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Factors That Lead to the Decline of Mental Health Among Collegiate Athletes and Tools Administrators Can Use to Better Support Them

Abreanna Lake
Dominican University of California

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This thesis, written under the direction of the candidate's thesis advisor and approved by the program chair, has been presented to and accepted by the Department of Counseling Psychology in partial fulfillment of the requirements for the degree of Master of Science in Counseling Psychology.

Abreanna Lake
Candidate

Carlos Molina
Program Chair

Carlos Molina
First Reader

Mary McDevitt
Second Reader

**Factors That Lead to the Decline of Mental Health Among Collegiate Athletes and Tools
Administrators Can Use to Better Support Them**

by

Abreanna Lake

A culminating thesis submitted to the faculty of Dominican University of California in partial fulfillment of the requirements for the degree of Master of Science in Counseling Psychology

Dominican University of California

San Rafael, CA

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Abstract

This paper is an exploration of the athletic community that uncovers how stigma, pressure to perform well, and external factors all contribute to the stagnant relationship between athletes and mental health. With stigma being a major influence in inhibiting athletes from feeling comfortable; it has led to college athletes navigating their emotional distress by themselves in order to maintain their image of being indestructible and indomitable. This vulnerable population having to struggle in silence has led to depression, anxiety, substance abuse, disordered eating, and suicidality in some college athletes. Luckily, the National Collegiate Athletic Association (NCAA) and a few college institutions have come up with tools to help college athletes who are struggling with their mental health. With stigma slowly losing control of the narrative, there has been a gradual change within the athletic community. At each institution, it is the responsibility of the administrators to ensure that each athlete has the best possible experience while attending their school. The tools and interventions in this paper can be the difference in maintaining a positive student-athlete experience until they graduate.

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Terms and Definitions

Student-Athlete - A student who also plays a sport at their school

NCAA- “National Collegiate Athletic Association”; Their mission is to provide a world-class academic and athletic experience for a student-athlete (NCAA, 2023)

Division I Institutions- These institutions provide full academic scholarships, cost-of-attendance stipends, degree completion programs, media coverage, and sponsorships (NCAA, 2023).

Ex. Stanford, University of Illinois, and UC Berkeley

Division II Institutions- These institutions are smaller schools that provide partial scholarships to their athletes and their main priority is for student-athletes to focus on their internships, athletic pursuits, and study-abroad opportunities (NCAA, 2023).

Ex. Dominican University of California, Chico State University, and Sonoma State University

Division III Institutions- Athletes do not receive athletic scholarships, however do receive some form of need-based scholarships or academic grants if they qualify. Their main priority is building an inclusive environment for student-athletes to take responsibility for their own paths (NCAA, 2023).

EX. University of Redlands, UC Santa Cruz, and University of La Verne

Machismo- “A strong sense of masculinity; exaggerated sense of power or strength” (Merriam Webster, 2022).

Introduction

“I have weight training at 6 A.M., class from 8 A.M. to 12 P.M., and then I run across campus to practice from 12- 3. After practice, I go see the trainer which takes an hour, maybe two. I have study hall for two hours and then I am finally able to go home and eat at around 8 o’clock”, says a former student-athlete. A college athlete’s very busy schedule leaves very little time for themselves. An athlete’s schedule makes them feel as if downtime is a luxury. Managing this schedule, and their nutrition, while also trying their best to perform well can become overwhelming for some. This feeling of being overwhelmed for athletes unfortunately can lead to conditions related to depression, disordered eating, binge drinking, anxiety, and/or suicidality. Stress is not unique to college athletes, but the unique culture of sports can serve as a pressure cooker (Athletes and Mental Health: Breaking the Stigma, 2021).

Over the last decade, the NCAA (National Collegiate Athletic Association) and popular elite athletes have made progress in advocating and bringing awareness to the athletic community about mental health. In 2013, the NCAA Chief Medical Officer went to a conference about the most prevalent health concerns for athletes. He thought concussions were going to be the main health concern however, mental health problems were the biggest issue. He then created a mental health task force made up of 40 presidents, coaches, student-athletes, and administrators from NCAA member schools, to come up with some of the best practices to help struggling college athletes (NCAA.Org, 2022). Mental health is a very prevalent issue in this community and even though there has been progress made to bring awareness and tools to help struggling athletes; stigma has slowed down this revolution.

Literature Review

The Impact of Familial Culture

Stigma amongst college athletes of color plays a role in these athletes seeking help for their mental health. Athletes of color make up 25% of the NCAA population (Tran, 2022). This 25% seeks help for their mental health at a much lower rate than their White counterpart. A factor that contributes to athletes of color not seeking out help for their mental health is the stigma of how their peers and coaches would perceive them. The stigma is that the student-athlete will be seen as weak or inadequate and looked upon poorly for not fitting the stereotype of being mentally and physically strong when you are an athlete. There is descriptive data in the article written by Tran, that supports that athletes of color are perceived this way when their peers find out they have sought out help for mental health, thus reinforcing this stigma.

There is also a stigma among African American student-athletes that psychotherapy is not helpful for their mental health. Student-athletes of color also statistically have more of a concern about whether or how their insurance would cover their psychotherapy. Tran also highlights how cultural factors and stigmas that are embedded within their culture can also be a contributing factor to the status of their mental health. The stigma of how they could be viewed and how mental health is viewed in their culture can affect the student-athlete. Thus, leading to these athletes of color not seeking out help for their mental health needs. Because the peers of these student-athletes are viewing them poorly or as weak when seeking out help for their mental health it further inhibits an athlete's willingness to seek help which makes the athlete deal with their mental health problems on their own and without support (Stone et al., 2012).

The Culture in the Athletic Community

The Machismo culture within athletics makes it hard for athletes to seek mental health help (Rubin, 2021). Machismo is “A strong sense of masculinity; exaggerated sense of power or

strength” (Merriam Webster, 2022). College athletes seek help for mental health at a significantly lower rate than the general student body. This demographic has been coached their entire life to push through the pain and the discomfort and also to win at all costs. Athletes very frequently hear “no pain, no gain” which oftentimes becomes a mantra when doing intense training. Having this philosophy further translates to student-athlete’s mental health because they are not seeking out help and also ignoring their emotional needs. Student-athletes then have the mindset that their emotional pain will result in the gain of mental toughness, which is not always the case. Rubin also highlights in their article that college athletes who play Division I sports seek help for their mental health at a much lower rate than Division II or Division III athletes. This is concerning because the Division 1 athletes are known for being more elite in skill which also comes with more pressure to perform well because of their caliber of competition and their amount of media coverage.

Rubin’s (2021) article also gives an informative insight into the statistics of athletes who have died by suicide. Suicide is the fourth leading cause of death among student-athletes. The pressure to succeed and how time constraints lead to an elevation of suicidal ideation in athletes. Assigned male at-birth athletes are more at risk for suicidal ideation because of the masculine nature of sports. Football players are more likely to die by suicide because of the violent and masculine expectations of their sport. Rubin also provides some resources for these athletes who are struggling with their mental health and who may be struggling to reach out for help and also how some college institutions have tried to change the culture and views on mental health. Rubin’s article is important because it gives statistics about how mental health is affecting student-athletes and also how the neglect of their mental health could lead to suicidal ideation or dying by suicide. The reality of this has led to institutions implementing new tools and further

educating their sports administrators on what is going on with their student-athletes. It is important to highlight the culture of these college athletes that they have been a part of for a long amount of time. The culture of winning at all costs, no pain; no gain, and pushing through the pain has endorsed the reason why college athletes are not seeking mental health help at the same rate as the general student body at their institution.

Possible Mental Health Practices

Coaches play an important role in managing and responding to the overall well-being of their athletes, however, because of stigma athletes often think that coaches will see them as weak or think that coaches will not help with mental health concerns (Daltry et al., 2021). Daltry also highlights how Athletic trainers play an important role in how student-athletes get information and referrals about mental health services but less than half of sports medicine departments have mental health management plans to screen student athletes for mental health concerns.

The Daltry (2021) article also brings up examples of tools to use in screening student-athletes prior to their participation in their individual sports each academic year. These tools include the Patient Health Questionnaire-9, Generalized Anxiety Disorder-7 item scale, Eating Attitudes Test, Adult ADHD Self-Report, Insomnia-Severity Index, and Alcohol Use Disorders Identification Test-C. The scores from each test would then be evaluated by their athletic trainer and they would be referred to mental health services if needed. However, the article suggested that all athletes who do the screening are given information about mental health services that they could utilize. This pre-screening process could help the athlete, coaching staff, and administrators get a better idea of how to help their student-athletes. This gives student athletes support from staff and also gives them resources that they could utilize to improve their mental health. Having athletic trainers help assist student-athletes with more than physical ailments

could improve their athletic program as a whole. Educating all student-athletes with resources that are on campus or in close proximity to them could help them feel more comfortable with seeking out mental health help.

Mental Health Issues Among Athletes

There are different psychological disorders that a college athlete can have due to the expectations of their sport and the culture within the athletic culture. Some of the disorders include Depression, Anxiety, Anorexia or Bulimia, and Substance abuse disorder (Ryan et al.,2018). It was suggested that depression amongst athletes is derived from burnout from the sport or being overwhelmed by managing their lives as a student-athlete. It also could be derived from a lack of satisfaction with performance in sport or injury. The anxiety could be about their performance in their competition (performance anxiety) or more generalized in which the athlete has an overall fear about the future. Ryan's article gave an informative insight into disordered eating among athletes. Female athletes are more vulnerable to disordered eating because of the media, family, friends, and peers impacting their perceptions about preferred body shape and other societal pressures. With substance abuse being against the rules for college athletes, administrators have tried to regulate the use of substances for student-athletes by banning all stimulants and other substances for all student-athletes. There are very severe consequences for athletes who are drug tested and come up positive with a banned substance in their system. Alcohol is discouraged from being consumed but not banned by the NCAA. This could be the explanation for the binge drinking problem among college athletes. Athletes have a lot of pressure to perform; while also having a lot of external factors influencing their perceptions of themselves is very hard to manage. This then leading to depression, anxiety, substance use, or a troubled relationship with food.

NCAA Interventions

The NCAA multidisciplinary task force put together a document in 2016 about best practices for addressing student-athlete's well-being (Albert et al., 2022). This article gives feedback on how these models would work and potential barriers that could get in the way of the model being effective. This article also gives recommendations for how these practices can be developed to be more beneficial. The article reviews three general models that are used which are the in-house model, the hybrid model, and the contacting services model. The in-house model includes a licensed mental health professional (LMHP) being a part of athletics administration and working alongside coaches, athletic directors, and trainers. Researchers found that 36.9% of student-athletes believed that issues should remain “in-house” (Albert et al., 2022). This model helps athletes feel more comfortable seeking help because of the proximity to a counselor and because this is additional support that could be seen as an extension of their coaches. The next model is the hybrid model which is when athletics partners with on-campus counseling services. This is beneficial to some athletes because Student-athletes feel as though what they say stays confidential because their counselors are not directly involved with athletics. Lastly, the contacting services model is where athletes are referred to an LMHP not contracted by the university. The benefit to this is that most universities do not contract more than one LMHP within their administration so this would allow more availability to see a counselor that does not have a heavy caseload. This article provides models that have been implemented in Division I schools and gives valuable feedback on how it was and what could stand in the way of athletes utilizing these models. It is important to note that the NCAA has tried to give practices to help student athletes and there is very limited literature that reviews how these practices have shown to be helpful. This article does a great job breaking down each model in detail and

providing examples of how different Division I schools have implemented these models. The in-house model instilled a sense of trust because of their association with athletics and also because the clinicians have a general understanding of athletics.

Effects of the COVID-19 Pandemic

COVID-19 affected many people around the world and also had many effects on elite athletes. The research found that a lot of athletes did not exercise as much as they did, considering they were supposed to be indoors throughout the Pandemic. This negatively affected their mental health (Fröhlich et al., 2021). In addition to not exercising as much, athletes who played team sports had a very hard time isolating themselves from their teammates and coaches. All athletics came to an abrupt halt and seasons were canceled. Once COVID-19 started to get more under control, the protocols to keep these athletes safe were rigorous and were hard for some to adjust to. If a person on the athlete's team or opposing team tested positive for the virus the game was abruptly canceled and sometimes not rescheduled. During the women's basketball season at Dominican University of California, the team had prepared for weeks to play against a ranked team in their division, Western Washington University. The day of the game the opposing team decided to cancel the game because some of their players were not vaccinated and the team Dominican had played prior, had two athletes who did not play due to a positive COVID test result. This was reported by the players on Dominican's women's basketball team to be very disappointing for them because of all the preparation that was put in and the excitement they had to play Western Washington University.

After the pandemic athletes self-reported that their subjective physical performance on average went down almost twenty percent. Athletes also reported that their anxiety symptoms and depressive symptoms both increased following the pandemic. More athletes also began

having insomnia and financial fears because of the pandemic. The abrupt change in routines and workout schedules negatively affects student-athletes. Student-athletes who play team sports are used to camaraderie and being surrounded by peers who support them. Due to the pandemic, athletes were isolated which led to difficulties with their mental health. This article did a great job of providing information about the effects of the pandemic on athletes. However, if they had more participants in their study it would have given a better perspective of how it affects the whole population of elite athletes.

Culture of Athletics

Kobe Bryant, Tiger Woods, and Serena Williams all assimilate into the culture of athletics. These top athletes have been admired by many and have been seen as strong and poised individuals. They are expected to be durable and imperishable; tough both mentally and physically. This demographic has been coached their entire life in the culture of winning at all costs, no pain; no gain, and pushing through the pain. This has endorsed the reason why college athletes are not seeking help for their mental health at the same rate as the general student body at their institutions. Men are often stereotyped as self-confident and aggressive, thus laying the foundation for the machismo culture in athletics (Planned Parenthood, 2023). This Machismo culture stems from all athletics being played by men up until the year 1972. The idea of these athletes having to appear incredibly strong to the public enforces their fears of asking for help or advocating for themselves when it comes to their mental health.

There is undoubtedly a stigma amongst athletes in regard to mental health. The stigma is that if athletes reach out for help with their mental health they will be seen as weak or as if something is wrong with them. This goes against athletes needing to portray the persona of someone who is indestructible and unwavering. College athletes report higher levels of both

personal stigma (i.e., one's own negative beliefs) and perceived public stigma (i.e., the belief that others hold negative views) regarding mental illness than their non-athlete peers (Kaier et al., 2015). College student-athletes believe that their teammates are less likely to be supportive or accepting of a teammate who is getting help for their mental health. Mental illness is viewed contrary to the mental toughness expected of elite college athletes. Athletes who seek help with their mental health believe they may be at risk of losing playing time or participation on the team (Daltry et al., 2021, p. 2). With Coaches and teammates being a big part of their support system, this can be troubling to know that this could negatively impact how they are viewed by people that they depend on for support.

Because of stigma, athletes are less likely to seek help for their mental health at a significantly lower rate than the general student body. College athletes are more comfortable seeking academic and athletic resources than psychological services. Furthermore, when seeking mental health services, Division I athletes are less comfortable than Division II or III athletes (Daltry et al., 2021, p. 2). Division I institutions are the larger schools, which receive more funding, more media coverage for their competitions, and are supposed to be a pool of the top athletes. Some examples of Division I schools are Stanford, Pepperdine, and UC Berkeley. Division II and Division III schools are smaller institutions that receive significantly less funding, have fewer resources, and have little to no media coverage. Some examples of Division II schools include Dominican University of California, Sonoma State University, Chico State, and the University of Redlands.

Gender and Race Barriers

Despite expectations, college athletes are a vulnerable population. Athletes who identify as male are considered to be in a very vulnerable position due to the expected level of

masculinity and aggression within athletics and the opposing view of mental health being viewed as weak. Because of the masculine nature of sports, male-identified athletes are more at risk for suicidal ideation (Rubin, 2021, p 84). Research shows that Football players are more likely to die by suicide than any other athlete because of the violent and masculine expectations of the sport (Rubin, 2021, p 85). This culture, in turn, makes athletes feel weak when asking for help or disclosing that they're struggling with a particular problem. Daltry et al., (2021) carried out a study to see at what rate college athletes are seeking help for their mental health. Researchers found that male-identified athletes, especially those who ascribed to traditional notions of masculinity, were less willing to seek mental health treatment. Male football players also voiced their belief that mental illness is a sign of weakness and could be used as an excuse or crutch. This then validates the idea that athletes who identify as male struggle to advocate for their mental health because it goes against their disposition to being an athlete.

Similarly, athletes who identify as female have their own struggles with advocating for their mental health. Leann Passaro, a female soccer player, had been competing at an elite level in high school and had dreams of playing in college at an Ivy League institution. During her junior year of high school, she started suffering from anxiety and depression because of a major life event that took a toll on her mental health. She reported that she was having trouble in school, trouble performing well in her sport, and was suffering in silence for a while before she told her parents. She then decided to decline multiple Division I offers to play at the Division III level as a way to preserve her mental health. The rigorous expectations of playing at the Division I level are very hard to meet and she saw the impact of these expectations ruin her childhood friend (Women's Health, 2022).

Naomi Osaka, (Time Magazine, 2021) who is a professional Tennis player and Olympic gold medalist, got scrutinized by the media for not appearing for a press conference due to trying to preserve her mental health. Naomi reported that speaking to the media has at times been a pleasurable experience but also could be very emotionally taxing. Naomi said “I do hope that people can relate and understand it’s O.K. to not be O.K., and it’s O.K. to talk about it. There are people who can help, and there is usually light at the end of any tunnel. Michael Phelps told me that by [speaking up](#) I may have saved a life. If that’s true, then it was all worth it” (Time Magazine, 2021). She also expressed that she is not a spokesperson for mental health help because it is relatively new, however, she would do her best to speak up to help encourage other athletes to advocate for their mental health needs.

The demographic of college athletes is 60% White, 18% Black, 6% Hispanic, and 16% other ethnicities. This 40% of athletes of color, seek help for their mental health at a much lower rate than their White counterparts. A factor that contributes to this demographic not seeking out help is the stigma of how their peers and coaches would perceive them. The stigma that the student-athlete will be seen as weak or inadequate and looked upon poorly for not fitting the stereotype of being mentally and physically strong when you are an athlete inhibits these student-athletes from reaching out for help. Eisenberg et al., (2009) found descriptive data that supports that athletes of color are perceived this way when their peers find out they have sought out help for mental health thus reinforcing this stigma. This confirms the idea that athletes do perceive other athletes who seek help for mental health needs negatively. Researchers also found that athletes of color reported having a mindset that psychotherapy is not helpful for their mental health (Tran, 2022). Student-athletes of color also statistically have more of a concern about

whether or how their insurance would cover their psychotherapy compared to their white counterpart.

Specific Issues Among Athletes

Some of the common mental health issues among athletes are anxiety, depression, binge drinking, disordered eating, and suicidality. Anxiety can be from a variety of factors. Factors like performance anxiety, anxiety from academic due dates, or anxiety from other external factors. Anxiety for college athletes can also come from a lack of participation in games, an injury, retirement from their sport, or other external factors. For example, Binge drinking most likely comes from the idea of numbing their internal feelings and because of the rules enforced by the NCAA, athletes are not allowed to use any other substances. Another example is supported by substantial research which shows that disordered eating comes from athletes watching the media and that has an impact on their preferred body shape. However, disordered eating can be seen when an athlete has to maintain a certain weight to play their position like in football or wrestling. Suicidality is seen in athletes who do not feel supported by their peers, coaches, or administrators. They could have been bullied by their peers or have been extremely overwhelmed by the pressure that comes with being an athlete. Suicide is the second leading cause of death for individuals between the ages of 10 and 34 (National Institute of Mental Health, 2019) and the third leading cause of death for college athletes (Rao, Asif, Drezner, Toresdahl, & Harmon, 2015; Rao & Hong, 2016).

Anxiety

Performance anxiety is fear about one's ability to carry out a task or perform that happens prior to the activity. Research has shown that performance anxiety does negatively influence an athlete's performance because of the negative self-conscious thoughts that distract the athlete

from the present moment (Scott-Hamilton et al., 2016). Overall stress and anxiety can not only lead to an athlete not performing well but can also lead to a depletion of their mental health. Stress about the evaluation of their performance by coaches, peers, the media, and themselves all contribute to the overall anxiety about performing well. In college sports, performance is directly correlated with playing time. Therefore, the student-athlete not performing well leads to less time spent competing for their team. There is also anxiety about performing well in the classroom to remain eligible. The NCAA has a requirement for all college athletes to have above a 2.0 GPA and to be taking at least twelve credit hours in order to compete. Not meeting these requirements inhibits the athlete from competing until the requirements are met. In order to meet these requirements an athlete may have to spend extra time working with their teacher or tutor and/or they may have to study longer. Unfortunately, some teachers stereotype their students who are athletes and view them as just a “dumb jock” who are unmotivated, lazy, not as prepared as their peers, and less intelligent (Stone, 2012). This can make fulfilling academic requirements extremely difficult for the athlete because of the lack of support from their professors.

Disordered eating

Female-identified student-athletes are at risk of disordered eating because of the appearance and performance expectations set within the culture of athletics. Studies show that female student-athletes allow external influences such as the media, family, friends, and peers to impact their perceptions about their preferred body shape (Daltry et al., 2021). The pressure to perform well, along with the societal pressure to fit the image of what an athlete looks like, often negatively impacts their perceptions of their bodies and how much food they consume. Greenleaf et al. (2009) conducted a study and found that 25% of female college athlete participants were struggling with disordered eating. Men college athletes also struggle with this but it often takes

men longer to get help because of the misconception that eating disorders only affect women. However, an eating disorder may look different for male athletes. Sometimes the focus could be for the male athlete to be muscle-motivated, and to be seen as bigger and more toned (Ramsammy, 2020).

Depression

Depression is seen a lot in elite athletes. Some of the notable athletes who have struggled with this are Kevin Love, Michael Phelps, and Simone Biles (White Sands Treatment, 2022). A number of factors contribute to the development of depression in college athletes. Along with pressure on their performance on and off the court or field, there could also be financial factors, social factors, and family situations that an athlete could also be trying to manage. Financially, college athletes, who do not play Division I are not guaranteed a full scholarship to pay for tuition or housing. This would require the student-athlete to take out a substantial loan or add work to their already busy schedule. Socially, athletes should be close to their teammates to have great team chemistry in their sport. However, if the team is toxic and not supportive it could bring a lot of negativity for the college athlete. Coaches establishing the culture of a supportive and healthy team could really make a difference in the athletes' experience at their institution and also their overall mental health. Not having the support of your teammates could be very isolating and could also lead to not feeling supported to reach out for help if needed. Another stressor could be the fact that this could be the first time the college athlete has lived away from home. This could also make the athlete feel isolated and as if they are on their own. Athletic injury has been known also to cause depression in college athletes. Concussions, especially, cause an athlete to experience more depressive symptoms, such as, heightened sadness and/or

irritability, than those who suffer other types of athletic injuries (Brown, 2014; Gulliver et al., 2012).

Binge drinking

The NCAA has a plethora of banned substances that college athletes are not allowed to use during their eligibility. Substances like Cannabis, Narcotics, and stimulants. However, alcohol is permitted and can be consumed by college athletes. Unfortunately, since alcohol is not something that a college athlete can get in trouble for using by the NCAA, some end up abusing alcohol. A study that was meant to see the activity of college student-athletes, found that 75% of the athletic population engaged in high-risk drinking; meaning they had five or more drinks on one occasion in the past two weeks. This study also found that athletes were more likely to engage in binge drinking than their non-athlete peers (Daltry et al., 2021, p. 2).

Suicidality

Suicide is the third leading cause of death among college athletes (Rubin et al., 2020). Male student-athletes, especially football players, are the most vulnerable to suicidality because of the aggressive and masculine expectations they have to uphold. Drew Robinson, a former San Francisco Giants baseball player, was overwhelmed by the pressure to succeed at a high level and unfortunately got traded to the minor leagues. When he got traded to a minor league team this was a huge blow to his ego and pushed him into a deep depression. He reported that no one close to him knew he was struggling. He had made up his mind that he was going to end his life by using a handgun. He, fortunately, survived his suicide attempt and now is a big advocate for seeking mental health help (Passan, 2021). The pressure of being an athlete, along with the stressors that come with being a college student can be very overwhelming for some. These

stressors in a college athlete's life are why this community is very vulnerable to problems with their mental health.

Potential Resources

The NCAA (National Collegiate Athletics Association) multi-disciplinary task force put together a document in 2016 about best practices for addressing student-athletes well-being. This document highlights three models that institutions can be implemented to help student-athletes: the in-house model, the hybrid model, and the contacting services model. The in-house model involves LMHP (Licensed Mental Health Professionals) being a part of the athletics administration and working alongside coaches, athletic directors, and trainers. They would have an office that is in close proximity to other sports administrators and coaches allowing easy access to the licensed mental health professionals for the student-athletes. Researchers found that 36.9% of student-athletes believed that issues should remain "in-house" and would not want to share their information with someone outside of athletics or their team. This model helps athletes feel more comfortable seeking help because of the proximity to a counselor and because this is additional support that could be seen as an extension of their coaches. All information shared with the LMHP will remain confidential and will not be shared with their coaches, teammates, or administrators. The Hybrid model is when the athletics department partners with on-campus counseling services. Dominican University of California endorses this model and works closely with the counseling services on campus. This is beneficial to some athletes because Student-athletes feel as though what they say stays confidential because their counselors are not directly involved with athletics. Lastly, the contacting services model refers athletes to an LMHP not contracted by the university. The benefit to this is that most universities do not contract more than one LMHP within their administration, allowing more availability to see a counselor who does not have a heavy caseload.

Another resource that could help college athletes is a pre-screening process. West Chester University of Pennsylvania's athletic trainers came together to figure out how to help their student-athletes better and get a thorough understanding of where the student-athletes are with their Mental Health before their competing season. They then implemented a pre-screening process that they would implement before the start of the student-athlete's academic year and before their competing season. Some of the tools they would use are Patient Health Questionnaire-9, Generalized Anxiety Disorder-7 item scale, Eating Attitudes Test, Adult ADHD Self-Report, Insomnia-Severity Index, and Alcohol Use Disorders Identification Test-C. The scores from each test would then be evaluated by their athletic trainer and they would be referred to mental health services if needed. However, it was suggested that all athletes who do the screening be given information about mental health services that they could utilize. This gives student athletes support from staff and also gives them resources that they could utilize to improve their mental health.

The resources in this document have been adapted from notable assessments that have been regularly used in a therapeutic setting. Assessments like the Beck Depression Inventory, The Patient Health Questionnaire-9, Eating Attitude tests, and others have all been modified towards a student athlete's experience. These assessment tools can be utilized by coaches, administrators, athletic trainers, or even captains on a team. It is suggested to use the assessment tools before the athlete's competing season, in the middle of their season, and towards the end of the season. Because many different factors can affect the mental health of athletes at random times frequently assessing how they are doing throughout the season will be very beneficial. The assessments should take about 30 minutes to complete all of them. As for the SMART Goal Worksheet, Mental Warm-up, guided meditation videos, and body scan, this can be used before a

game or practice, during a halftime break of competition, or during an athlete's free time. Each activity should only take 15 minutes. Because of the short duration of these activities, it makes it more accessible for athletes to use during their busy schedule.

Barriers to Resources

These resources were put in place to help student-athletes, however, there are a few things that could get in the way of these resources being utilized. The majority of student-athletes have said that they think that their problems should remain in-house; meaning that they should stay within their team. However, the in-house model puts the LMHP in close proximity to their coaches. This can bring up feelings of fear that the information that their sharing with the LMHP could be shared. Also, their coach could see that they were talking to the LMHP, which also brings up the fear of being seen as weak. Another barrier to this model is the caseload of the LMHP. Schools that have adopted this model will have two or three Counselors, at the most, as a part of their sports administration, leaving them to divide 15 or more athletic teams with full rosters amongst themselves. This can lead to a lack of availability to speak with an LMHP. It also could lead to burnout and compassion fatigue for the LMHP.

Some other barriers to these resources are finances and time. If an athlete is referred outside of their administration they will have to rely on their insurance or pay out of pocket for mental health services. Also, some institutions do not have enough resources to add an LMHP to their administration leading them to use either the hybrid model or the contacting services model. Some athletes do not feel comfortable seeing counselors outside of their athletic community, which could also be a potential barrier. Lastly, with time being a barrier, it may be hard to find a time when both the LMHP is available and when the student-athlete is not busy. The time

conflict could be a big issue and could lead to the athlete potentially going weeks without a session with the LMHP.

Conclusion

It is important for coaches, sports administrators, fans, and the college athlete, to remember that every athlete is human. These athletes are susceptible to stress just like anyone else. With expectations that are set for them and the pressure to perform well, it could be easy to forget that they can be struggling as well. Their image of being imperishable is a stereotype endorsed by the stigma within the athletic community. Breaking through the stigma within the athletic community will be the turning point for all athletes. This would hopefully lead to a better overall experience for the college athlete and could potentially save a life. Once vulnerability is not seen as a crutch to athletes and they find strength in reaching out for help with their mental health, the athletic community will start to change for the better.

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Appendix A: Athletic Depression Inventory

This assessment can be self-scored by following the scoring scale at the end of the questionnaire. Circle the answer that best describes your experience.

1. 0 I do not feel sad
1 I feel sad
2 I am often sad and can not get out of it
3 Being sad and unhappy is unbearable

2. 0 I am not particularly discouraged about the future.
1 I feel discouraged about the future.
2 I feel I have nothing to look forward to.
3 I feel the future is hopeless and that things cannot improve.

3. 0 I do not feel like a failure.
1 I feel I have failed more than my peers
2 As I look back on my life/ career, all I can see are a lot of failures
3 I feel I am a complete failure as a person/athlete.

4. 0 I get as much satisfaction out of my sport as I used to.
1 I do not enjoy my sport as much as I used to.
2 I do not get real satisfaction from sport or being an athlete.
3 I am dissatisfied or bored with everything.

5. 0 I do not feel guilty about the amount of time spent not working out during free time.
1 I feel guilty a good part of the time I am not working out during free time.
2 I feel quite guilty if I do not work out during free time.
3 I feel guilty all the time during my free time if I am not working out.

6. 0 I enjoy seeing my team everyday
1 I enjoy seeing my team but not everyday
2 I wish I did not have to see my team as often
3 I do not like my team and do not want to be apart of the team anymore

7. 0 I do not feel disappointed in myself when I do not perform well
1 I am disappointed in myself when I do not perform well
2 I am disgusted with myself when I do not perform well
3 I hate myself when I do not perform well

8. 0 I do not feel any worse than anybody else
1 I am critical of myself for my weaknesses or mistakes.
2 I blame myself all the time for my faults.
3 I blame myself for everything bad that happens.
9. 0 I do not have thoughts of killing myself
1 I have thoughts of killing myself, but I would not carry them out.
2 I would like to kill myself.
3 I would kill myself if I had the chance.
10. 0 I don't cry any more than usual.
1 I cry more now than I used to.
2 I cry all the time now.
3 I used to be able to cry, but now I can't cry even though I want to
11. 0 I am no more irritated by things than I ever was.
1 I am slightly more irritated now than usual.
2 I am quite annoyed or irritated a good deal of the time.
3 I feel irritated all the time.
12. 0 I have not lost interest in playing or watching my sport
1 I am less interested in playing or watching my sport than I used to be.
2 I have lost most of my interest in playing or watching my sport
3 I have lost all of my interest in playing or watching my sport
13. 0 I make decisions on the court or field about as well as I ever could.
1 I put off making decisions on the court or field more than I used to.
2 I have greater difficulty in making decisions on the court or field.
3 I can not make decisions on the court or field anymore
14. 0 I feel that I perform at the same level or better in my sport
1 I am worried that I am not performing as well
2 I am insecure about my teammates being better than me which affects my performance negatively.
3 I believe that I am terrible at my sport
15. 0 I can put in the same amount of effort into my sport as before
1 I have to push myself very hard for me to put in effort into my sport
2 I need my coach to motivate me to put in effort.
3 I refuse/ can not put in effort into my sport anymore. I am burnt out.

16. 0 I can sleep as well as usual
1 I don't sleep as well as I used to.
2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.
3 I wake up several hours earlier than I used to and cannot get back to sleep.
17. 0 I don't get more tired playing my sport than usual.
1 I get tired more easily playing my sport than I used to.
2 I get tired from doing almost anything involving my sport
3 I am too tired to play my sport
18. 0 My appetite is no worse than usual.
1 My appetite is not as good as it used to be.
2 My appetite is much worse now.
3 I have no appetite at all anymore
19. 0 My weight has stayed fairly consistent
1 I have lost at most 5 lbs
2 I have lost at most 10 lbs
3 I have lost at most 15lbs
20. 0 I am no more worried about my health than usual.
1 I am worried about physical problems like aches, pains, upset stomach, or constipation.
2 I am very worried about physical problems and it's hard to think of much else
3 I am so worried about my physical problems that I cannot think of anything else.
21. 0 I look forward to competing in my sport in practice or game.
1 I do not feel a way about competing in my sport in practice or game.
2 I have less interest than before in competing in my sport in practice or game.
3 I do not look forward to competing in my sport in practice or game.

SCORING

Now that you have completed the questionnaire, add up the score for each of the twenty-one questions by counting the number to the right of each question you marked. The highest possible total for the whole test would be sixty-three. This would mean you circled number three on all twenty-one questions. Since the lowest possible score for each question is zero, the lowest possible score for the test would be zero. This would mean you circled zero on each question.

You can evaluate your depression according to the Table below.

0-10: normal level of distress

21- 30: Moderate depression

11-16: Mild level of distress

31- 40: Severe depression

17- 20: Borderline clinical depression

Over 40: Severe depression

TOTAL SCORE _____

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Appendix B: Athletic Health Questionnaire

Over the last 2 weeks, how often have you been bothered by any of the following problems?

- | | | | | | |
|----------|--|----------|----------|----------|----------|
| 1 | Little interest or pleasure in playing my sport | 0 | 1 | 2 | 3 |
| 2 | Feeling down, depressed, or hopeless | 0 | 1 | 2 | 3 |
| 3 | Trouble falling or staying asleep or sleeping too much | 0 | 1 | 2 | 3 |
| 4 | Feeling tired or having little energy | 0 | 1 | 2 | 3 |
| 5 | Poor appetite or overeating | 0 | 1 | 2 | 3 |
| 6 | Feeling bad about yourself after a game— or that you are a failure or have let yourself or your family down | 0 | 1 | 2 | 3 |
| 7 | Trouble concentrating during practice/game | 0 | 1 | 2 | 3 |
| 8 | When your coach is giving directions are you fidgety or restless; you have been moving around a lot more than usual | 0 | 1 | 2 | 3 |

If you checked off any problems, how difficult or not difficult at all have these problems made it for you to do your work, take care of things at home, or get along with other people?

_____ **Not Difficult at all**

_____ **Difficult**

_____ **Somewhat difficult**

_____ **Very Difficult**

Appendix C: Athlete Eating Test

1. Are you ashamed of your eating habits?

Yes No

2. Does the thought of becoming “fat” or out of shape terrify you?

Yes No

3. Are you preoccupied with a desire to be thinner?

Yes No

4. If you indulge in binge eating, do you feel mentally miserable afterward? (Binge eating means rapid eating of large amounts of food)

Yes No

5. Do you feel you are a failure if you break your diet even once?

Yes No

6. Do you avoid foods with sugar in them?

Yes No

7. Do you suffer from constipation?

Yes No

8. Do you become anxious before eating?

Yes No

9. Are you preoccupied with the thought of being fat?

Yes No

10. Do you eat moderately and sensibly in front of others and ‘make up’ by eating extra in private?

Yes No

11. Do you ever fast for a whole day even if there is a practice or a game?

Yes No

12. Does your pattern of eating severely disrupt your life?

Yes No

13. Have you ever consulted or thought of consulting someone in a professional capacity for advice on dieting/eating?

Yes No

14. Do you worry that you have no control over how much you eat?

Yes No

15. Are you on a strict diet to stay in shape for your season?

Yes No

| Count the number of Yes answers circled | |
|--|----------------------------|
| 0-5 | Moderate to no risk |
| 5-10 | Cause for concern |
| 10-15 | Disordered eating |

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Appendix D: Athletic ADHD Self-Report

1. **How often do you have trouble concentrating during a time out, watching game film, or going over your scouting report?**

Never Rarely Sometimes Often Very Often

2. **How often do you have difficulty getting things in order when you have to do a task that requires organization?**

Never Rarely Sometimes Often Very Often

3. **How often do you have problems remembering your scouting report/assignments during the game?**

Never Rarely Sometimes Often Very Often

4. **When you have a task that requires a lot of thought, how often do you avoid or delay getting started?**

Never Rarely Sometimes Often Very Often

5. **How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?**

Never Rarely Sometimes Often Very Often

6. **How often do you feel overly active and compelled to do things, like you were driven by a motor?**

Never Rarely Sometimes Often Very Often

7. **How often do you make careless mistakes during drills at practice because of mental errors and not skill?**

Never Rarely Sometimes Often Very Often

8. **How often do you have difficulty keeping your attention on the game when you're sitting on the bench?**

Never Rarely Sometimes Often Very Often

9. **How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly?**

Never Rarely Sometimes Often Very Often

10. **How often do you misplace or have difficulty finding things at home, at the gym, or in your locker room?**

Never Rarely Sometimes Often Very Often

11. **How often are you distracted by activity or noise around you during a timeout or half-time?**

Never Rarely Sometimes Often Very Often

12. **How often do you leave your seat during a film session or in other situations in which you are expected to stay seated?**

Never Rarely Sometimes Often Very Often

13. How often do you feel restless or fidgety?

Never Rarely Sometimes Often Very Often

14. How often do you have difficulty unwinding and relaxing after a workout or game?

Never Rarely Sometimes Often Very Often

15. How often do you find yourself talking too much when you are in social situations?

Never Rarely Sometimes Often Very Often

16. When you're in a conversation, how often do you find yourself finishing the sentences of the people you are talking to before they can finish it themselves?

Never Rarely Sometimes Often Very Often

17. How often do you have difficulty waiting your turn in practice or waiting to get in the game on the bench?

Never Rarely Sometimes Often Very Often

18. How often do you interrupt others when they are busy?

Never Rarely Sometimes Often Very Often

Appendix E: Athlete Burn Out Self Report

1. I feel that my batteries are flat

Yes No Sometimes

2. I lack energy

Yes No Sometimes

3. I feel physically drained

Yes No Sometimes

4. I feel physically exhausted

Yes No Sometimes

5. I feel physically weak

Yes No Sometimes

6. I am not performing up to my ability

Yes No Sometimes

7. I am unable to achieve good performances

Yes No Sometimes

8. I feel incompetent

Yes No Sometimes

9. I feel successful

Yes No Sometimes

10. It seems to me that whatever I do, I'm failing

Yes No Sometimes

11. I feel exasperated

Yes No Sometimes

12. I feel wearied

Yes No Sometimes

13. I feel frazzled

Yes No Sometimes

14. I have negative feelings toward my sport

Yes No Sometimes

15. I feel loathing toward my sport

Yes No Sometimes

Appendix F: SMART Goal Worksheet

Appendix G: Mental Warm-Up: Support for Sports

This is a visualization tool to help athletes get into their “zone”. This tool leads athletes in an exercise to imagine themselves accomplishing their goals. The benefits of utilizing this tool are that athletes will gain confidence, decrease anxiety, boost motivation, improve mood, and so much more. This can be a tool that you can use before a game/ competition, before practice, or during halftime or breaks. Take the time to inspire your athletes.

Stand tall with your knees bent slightly and your feet shoulders’ width apart. In a moment you will take a slow, deep, breath through your nose, filling the lower part of your lungs, then the middle part, and, finally, the upper part of your lungs. After holding your breath for a few seconds, you will exhale slowly, relaxing your abdomen and chest. Now, breathe in-2-3-4 and out-2-3-4. Resume breathing normally. You can use deep breathing to calm yourself as needed.

Now take a moment to get a clear mental picture of the main thing you want to accomplish today. You can close your eyes as you think about something that is within your control. What do you see in this mental picture of what you want to accomplish? What sensations do you notice in your body? What do you feel in your muscles? What sounds do you hear? What smells and tastes do you notice? Make the mental picture as clear and vivid as you can.

Okay, now let the mental picture fade and focus again on your breathing. Stand tall with your knees bent slightly and your feet shoulders’ width apart. Breathe in-2-3-4 and out-2-3-4. Now bring back the mental picture of the main thing you want to accomplish today. What do you see? What sensations do you notice in your body? What do you feel in your muscles? What sounds do you hear? Use all your senses to fully experience this mental picture, filled with the belief that you can make it happen today.

Let the mental picture fade once again. Imagine a warm glow forming in your stomach,

right in your core. This warm glow is full of energy and is slowly starting to spread throughout your body. As the energy spreads, jump up and land with both feet. Shake out your arms and feel the energy starting to surge again from inside you. Feel the energy launch you into the air again, land, and shake out your arms. Keep that feeling of energy, and as you do, bring back the mental picture of the main thing you want to accomplish today one final time. Check your energy level. Use the warm glow of energy in your body or your breathing to find the level of energy you need and get yourself ready to perform.

You have the level of energy you need, you know what you want to accomplish, you believe you can accomplish it, and you are ready to do it. On the count of three, we will clap our hands three times and then go do it. 1,2,3

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Appendix H: Additional Resources

[Winning Mindset Meditation](#) – video (runtime 12:50 minutes)

[Finding Confidence meditation](#) -video (runtime 7:38 minutes)

[Body Scan Script](#)- roughly 20 minutes

[Athlete Mental Health Podcast Collection](#)- audio (runtime approximately 6 minutes each)