influenced the variables and relationships examined in this study and might limit its generalizability.

Another limitation present in this study involves the use of the CMNI Personal and CMNI Sport measures. Because the current study only used the subscales of the CMNI-46 that were most relevant to the athletic environment at face value, the psychometric properties of this form of the measure are not known. An additional factor to take into consideration with the CMNI Sport is that it is a measure that was adapted by the researcher to evaluate student-athlete's perceived value of masculinity within their sport. This adapted measure was not tested prior to its use in this study, therefore, the psychometric properties of the measure are not known without further research.

A final limitation to take into consideration is that the survey was sent to schools and students responded over the course of one semester, therefore winter and spring sports were not in season yet. For these participating winter and spring athletes, it is possible that being that their sports were not in season yet, they may not have been feeling the same stressors that fall athletes were at the time of their participation. Of the 54 student-athlete participants whose responses were analyzed in this study, 37 were not yet in season at the time that they took this survey. This could have influenced their answers, especially related to their attitudes to seeking mental health help.

### **Future Research**

The current research was an exploratory study aiming to identify potential differences in the strength of relationships between male college student-athletes' personal values of masculinity and attitudes towards mental health help-seeking. Additionally, this study aimed to explore the strength of the relationship between athletes' perception of their sport's value of masculinity with attitudes towards mental health help-seeking. Furthermore, differences in the ability for male student-athletes' personal value versus their perceived value of masculinity to

predict their attitudes towards mental health help-seeking was studied. While this study answered the research questions proposed, future research is needed to be able to consider results to be a valid representation of all U.S. student-athletes.

In future research it would be important to use an alternative measure that already has known, sound psychometric properties, create a new measure, or conduct additional research on the psychometric properties of the CMNI Sport used in this study to assess a student-athlete's perception of their respective sport's value of masculinity. It would also be important that the study take place over the course of an entire academic year. The survey should be released to athletes during their sports' respective season to eliminate possible differences in the level of stress experienced among those athletes in-season versus off-season.

Future research would also yield stronger results from a larger sample size that is more representative of the U.S. college and university student population. Being that the sample size in this study consisted largely of Division II and Division III athletes, it may be beneficial to recruit more Division I athletes. It would also be beneficial to equalize the percentage of participants from different regions across the U.S. By recruiting more athletes from Division I colleges and universities, as well as different regions, it would allow for stronger results to be obtained when compared to the current study. Additionally, the majority of professional athletes come from Division I colleges and universities, and regions differ in terms of how much society emphasizes the sports culture. By gaining responses from more Division I student-athletes and different regions, the impact of how these differences in potential professional opportunity and societal emphasis on the values of masculinity for both an individual and their respective sport, as well as athletes' attitudes toward help-seeking can be explored. Furthermore, there may be a benefit in exploring the differences in values of masculinity among sports. Testing differences in values of



masculinity across divisions, regions, and sports could allow for knowledge of athletic areas to target possible interventions for coaches and athletes in enhancing a positive culture around mental health.

## CHAPTER V: CONCLUSION

Concerns of college student-athlete mental health has recently come to light as a problem within the United States. This has led to a local and national push for colleges and universities to provide the proper resources needed to address the unique needs of these athletes. As a result, an increase in research to better understand the driving forces behind student-athlete mental health concerns and their help-seeking behaviors has occurred. Male college student-athletes in particular have been of focus in this research, as it has been noted that they are less likely than male college nonathletes and female college student-athletes to seek help for mental health concerns. One factor that has been well-studied and established as a predictive factor of male athletes being less likely to seek help for mental health concerns is the construct of masculinity.

The current exploratory study aimed to address the lack of research on the relationship between an individual's and a sport's culture of masculinity as related to mental health help-seeking. More specifically, the current study aimed to explore how an individual's personal values, as well as how they perceive their sport to value masculinity, relate to their attitudes towards mental health help-seeking. Through use of an online survey, respondent data was collected and analyzed using correlations and multiple linear regressions. Results found only a significant negative relationship between student-athletes' personal value of masculinity and attitudes towards mental health help-seeking. Furthermore, when multiple regression models were run, it was found that a student-athlete's personal value of masculinity was the only predictor of their attitudes towards help-seeking.

The findings of this study hold several clinical implications, as it is suggested that interventions aiming to shift athletes towards having more positive attitudes towards mental health help-seeking should occur at a personal level. With this however, the role that an

environment plays in the shaping of individual values should still be considered. Implementation of interventions in these appropriate areas of a student-athlete's life may be beneficial. While this study had a number of limitations, future research can address these limitations by collecting data from a larger and more representative sample, analyzing the psychometric properties of the measures used in this study, and making the study's survey available over the course of a full academic year. Further research of the possible relationship between a student-athlete's personal value of masculinity and perception of their sport's value can help provide colleges and universities foundational knowledge that can be used to develop proper educational and clinical resources. Overall, the implementation of these proper educational and clinical interventions can aid in the mitigation of the current mental health and well-being crisis seen in the collegiate student-athlete population.

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**Table 1***Demographics of Survey Participants*

Characteristic	<i>n</i>	%
Age		
18	9	16.7
19	17	31.5
20	9	16.7
21	13	24.1
22	5	9.3
23	1	1.9
Sexual Orientation		
Heterosexual/Straight	54	93.0
Race/Ethnicity		
White/Caucasian	49	86.0
Latinx/Hispanic	2	3.5
Black/African American	1	1.8
Indian	1	1.8
Multiracial/Biracial	1	1.8

*Note.*  $N = 54$ . One participant did not provide an answer in regard to their sexual orientation.

**Table 2***Results of Survey Participants Academic and School Characteristics*

Variable	<i>n</i>	%
<b>Academic Year</b>		
Freshman	12	21.1
Sophomore	13	22.8
Junior	11	19.3
Senior	15	26.3
First-year graduate student	3	5.3
<b>School Region</b>		
Mid-Atlantic	4	7.0
New England	7	12.3
Mid-West	28	49.1
Southeast	15	26.3
<b>School Setting</b>		
Urban	14	22.8
Suburban	26	45.6
Rural	14	24.6

*Note.*  $N = 54$ .

**Table 3***Results of Survey Participants Athletic Information*

Variable	<i>n</i>	%
Sport		
Baseball	22	38.6
Football	7	12.3
Golf	2	3.5
Lacrosse	9	15.8
Soccer	1	1.8
Track and Field	6	10.5
Tennis	3	5.3
Cross Country & Track and Field	4	7.0
NCAA Division		
DI	6	10.5
DII	16	28.1
DIII	32	56.1
Years Played		
>1 year	11	19.3
1 year	7	12.3
2 years	12	21.1
3 years	13	22.8
4 years	10	17.5
5 years	1	1.8

*Note.*  $N = 54$ .

**Table 4***Results for Student-Athlete Mental Health Services*

Variable	<i>n</i>	%
Student-Athletes receiving mental health services		
Yes	6	10.5
No	48	84.2
Student-Athletes who have sought out mental health services		
Yes	16	28.1
No	37	64.9
Prefer not to answer	1	1.8
Athlete specific mental health services provided at school		
Yes	19	33.3
No	8	14.0
I don't know	27	47.4

*Note.* *N* = 54.

**Table 5***Student-Athletes Responses for Available Athlete-Specific Mental Health Services*

<i>Type of Service</i>	<i>n</i>	Responses
Counseling	5	<p>“Counseling.”</p> <p>“Counseling services.”</p> <p>“Dedicated counselor for student-athletes.”</p> <p>“We have counselors we can go to.”</p> <p>“Counseling and other services as needed.”</p>
General Mental Health Services	4	<p>“Mental health services.”</p> <p>“Service is provided through the student health center however it is not just for athletes it is also for normal student body on campus. This could be part of the reason most athletes at my university won’t utilize the service provided.”</p> <p>“There’s a very active mental health services department that has been well integrated into the athletics programs.”</p> <p>“All mental health services for students that need it.”</p>
Education	2	<p>“AT staff provides resources for sports psychology.”</p> <p>“Mental health information session for SAs.”</p>
Other	5	<p>“I don’t have a lot of knowledge of the services, but I do know that if I wanted</p>

to get help on campus it wouldn't be very difficult to get.”

“Mental health check-ins.”

“There is a mandatory health check-in for all athletes at the beginning of each year. It includes a survey and interview with one of the school guidance counselors, but it only establishes a baseline of mental health for you and offers assistance. Any further assistance you require, you are responsible for.”

“They offer help to anyone who asks or actively needs help.”

“We have people that can be spoken to. We can schedule appointments with them, whether that be formally in an office or less formal in a café.”

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*Note.* Researcher grouped responses about mental health services provided for athletes based on the type of service. Although 19 participants responded their school provides athlete-specific mental health services, only 16 provided the type of service in the associated open-ended question.

**Table 6***Correlations*

Variable	<i>ATSPPH-SF</i>	<i>CMNI Personal</i>	<i>CMNI Sport</i>
<b>ATSPPH-SF</b>			
Pearson Correlation	1	-.417**	-.202
Significance		.002	.142
<b>CMNI Personal</b>			
Pearson Correlation	-.417**	1	.301*
Significance	.002		.027
<b>CMNI Sport</b>			
Pearson Correlation	-.202	.301*	1
Significance	.142	.027	

*Note.*  $N = 54$ . Each variable is the total score for each measure. All values with two asterisks'

indicate a statistically significant correlation at the 0.01 level. All values with one asterisk next to them represent a statistically significant correlation at the 0.05 level.



**Table 7***Regressions*

Variable	Model 1			Model 2		
	<i>B</i>	<i>SE B</i>	$\beta$	<i>B</i>	<i>SE B</i>	$\beta$
CMNI Personal	-.265	.090	-.392	-.266.	.202	-.393
CMNI Sport	-.039	.061	-.084	-.039	.183	-.086
CMNI Personal x CMNI Sport				>.001	.004	.002
R <sup>2</sup>		.148			.131	
F		5.619			3.673	

*Note.*  $N = 54$ . CMNI Personal x CMNI Sport represents the interaction variable that was created for this regression.

## APPENDIX A: INFORMED CONSENT

Dear Student,

This is a survey about how different values that both you and your sport hold influence attitudes towards seeking help for mental health concerns. This survey will give you an opportunity to share your experiences as a student-athlete and contribute to existing literature on student-athlete mental health and well-being. Please note that you must be at least 18 years of age and identify as male to participate in this study.

There are minimal, if any, risks from participating. Your identity will be anonymous. You will not be asked for your name and all demographic data being collected will be reported as group information. No personally identifiable information will be associated with your responses or to any reports of these data. The survey will take approximately 20-25 minutes to complete. Upon completing the entirety of the survey, you can choose to provide your email address in a separate database for a chance to win a \$25 Amazon gift card. Your email address will not be connected to any of your survey answers.

Your participation is voluntary and you may elect to discontinue your participation at any time prior to submitting your responses at the end of the survey. If you decide to stop taking the survey at any time, you will not be penalized in any way.

This survey is part of a dissertation research project at Antioch University New England in the Clinical Psychology department. The information collected may be used or distributed for future research. If you have any questions about this survey or the research project, please contact Jennifer Mayette ([xxxxxxxx@xxxxxx.xxx](mailto:xxxxxxxx@xxxxxx.xxx)) or Kathi Borden ([xxxxxxxx@xxxxxxxx.xxx](mailto:xxxxxxxx@xxxxxxxx.xxx)).

This project has been approved by the Institutional Review Board at Antioch University. If you have any questions about your rights as a research participant, please contact Kevin Lyness, chair of the Antioch University New England Institutional Review Board, at (xxx)-xxx-xxxx or [xxxxxxxx@xxxxxxxx.xxx](mailto:xxxxxxxx@xxxxxxxx.xxx) or Dr. Shawn Fitzgerald, Antioch University New England provost and campus CEO, at [xxxxxxxxxxxxxxxx@xxxxxx.xxx](mailto:xxxxxxxxxxxxxxxx@xxxxxx.xxx).

I have read and understood the above information. By clicking “Agree” below, I am indicating that I have read and understood this consent form and agree to participate in this research study.

Please feel free to save or print a copy of this page for your records.

## APPENDIX B: DEMOGRAPHIC VARIABLE QUESTIONS

1. Age: \_\_\_\_\_

**2. Class Year:**

- Freshman/First-year
- Sophomore
- Junior
- Senior
- 1<sup>st</sup> year graduate student
- 2<sup>nd</sup> year graduate student
- 3<sup>rd</sup> year or beyond graduate student

**1. Race/Ethnicity:**

- White/Caucasian
- Black/African American
- Latinx/Hispanic
- Asian/Asian American/Pacific Islander
- Native/Alaska Native
- Multiracial/Biracial: \_\_\_\_\_
- Another: \_\_\_\_\_

**2. Gender Identity:**

- Male
- Female
- Trans
- Non-binary
- Genderfluid
- Genderqueer
- Hijra
- Pangender
- Two-Spirit
- Demigender
- Other: \_\_\_\_\_

**3. Sexual Orientation**

- Asexual
- Bisexual
- Gay
- Heterosexual/straight
- Lesbian
- Pansexual
- Queer
- Questioning or unsure

- Same-gender loving
- Not listed above (please specify): \_\_\_\_\_
- Prefer not to answer

**4. What region of the United States is your school in?**

- New England (Maine, Vermont, New Hampshire, Massachusetts, Connecticut, Rhode Island)
- Mid-Atlantic (New York, New Jersey, Pennsylvania, Maryland, Delaware, District of Columbia)
- Southeast (West Virginia, Virginia, Kentucky, North Carolina, South Carolina, Tennessee, Arkansas, Louisiana, Mississippi, Alabama, Georgia, Florida)
- Mid-West (North Dakota, South Dakota, Minnesota, Wisconsin, Michigan, Ohio, Indiana, Illinois, Missouri, Iowa, Nebraska, Kansas)
- Southwest (Arizona, New Mexico, Oklahoma, Texas)
- Pacific West (California, Oregon, Washington, Idaho, Montana, Colorado, Wyoming, Utah, Nevada, Alaska, Hawaii)

**5. What is the setting of your school?**

- Urban
- Suburban
- Rural

**6. Sport (please choose all sports currently played at the varsity collegiate level):**

- Baseball
- Football
- Soccer
- Cross Country
- Track & Field
- Ice Hockey
- Basketball
- Lacrosse
- Tennis
- Wrestling
- Rowing
- Volleyball
- Skiing
- Golf
- Swimming
- Water Polo
- Bowling
- Other: \_\_\_\_\_

**7. Division of Sport (check all that apply):**

- NCAA Division I
- NCAA Division II
- NCAA Division III

- 8. If you play multiple sports in different divisions, please list each sport and its respective division. If you do not play multiple sports OR all sports that you play are in the same division, please continue to the next question.**

*Space for open-ended response*

- 9. How many years have you been playing your respective sport at the varsity collegiate level?**

*Space for open-ended response*

- 10. Are you currently seeking out or receiving mental health services (either on campus or through off campus services)? Mental health services can include, but are not limited to: therapy, inpatient services, residential services, medications, psychiatric consultation, etc.**

- Yes
- No
- Prefer not to answer

- 11. Have you ever sought out or received mental health services (either on campus or through off campus services)?**

- Yes
- No
- Prefer not to answer

- 12. Does your school provide mental health services specifically for athletes? (ex. sport psychologist within the athletic department, mandatory mental health check ins, etc.)?**

- Yes
- No
- Prefer not to answer
- I don't know

- 13. If you answered yes to question 12, please describe the services:**

*Space for open-ended response*

**APPENDIX C: ATTITUDES TOWARDS SEEKING PROFESSIONAL  
PSYCHOLOGICAL HELP – SHORT FORM**

Fischer, E. H., & Farina, A. (1995). Attitudes toward seeking professional psychological help: A shortened form and considerations for research. *Journal of College Student Development*, 36(4), 368-373. See Appendix D Permissions.

Attitudes Towards Seeking Professional Psychological Help – Short Form

1. If I believed I was having a mental breakdown, my first inclination would be to get professional attention.	3	2	1	0
2. The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts.	3	2	1	0
3. If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in psychotherapy.	3	2	1	0
4. There is something admirable in the attitude of a person who is willing to cope with his or her conflicts and fears without resorting to professional help.	3	2	1	0
5. I would want to get psychological help if I were worried or upset for a long period of time.	3	2	1	0
6. I might want to have psychological counseling in the future.	3	2	1	0
7. A person with an emotional problem is not likely to solve it alone; he or she is likely to solve it with professional help.	3	2	1	0
8. Considering the time and expense involved in psychotherapy it would have doubtful value for a person like me.	3	2	1	0
9. A person should work out his or her own problems; getting psychological counseling would be a last resort.	3	2	1	0
10. Personal and emotional troubles, like many things, tend to work out by themselves.	3	2	1	0

## APPENDIX D: PERMISSIONS

Fischer, E. H., & Farina, A. (1995). Attitudes toward seeking professional psychological help: A shortened form and considerations for research. *Journal of College Student Development*, 36(4), 368-373. Used with permission of the author. "The scale is intended only for use in research; it is not a clinical device and should not be used for clinical purposes (such as to screen applicants to determine those best suited for psychotherapy), unless that is an explicit aspect of a research design. Researchers may use the scale in any way helpful to their projects, and they need not contact the authors for permission."