

Mental Health Resources for Student Athletes at Secondary Schools

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ABSTRACT

Mental health issues have been notably rising among American teenagers in recent years. Student athletes are particularly vulnerable because of unique stressors including time constraints, physical injuries, and balance between academics and athletics. Although much research exists at the collegiate level, there are no studies examining the mental health policies of secondary schools for student athletes. The goal of this study was to analyze the best practices by secondary schools in South Florida to understand and support their student athletes' mental health. The method chosen was a mixed method, descriptive study of a quantitative survey sent to athletic directors and a qualitative content analysis of school athletic handbooks. The results show that there is some variability in the mental health resources available to support student athletes in secondary schools. However, few schools have taken the necessary steps to implement the recommended best practices to support the mental health of their student athletes. Without these policies in place, student athletes may not have their mental health concerns properly addressed.

Introduction

Mental health issues, including anxiety, depression, and suicide, have been notably rising among American teenagers across all demographics (Substance Abuse and Mental Health Services Administration [SAMHSA], 2019). While participation in sports is generally regarded to have a positive effect as an outlet for release from stress, student athletes are not immune from struggles with mental health. Research has shown that student athletes are particularly vulnerable because of unique stressors that include time constraints from balancing academic and athletic obligations, intense training and physical injuries, and heightened performance expectations (Pritchard and Wilson, 2005). Often, they may present higher levels of negative mental health than non-athletes stemming from combined physical, mental, and academic pressures (Neil, 2015). In addition, student athletes may be less inclined to seek treatment for mental health concerns due to factors such as fear of adverse reaction or backlash from coaches, negative stigma surrounding treatment, and mindset of mental toughness (Ryan, Gales, and Bell, 2018). For this reason, it is imperative that mental health resources be made easily accessible to student athletes (National Collegiate Athletic Association [NCAA], 2020).

Despite greater awareness of mental health issues in recent years, there is still a lack of uniformity in the services available to student athletes and great variability in how resources are applied (Sudano et al., 2017). Most of the research in this area has been focused exclusively on student athletes at the collegiate level. Since it has been shown that mental health issues often begin in the earlier teenage years, a study which investigates the prevalence of mental health issues of student athletes in secondary schools and the resources provided to address them could be helpful. The goal of the following literature review is to outline the current conversation on mental health resources and practices by schools in relation to student athletes.

Literature Review

According to the Centers for Disease Control, mental health, “includes our emotional, psychological, and social well-being [that] affects how we think, feel, and act” (Centers for Disease Control and Prevention [CDC], 2021). The American Psychiatric Association further states that the absence of mental health is “usually associated with significant distress or disability in social, occupational, or other important activities” (American Psychiatric Association [APA], 2013). It is an essential component of our overall health that can affect how we handle the normal stresses of life (World Health Organization [WHO], 2018).

Mental health issues, specifically anxiety, depression, and suicide, have been increasing in adolescents in recent years (SAMHSA, 2019). More than 1 in 3 high school students reported feelings of overwhelming sadness, a 40% increase since 2009 (CDC, 2019). Among 12-17 year olds, 15.7% experienced a major depressive episode in 2019, a 74% increase from 2004 (SAMHSA, 2019). Approximately 1 in 6 youth reported making a suicide plan in the past year, a 44% increase since 2009 (CDC, 2019). Moreover, in a study conducted by the WHO, researchers found that half of all mental health disorders start by age 14, but the majority of cases go undetected which can lead to harmful physical and mental health implications in the future (Kessler et al., 2007). The importance of recognizing mental health disorders in adolescents and providing resources to address them cannot be understated.

Mental Health and Student Athletes

While sports participation can have a positive impact on health, student athletes are specifically vulnerable to mental health issues because of the pressures from balancing their dual identity as students and athletes (Neil, 2015). In a study conducted by Professors Gregory Wilson and Mary Pritchard of Evansville and Boise State University, the researchers found that student athletes have specific sources of stress, including significant time constraints, missed classes, physical injuries, pressures from competition, and balance between academics and athletics (Pritchard and Wilson, 2005). Many student athletes have shown higher incidence rates for “sleep disturbances, loss of appetite, mood disturbances, short temper, decreased interest in training and competition, decreased self-confidence, and inability to concentrate” (Neil, 2015). These stresses can put student athletes at higher risk for mental health issues than their non-athlete peers (Pritchard and Wilson, 2005). In fact, student athletes have been described as an “at-risk group” for mental health issues due to problems brought on by their unique situation (Etzel et al., 2006). This designation as an at-risk group highlights the need for schools to allocate resources for mental health specifically for student athletes.

Building on this research, in 2013, an interassociation work group composed of ten national organizations, including the National Athletic Trainers Association, National Collegiate Athletic Association, and American Psychological Association, collaborated in developing recommendations to address mental health issues among collegiate student athletes (Neil, 2013). There were professionals representing various disciplines including general medicine, athletic training, sport psychology and psychiatry. The work group published a consensus statement directed at the athletic departments of NCAA colleges with recommendations and guidelines for the recognition and referral of student athletes with mental health concerns (Neil 2013). Two years later, a similar consensus statement mirroring these recommendations and guidelines were published for administrators at the secondary school level (Neil, 2015). The difference between the documents lies only in the audience targeted. Most notably, the consensus statement for secondary schools includes language addressing legal considerations of consulting parents since most high school athletes are still minors. It also includes language referring to school counselors as one of the primary mental health practitioners at secondary schools (Neil, 2015).

Mental Health Best Practices

Following the publication of the consensus statements, college sports programs became more inclined to address the issue of mental health for student athletes. In 2016, the NCAA developed a set of mental health best practices based on the interassociation recommendations and guidelines (“Mental Health Best Practices”) (NCAA, 2020). It categorized these practices into four main areas: 1-Clinical Licensure of Practitioners Providing Mental Health Care, 2-Procedures for Identification and Referral of Student-Athletes to Qualified Practitioners, 3-Pre-Participation Mental Health Screening, and 4-Health-Promoting Environments That Support Mental Well-Being and Resilience. These Mental Health Best Practices were developed in order to assist athletic directors at NCAA schools in implementing the steps necessary to support their student athletes’ mental wellness (NCAA, 2020)

Various researchers have examined whether these Mental Health Best Practices are being put into practice at the collegiate level. Addressing screening tests, Dr. Emily Kroshus, a former post-doctoral research fellow at the NCAA Sport Science Institute, examined the availability of mental health screening tests for student athletes at NCAA colleges (Kroshus, 2016). A survey was sent to sports medicine clinicians at the various institutions. The study concludes that only 39% of colleges have a written plan for screening student athletes for mental health issues. It would be useful for these tests to be implemented at more schools due to their usefulness in determining at-risk students with mental health issues.

In the 2017 study “Mental Health Services in NCAA Division I Athletics: A Survey of Head ATCs,” head researcher Dr. Laura Sudano examines the availability and type of mental health resources accessible to Division I student athletes (Sudano et al., 2017). The study was conducted by emailing a web-based survey to head athletic trainers in NCAA Division I colleges. The study concludes that there is great variability in the type of resources available including on or off-campus counseling and screening tests.

Finally, in 2020, a similar study analyzes the availability, accessibility, and scope of mental health services for college athletes in Division I and II schools (Robinson, 2020). This study, however, uses a content analysis method to examine the universities’ websites for relevant information. The findings reveal that while mental health services are widely accessible for student athletes, there is still much variability in the amount of resources made available.

Although much research exists at the collegiate level, there are no studies examining the policies and practices of secondary schools to understand and support the mental health of their student athletes. Most of the research regarding secondary schools has focused on the prevalence of mental health issues and the availability of resources for the general student population. This study plans to fill this gap by examining the extent to which secondary schools in south Florida are implementing the recommended best practices to understand and support the mental health of their student athletes.

Method

The goal of this study is to analyze the best practices by secondary schools in South Florida to understand and support student athletes’ mental health. The method chosen was a mixed method, descriptive study of quantitative and qualitative data which was conducted in a two-part process. The first part consisted of a quantitative survey sent to high school athletic directors regarding school policies and mental health resources available to their student athletes. The responses to the questions were analyzed to identify trends across the schools in the area. The second part consisted of a content analysis of the schools’ athletic handbooks and/or written guidelines for student athletes. Within this qualitative analysis, the handbooks and/or guidelines were reviewed in order to find references related to policies and practices of the schools to support their student athlete’s mental well-being. This mixed method approach allowed multiple aspects of the issue to be analyzed ranging from the

perceptions of athletic directors to the concrete protocols in place to support student athletes' mental health. Approval for the study's design and procedure was obtained from my school's Institutional Review Board.

Population

The focus of the study was on high schools in the South Florida area including Miami-Dade, Broward, and Monroe counties. There were 127 high schools identified in this region with athletic departments that participate in the Florida High School Athletic Association (FHSAA). Identification information was gathered from the FHSAA website as well as the websites of the individual schools. Emails were sent to all the schools' athletic directors with a request for them to participate in the linked Google Form survey. All participants were provided an informed consent form that assured complete confidentiality of responses. Reminder emails were sent days later to encourage participation. Athletic directors were chosen because they are in the best position to describe the mental health needs and services available to the student athletes under their supervision.

For the content analysis part of the study, the sample of 14 athletic handbooks examined were either provided by the school's athletic director or found online ("Athletic Handbooks"). Not all schools in the area publish their own athletic handbook or guidelines; rather some opt to solely adopt the regulations set by their county or the FHSAA. Care was taken to ensure that the handbooks or guidelines examined represented a good cross-section of the area schools from different counties, including public and private schools with both large and small student populations. Handbooks and/or written guidelines are useful since they delineate the policies and practices of the different high schools' athletic departments applicable to student-athletes.

Research Instruments

The quantitative survey used in this study was adapted from the one utilized in "Mental Health Services in NCAA Division I Athletics: A Survey of Head ATCs" with permission (Appendix A) granted by head researcher Dr. Laura Sudano (Appendix B). The adaptations were made to conform the questions to a high school setting. The survey included multiple-choice and rating questions regarding the current practices undertaken by high schools and the perceptions of the athletic directors in regards to the mental health needs of their student athletes. The survey can be found in Appendix C. The questions included in the survey aligned with the four categories of Mental Health Best Practices to best identify the needs of student athletes in secondary schools and the mental health resources made available to address them.

With respect to the content analysis of the Athletic Handbooks, a coding sheet was created, including the four Mental Health Best Practices. Each category was further broken down into two key components in order to easily identify references to these practices in the Handbooks. The first category (1-Clinical Licensure) was subdivided into i. Availability of Mental Health Services for Student Athletes at School and ii. Licensure of School Mental Health Practitioner. The second category (2-Procedures for Identification and Referral) was subdivided into i. Identification of Psychological Concerns and ii. Procedures for Referral to Mental Health Practitioner by Athletic Department staff. The third category (3-Pre-Participation Screening) was subdivided into i. Use of Pre-Screening Forms Specific to Mental Health Concerns and ii. Recommendations for Educational Materials For Student Athletes on Psychological Health. The fourth category (4-Health Promoting Environments) was subdivided into i. School-sponsored Programs that Promote Mental Well-Being for Student Athletes and ii. Communication to Raise Awareness of Mental Health Services. The coding sheet can be found in Appendix D.

Data Analysis

Upon receipt of the survey responses from the athletic directors, the data was compiled and organized. The Google Form software allowed for greater ease in examining the information because it grouped and quantified the responses to each question. The data was then analyzed using descriptive statistics for frequency of responses regarding all variables on the survey. To maintain confidentiality, individually identifiable data of the directors that completed the surveys were not disclosed with their responses.

For the content analysis, three specific steps were taken. First, each Athletic Handbook was reviewed to identify specific references to mental health policies or practices regarding student athletes. Second, any such references were included on the coding sheet under each category of the four Mental Health Best Practices. Finally, the results among the schools were compared and overall implementation of Mental Health Best Practices was analyzed. As with the survey, the identity of each school was substituted with a letter code on the coding sheet to protect confidential data from disclosure (ex. School A).

This mixed method of data analysis provided a more accurate and complete picture of the current implementation by secondary schools in South Florida of recommended Mental Health Best Practices and assessed any gaps or weaknesses among the school programs regarding the promotion of student athlete mental wellness.

Results

Quantitative Survey

Out of the 127 high schools emailed, 28 athletic directors completed the survey (“Athletic Directors”). This represents a 22% response rate. Among the respondents, there was a balanced representation of the demographics of schools in South Florida. As seen in Table 1, there was an equal number of responses from directors at public schools and private schools, and a fairly even split among small schools (under 1,000 students) with 39.3%, large schools (between 1,000 and 2,000) with 35.7%, and very large schools (between 2,000 and 3,000 students) with 25% of responses. Non-religious schools had an advantage in representation (67.9%) compared to religious schools (32.1%). Finally, in regard to county, Miami-Dade had the greatest percentage with 50%, closely followed by Broward with 42.9%, and finally Monroe at 7.1%. This is reflective of the proportional size of each county in terms of student population.

When considering the demographics of the Athletic Directors, there was also a fair amount of diversity across the different variables which is reflective of the South Florida community. As seen in Table 2, while most respondents were white and male, there were 17.9% African American and 28.6% Hispanic respondents. Females, who typically make up a smaller percentage of athletic directors than males in our community, comprised a solid 25% of respondents. A majority of the Athletic Directors (67%) were older than 40 years of age, while 50% of them had between one and five years of experience.

Table 1. Demographics of Schools

Survey Demographics	Frequency	Percentage
Type		
Public	14	50%
Private	14	50%
Number of Students		
Less than or about 1,000	11	39.3%
Between 1,000-2,000	10	35.7%
Between 2,000-3,000	7	25%
Religious Affiliation		
Yes	9	32.1%
No	19	67.9%
County		
Miami Dade	14	50%
Broward	12	42.9%
Monroe	2	7.1%

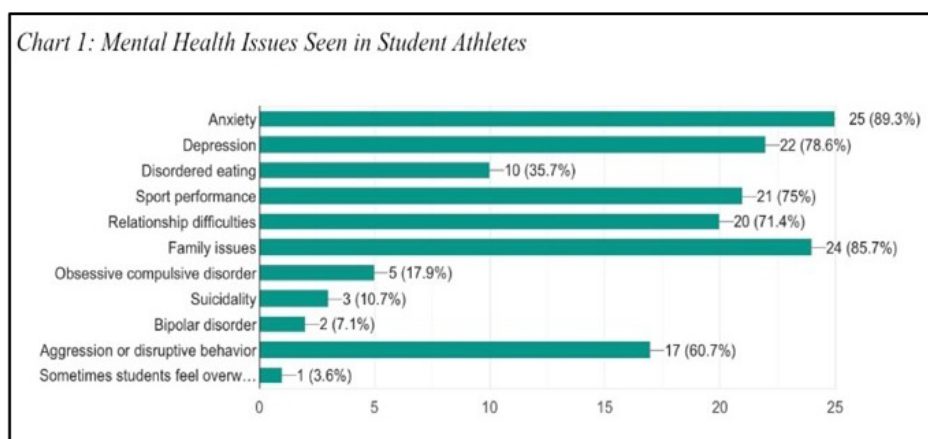
Table 2. Demographics of Athletic Directors

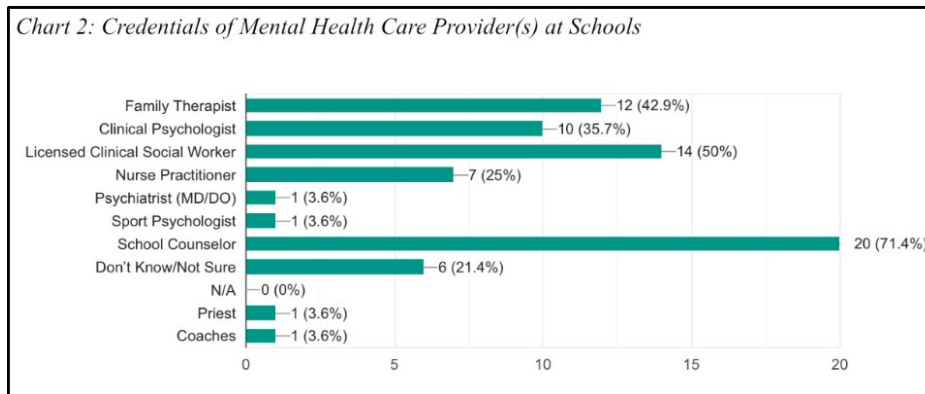
AD Demographics	Frequency	Percentage
Experience		
1-5 years	14	50%
5-10 years	4	14.3%
10-15 years	5	17.9%
15-20 years	2	7.1%
20+ years	3	10.7%
Gender		
Female	7	25%
Male	21	75%
Age Group		
25-30	3	10.7%
30-35	4	14.3%
35-40	2	7.1%
40-50	10	35.7%
50+	9	32.1%
Race		
White	21	75%
Black/African American	5	17.9%
Other	1	3.6%
Mixed	1	3.6%
Hispanic		
Yes	8	28.6%
No	20	71.4%

Table 3. Perceptions of Athletic Directors

Rate agreement with this statement:	1 (strongly disagree)	2	3	4	5 (strongly agree)
Mental health is important in the care of our student-athletes.	0	0	0	4 (14.3%)	24 (85.7%)
Having a mental health professional within the Athletic Department would reduce barriers for student athletes to receive mental health services.	1 (3.6%)	0	6 (21.4%)	10 (35.7%)	11 (39.7%)
Student athletes have unique stressors that can lead to mental health issues.	0	1 (3.6%)	2 (7.1%)	13 (46.4%)	12 (42.9%)
Mental and physical health are equally important to address in a student athletes' care.	0	0	1 (3.6%)	8 (28.6%)	19 (67.9%)
There is excellent communication at school between the Athletic Department and any mental health provider(s) regarding specific care of student athlete(s).	2 (7.1%)	2 (7.1%)	9 (32.1%)	7 (25%)	8 (28.6%)
A positive sports environment is essential to a student athlete's mental well-being.	0	0	0	8 (28.6%)	20 (71.4%)

In terms of their perceptions regarding mental health, as seen in Table 3, all of the respondents agreed or strongly agreed that mental health is important in the care of their student athletes and that a positive sports environment is essential. Most agree that student athletes have unique stressors that can lead to mental health issues (89.3%) and that mental health is equally important to address in a student athletes' care (96.4%). In terms of having a mental health professional within the athletic department, 75% of respondents believed it would reduce barriers for student athletes to receive mental health services. However, there were varied responses when directors were asked to rate the communication between the athletic department and mental health providers, ranging widely from “No Communication” (7.1%) to “Excellent Communication” (28%). Such communication is essential for providing care to student athletes with any mental health concerns and should be a key matter to address.





Athletic Directors are well aware that some student athletes struggle with mental health issues, as documented in Chart 1. The top five concerns that they have noted are anxiety (89.3%), family issues (85.7%), depression (78.6%), sport performance (75%), and relationship difficulties (71.4%). While not seen by many respondents, it is of high concern that 10.7% of them have seen some student athletes struggle with suicidality.

In response to these concerns, schools can provide important resources for student athletes seeking mental health services. Table 4 documents the responses of the Athletic Directors with respect to the mental health resources and practices at their particular schools. Regarding the availability of counseling for student athletes, 82.1% of respondents noted that their school offered mental health services by a licensed professional and 96.4% responded that all students were eligible to receive mental health services. The respondents further detailed the credentials of the main mental health providers at their schools, seen in Chart 2, as being school counselor (71.4%), licensed social worker (50%), family therapist (42.9%) and clinical psychologist (35.7%). Only one Athletic Director (3.6%) mentioned having a sports psychologist on staff. Furthermore, while a large majority of respondents believed it would be beneficial to have a mental health provider within the athletic department, as mentioned earlier, this was the case at only five of the schools (17.9%).

Regarding the identification and referral of student athletes to mental health practitioners, a large majority (82.1%) of respondents did communicate with their student athletes about the availability of mental health services at their school. However, while almost all Athletic Directors (92.9%) were able to refer students for counseling services, only 39.3% had documented procedures in place to identify when those referrals would be necessary. Similarly, only 14.3% of respondents confirmed using screening instruments to identify mental health issues among student athletes prior to their participation in sports. Finally, while communication within the athletic department about fostering a positive sports environment was carried out by 89.3% of respondents, only slightly less than half (46.4%) instituted concrete programs to create this environment in support of their student athletes' mental health.

It should be noted that there are significant discrepancies between the perceptions held by Athletic Directors regarding mental health and the actual resources made available at schools. Using the figures from the results mentioned above, Table 5 provides a side-by-side comparison of the perceptions of the Athletic Directors with the corresponding practices implemented. The differences are most stark with respect to mental health providers within athletic departments, programs to foster health-promoting environments, and documented procedures to identify mental health issues and make referrals. Further steps will need to be taken by the Athletic Directors to align the practices implemented at their schools with their beliefs on the importance of mental health.

Table 4. School Resources and Practices

Survey Questions	Yes	No
Clinical Licensure of Practitioners		
Does your school offer mental health services for students provided by a licensed professional?	23 (82.1%)	5 (17.9%)
Are all students eligible to receive mental health services at your school?	27 (96.4%)	1 (3.6%)
Is there a mental health provider within the Athletic Department that works specifically for student athletes?	5 (17.9%)	23 (82.1%)
Procedures for Identification and Referral of Student Athletes to Qualified Practitioners		
Do you have documented procedures in place to identify mental health issues that may arise among your student athletes during the sports season?	11 (39.3%)	17 (60.7%)
Do you or your staff communicate with the student athletes about the availability of mental health services by the provider(s) at your school?	23 (82.1%)	5 (17.9%)
Are you or your staff able to refer student athletes to the mental health provider(s) at your school for counseling services?	26 (92.9%)	2 (7.1%)
Pre-Participation Mental Health Screening		
Do you use screening instruments to identify mental health issues among your student athletes prior to participation in sports? Screening instruments can include pre-participation forms specific to mental health issues such as Patient Health Questionnaire-2 (PHQ-2), Mood Disorder Questionnaire (MDQ), etc.	4 (14.3%)	24 (85.7%)
Health-Promoting Environments that Support Mental Well-Being and Resilience		
Do you communicate to your staff within the Athletic Department, including coaches, about the importance of fostering an environment that promotes the mental well-being of your student athletes?	25 (89.3%)	3 (10.7%)
Are there programs that your athletic department offers to help foster an environment that promotes mental well-being of student athletes? These can include presentations, retreats, online programs, and mental health days.	13 (46.4%)	15 (53.6%)

Table 5. Comparison of AD Perceptions and School Practices

Perception	Practice
Belief that student athletes' mental health is important: 100%	Schools offering mental health resources by licensed professional: 82%
Belief that mental health professional within Athletic Dept is important to reduce barriers: 75%	Schools that have a mental health provider within Athletic Department: 17.9%
Belief that a positive sports environment is essential to student athletes' mental well-being: 100%	Schools that offer programs to help foster health-promoting environment: 46.4%
Belief that ADs can refer students for counseling: 92.9%	Athletic depts with documented procedures to identify mental health issues/make referrals: 39.3%

Content Analysis of Handbooks

Of the 14 Handbooks chosen for content analysis, there were eight (8) public schools represented and six (6) private schools, with a fairly even split between schools with small and large student populations that ranged from 269 to 2,460. The majority of the Handbooks focus on issues like eligibility requirements, sports mission statement, physical participation forms, athletic fees and rules of conduct. They are modeled after the FHSAA rules and regulations published annually. Only one Handbook actually included the phrase “mental health.” However, there were references to some mental health practices in all but one of the Handbooks.

The coding sheet included in Table 6 documents all the references found in each of the 14 Handbooks relating to the four Mental Health Best Practices organized by category. As noted, there were not many references found. In fact, only five schools’ Handbooks had any mention of one of the first three Best Practices, and even then, the references were very minor and generally made in a separate context. For instance, Schools A and I included in their Handbooks a reference to services available to student athletes with a licensed professional such as a school counselor or guidance counselor. However, this was only briefly mentioned in the Handbook in sections related to assistance with college recruitment or in the event of threats of violence. Also, Schools D, L, and M mention reserving “the right to seek medical attention for all athletes should an emergency arise under our supervision.” While not specifically defined, such referral could be seen to apply to mental health emergencies. Interassociation recommendations and guidelines specify that events constituting a mental health crisis require a plan of action by the school; these mental health emergencies can include suicidal ideation, threatening behavior, acute psychosis, or intoxication and drug overdose (Neal, 2015). School A further specifies that referrals should be made in the event a student athlete makes a threat of violence to others. Finally, with respect to pre-participation mental health screening, none of the Handbooks make any reference at all.

The only Mental Health Best Practice that was consistently mentioned in almost all the Handbooks was the fourth category of Health-Promoting Environment. It is clear that schools understand that a “safe” sports environment with “wholesome competition” contributes to the “development of healthy minds” (Schools A and G). Schools want to promote such an environment by encouraging their student athletes to practice values like “teamwork,” “respect,” and “honesty” (Schools D, E, G, H, L and M), and recognize that “coaches and staff” have a role to play in ensuring such an environment (Schools C and H). Furthermore, one Handbook noted that “exemplary levels of sportsmanship” should be displayed by sponsors and fans as well to further this goal (School F). Finally, two of the schools specifically acknowledged that negative actions such as “hazing, harassment, and bullying” can adversely affect the mental health and safety of student athletes and will not be tolerated (Schools B and I).

Table 6. Coding Sheet of Athletic Handbooks

	1-Clinical Licensure of Practitioners Providing Mental Health Care:	2-Procedures for Identification and Referral of Student-Athletes to Qualified Practitioners	3-Pre-Participation Mental Health Screening	4-Health-Promoting Environments That Support Mental Well-Being and Resilience
	i.. Availability of Mental Health Services for Student Athletes at School ii. Licensure of School Mental Health Practitioner	i. Identification of Psychological Concerns ii. Procedures for Referral to Mental Health Practitioner by Athletic Department Staff	i. Use of Pre-Screening Forms Specific to Mental Health Concerns ii. Recommendations for Educational Materials for Student Athletes on Psychological Health	i. School-sponsored Programs that Promote Mental Well-Being for Student Athletes ii. Communication to Raise Awareness of Mental Health Services
A	"Treatment or consultation by a psychologist or psychiatrist at the parents' expense and/or by the school counselor, both of whom may be asked to submit a written evaluation."	"The disciplinary consequences for a student whose verbal or written comments...threaten serious bodily harm to another student or member of the faculty or staff or destruction of property, may include...Treatment or consultation by a psychologist or psychiatrist at the parents' expense and/or by the school counselor."		"Contributes positively toward the development of a young person's health, physical activity, social competence, and disciplines."
B				"Hazing, harassment, and bullying will not be tolerated in any form. Hazing and bullying is defined by the Athletic Department as: "Any type of activity that adversely affects the mental or physical safety of the student."
C				"It is the responsibility of each student/athlete, under the guidance of a coach, to prepare physically as well as mentally, prior to the sports season."
D		Reserve the right to seek medical attention for all athletes should an emergency arise while under our supervision.		"We will instill in our athletes a perspective of teamwork, commitment, respect, self-discipline, and a positive work ethic."
E				"We will instill in our athletes a perspective of teamwork, commitment, respect, self-discipline, and a positive work ethic."
F				"To enhance and promote our sportsmanship and citizenship goals, all students, sponsors and fans representing our school are expected to display exemplary levels of sportsmanship during all school-sponsored events and activities."
G				"We emphasize caring, honesty, respect, and responsibility. More than "winning," we focus on the experience of wholesome competition and the development of healthy minds and bodies."
H				"The athletic program at [our] School provides an opportunity to learn life lessons, develop character and skills that will help our student athletes reach their full potential while striving for excellence and developing future Christian leaders."
I	"Guidance counselors are available to assist with this process."			"Hazing or peer harassment that recklessly or intentionally endangers the mental health, physical health, or safety of a student for the purpose of initiation or membership in, or affiliation with any team will not be tolerated."
J				"Our coaches and staff will diligently and vigorously pursue a safe, competitive and Christ-like environment for your sons and daughters."
K				"Our goal is to help develop our student-athletes physically, psychologically, and socially while teaching them to strive for excellence."
L		"The School and its Athletic Department reserve the right to seek medical attention for all athletes, should an emergency arise while under the care of the Athletic Department "		"We will instill in our athletes a perspective of teamwork, commitment, respect, self-discipline, and a positive work ethic."
M		"Reserve the right to seek medical attention for all athletes should an emergency arise while under our supervision."		"To guide the student-athletes to build their character through sports by modeling...values: Self-esteem, Honesty, Attitude, Responsibility. Knowledge."

Discussion

To assess the extent to which secondary schools in South Florida have implemented the recommended best practices to support the mental health of their student athletes, the results from the survey responses and the handbook content analysis will be jointly analyzed within the context of each of the recommended Mental Health Best Practices.

Clinical Licensure of Practitioners

Schools should ensure that student athletes have access to a mental health care provider that is clinically licensed with special training specific to athletes (NCAA, 2020). While most schools have mental health practitioners on staff, a licensed or certified professional was more prevalent in public schools (92.9%) than in private schools (71.4). However, these practitioners were largely not located within the school's athletic department. As noted in Mental Health Best Practices, availability of a mental health provider within the athletic department is key because student athletes would be more likely to seek mental health services if the provider was easily accessible (NCAA, 2020). In addition, there was virtually no mention in the Handbooks of licensed mental health professionals at school. Without this information being provided in written form, it could lead to a decreased awareness among students and their parents of available mental health resources leading to an underutilization of these services at school.

Procedures for Identification and Referral of Student Athletes to Qualified Practitioners

Athletic departments should have a specific written procedures and training to identify and refer student athletes with mental health concerns to qualified practitioners (NCAA, 2020). Although most Athletic Directors and their staff, including coaches, are able to refer student athletes to counseling services, 60.7% did not have documented procedures to do so. Similarly, only four of the Handbooks mention such referrals and solely in the context of physical emergencies and threats of violence. As noted in Mental Health Best Practices, athletic departments should have a written plan for management of mental health emergencies as well as routine referrals so that all staff members are aware of how the process should be conducted (NCAA, 2020). Furthermore, communication between the athletic department and school mental health providers is key for this practice. Unfortunately, such communication was lacking for 46% of athletic departments, with 7.1% having no communication at all.

Pre-Participation Mental Health Screening

Schools should implement mental health screening tools for student athletes prior to their participation in athletic activities (NCAA, 2020). Pre-participation screening forms for mental health were used by only 14.3% of secondary schools even though these forms, such as PHQ-2, are routinely used at the collegiate level. None of the Handbooks had any reference to this practice. It is to be noted that the FHSAA Pre-participation Physical Evaluation Form required by all schools does include two questions related to mental health: one on the stress level of the student athlete and another on weight/eating patterns. The Mental Health Best Practices recommends a series of nine questions about mental well-being on pre-screening forms, including on anxiety, depression, disordered eating, and substance abuse, which could identify concerns prior to the start of athletic competition (NCAA, 2020).

Health-Promoting Environments That Support Mental Well-Being and Resilience

Athletic departments should work to develop an environment for their student athletes that supports mental well-being and promotes mental health care-seeking (NCAA, 2020). While almost all the Athletic Handbooks included references to Health-Promoting Environments, they were principally found in the mission statements of the various schools and with relatively brief mention. Only two of the schools included a section on “Hazing, Harassment, and Bullying” which could negatively impact the mental health and safety of all student athletes. Furthermore, more than half of the schools lacked programs to foster a health-promoting environment with an emphasis on sportsmanship, inclusion, and positive interactions. Such programs are also key in conveying the importance of seeking care for mental health issues. As noted in Mental Health Best Practices, it is recommended that educational information be communicated to student athletes in order to “create a culture of awareness and sensitivity to mental health disorders” (NCAA, 2020).

Conclusion and Implication

While there is some variability in the mental health resources available to support student athletes in secondary schools in South Florida, few schools have taken the necessary steps in accordance with the recommendations set forth by the interassociation work group as summarized in the Mental Health Best Practices published by the NCAA. Across the different categories, the secondary schools were largely lacking in the implementation of the recommended practices. Without these policies in place, student athletes may not have their mental health concerns fully addressed. This void presents serious implications in light of the increasing mental health issues among adolescent student athletes. In order to decrease variability in mental health best practices across schools, the national (National Federation of State High School Associations, NFHS) and state (FHSAA) governing bodies should take a stronger stance in prioritizing the implementation of these practices. A possible course of action may be to make the recommended practices mandatory similar to what these organizations have done with the online courses regarding concussions. Without such action, schools are left without specific guidance on developing appropriate policies on mental health.

Limitations

There are limitations that should be discussed when analyzing the results of this study. First, the Athletic Directors that completed the survey represent only a portion of the schools in South Florida. Despite the email reminders, many directors opted not to participate. It is possible that directors from schools without good mental health practices may have been less inclined to respond to the survey, thereby affecting the results. In addition, some Athletic Directors may have been hesitant to discuss the concerns of their student athletes. One such Athletic Director replied to the initial email that while she appreciated the research project, she would not feel comfortable discussing the mental health issues of her student athletes, despite the assurance of confidentiality.

Another limitation of the study is the inconsistency of information included in the Athletic Handbooks. While some were very comprehensive in detailing the athletic department’s policies, others offered a simplified version. Some schools had no school handbook at all, but rather merely made reference to the applicable rules and regulations published by the FHSAA. This fact made it difficult to identify handbooks for the content analysis portion of the study.

Future Direction

Future research on this topic can incorporate the perspectives of student athletes themselves as well as of school mental health practitioners in order to get a more complete view. It would be useful to understand whether student athletes view the practices implemented by their schools as sufficient to address their mental health needs. In addition, it may be useful to compare the results with other parts of Florida and/or the United States, as well as to examine differences between schools in rural versus urban areas.

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