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UNIVERSITY OF CALIFORNIA SAN DIEGO

Comparing the Mental Health of Collegiate Scholar Athletes and the General College Student
Body Population

A Thesis submitted in partial satisfaction of the requirements
for the Masters of Public Health degree

in

Public Mental Health

by

Dalena Pham

Committee in charge:

Professor Wael Al-Delaimy, Chair
Professor Suzi Hong
Professor Michael Pratt

2026

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The Thesis of Dalena Pham is approved, and it is acceptable in quality and form for publication on microfilm and electronically.

University of California San Diego

2026

DEDICATION

This thesis is dedicated to those who have been impacted by mental health struggles. Please know that your experiences are valid and that you are seen, loved and supported. My research topic is inspired by the tragedies of Katie Meyer and Brian Lilly Jr., two collegiate scholar athletes who died by suicide. May their memories be a blessing and inspire greater awareness to and resources for mental health support on college campuses.

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LIST OF ABBREVIATIONS

BIS	Body Image States Scale
MB	Maslach's General Burnout Scale
MD	Maslach's Depersonalization Burnout Scale
MHAS	Mental Health Help-Seeking Attitudes Scale
MPA	Maslach's Personal Achievement Burnout Scale
PSS	Cohen's Perceived Stress Scale
RSE	Rosenberg's Self-Esteem Scale
WEMWBS	Warwick Edinburgh Mental Well-Being Scale

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ABSTRACT OF THE THESIS

Comparing the Mental Health of Collegiate Scholar Athletes and the General College Student
Body Population

by

Dalena Pham

Masters of Public Health in Public Mental Health

University of California San Diego, 2026

Professor Wael Al-Delaimy, Chair

This study compares mental health help-seeking attitudes, perceived stress, self-esteem, body image, burnout, and overall mental well-being outcomes between scholar athletes and other students. A mixed-methods cross-sectional study collecting data from questionnaires and qualitative interviews with a convenience sample of 60 undergraduate and graduate students aged 18-25. Independent samples t-tests, linear regression models, and correlation tests were performed to compare and predict the effect size of psychological scales among groups based on student status, sex, and type of sport. Qualitative interviews were analyzed using thematic

analysis of how institutional, cultural, and interpersonal factors influence mental-health help-seeking among participants.

Our findings found that team sport athletes were more favorable towards mental health help-seeking than their individual sport counterparts. There were also differences in personal achievement burnout and overall mental well-being scores between the two scholar athlete groups. There were no statistically significant differences in the perceived stress, self-esteem, body image states, general burnout, or burnout from depersonalization among the groups compared. Favorable mental health help-seeking attitudes were identified a significant predictor of positive overall mental well-being. While most scholar athletes are open to seeking help, team attitudes vary by sport, ranging from being supportive of mental health to it not being a priority. There is a disconnect between awareness surrounding mental health topics and genuine action or prioritization by coaching staffs compared to their athletes. These findings show the need for increasing accessibility and diversity in mental health resources and providers to adequately meet the needs of all college students.

Introduction

While awareness of mental-health challenges among those in higher education has increased in recent years (Lipson et al., 2022), research consistently links stigma — defined as a socially constructed process through which individuals are discredited or devalued because of a particular attribute or condition (Goffman, 1963) — as a primary barrier to seeking professional help for psychological concerns. Stigma manifests in two main forms: public stigma, which refers to the broader societal stereotypes, prejudice, and discrimination toward individuals experiencing mental illness, and self-stigma, which occurs when individuals internalize these negative societal beliefs, resulting in lowered self-esteem, shame, and reluctance to seek support (Corrigan & Watson, 2002). Together, these stigmatizing processes discourage help-seeking behaviors and perpetuate untreated psychological distress, especially among scholar athletes who face heightened performance, academic, and social pressures (Gulliver et al., 2012; Gerber et al., 2022; Yoon & Petrie, 2023). When combined, these various mechanisms, compounded by prior negative experiences with help-seeking, can reduce an athlete's likelihood of acknowledging distress, disclosing symptoms, or engaging with professional support services. Additionally, coaches' micro-aggressions and dismissive attitudes toward mental illness have been shown to further discourage help-seeking among athletes (Courtney et al., 2025).

Collegiate scholar athletes are an understudied and uniquely vulnerable population within mental health research. They experience a complex intersection of academic, athletic, and social stressors that collectively heighten their risk for psychological distress (Rice et al., 2016; Wolanin et al., 2016). The need to balance the competing demands of athletic performance, academic achievement, and interpersonal expectations often contributes to increased anxiety, burnout, and reduced help-seeking behaviors (Moreland et al., 2018).

Athletic environments typically cultivate a culture that emphasizes toughness, resilience, self-discipline, and emotional control. While these attributes are important to achieving competitive success, they may also discourage scholar athletes from expressing emotional vulnerability and openness regarding their mental health concerns (Watson, 2005; Lopez & Levy, 2013). Within such contexts, seeking psychological support may be perceived as a sign of weakness or poor coping ability, leading athletes to minimize or conceal emotional difficulties (Gulliver et al., 2012; Yoon & Petrie, 2023).

This persistent stigma surrounding mental-health help-seeking among scholar athletes fosters maladaptive coping strategies, avoidance, and normalization of distress, which in turn may result in untreated or under-treated mental-health conditions. In severe cases, this silence and internalization of mental distress can contribute to self-harm or suicide, outcomes increasingly recognized as critical issues in collegiate athletic populations (NCAA, 2022; Rao & Hong, 2016). Recognizing and addressing these barriers is therefore essential for fostering supportive environments that promote psychological well-being among scholar athletes.

Specific to the University of California, San Diego (UCSD), a collegiate rower tragically died by suicide in 2021. Although individual circumstances surrounding suicide are complex and multifaceted, this tragedy underscores the urgent need to examine how cultural and systemic factors within collegiate athletics perpetuate cycles of mental-health stigma and impede mental health help-seeking behaviors. This tragedy also reflects broader institutional challenges across collegiate sports, where athletic identity, performance expectations, and perceived norms around toughness can discourage vulnerability and reinforce silence surrounding psychological distress (Rao & Hong, 2016; Rice et al., 2016). Recognizing, understanding, and addressing these

entrenched barriers are essential for developing comprehensive support structures that protect scholar athletes' mental health and overall well-being.

Research over the past decade has highlighted a stark increase in anxiety, depression, and stress-related disorders among college students. The Healthy Minds Study from 2020 to 2021 reported that over 60% of college students met criteria for at least one mental health diagnosis (Lipson et al., 2022). Within this population, scholar athletes experience an elevated burden of stress compared to their non-athlete peers, which heightens their risk for developing psychological difficulties (Gerber et al., 2022). Although scholar athletes often have access to athletic and campus-based support resources, the stigmatized perception that seeking professional help signifies weakness or jeopardizes their athletic status remains a potent deterrent (Watson, 2005; Lopez & Levy, 2013). This internalized belief continues to limit the use of available mental-health services despite growing awareness campaigns across institutions of higher education.

Another factor influencing scholar-athlete mental health is the type of sport in which they participate. Team-oriented sports often promote social cohesion, shared emotional experiences, and peer support, which may buffer against stigma and facilitate help-seeking (Kim & Tamminen, 2025). In contrast, individual-sport athletes may experience greater isolation, heightened self-pressure, and fewer informal support networks, amplifying perceived stress and reluctance to seek care (Rice et al., 2016). Recent research grounded in social-norm theory indicates that athletes' perceptions of teammates and coaches' openness toward mental-health support strongly predict their own willingness to seek help (Kim & Tamminen, 2025). Together, these findings highlight the importance of targeted interventions that address stigma, enhance

mental-health literacy, and cultivate supportive athletic cultures to improve help-seeking attitudes and outcomes among scholar athletes.

The present study seeks to combine empirical data with qualitative insights to inform evidence-based interventions aimed at reducing stigma, normalizing help-seeking, and promoting proactive mental-health support across university athletic departments, student-affairs services, and on-campus counseling programs (Moreland et al., 2018; NCAA, 2022). The purpose of this study was to compare the perceived stigma, mental health help-seeking habits, and psychological outcomes between scholar athletes and their peers in the general student body population. The study hypothesizes that scholar athletes will report statistically significantly higher levels of perceived stigma towards mental health help-seeking and lower intentions to seek professional psychological help than their non-scholar athlete peers. We also hypothesize that scholar athletes participating in team-oriented sports will demonstrate more positive attitudes toward mental-health help-seeking, likely influenced by stronger social support systems, collective coping mechanisms, and perceived normalization of help-seeking within group settings (Kim & Tamminen, 2025; Lopez & Levy, 2013). Conversely, those in individual sports may experience greater isolation, performance pressure, and self-stigma that inhibit mental health help-seeking behavior. Another hypothesis is that participants with lower scores on the Mental Help-Seeking Attitudes Scale (MHSAS) will also report lower self-esteem, poorer body image, and reduced overall well-being, along with higher levels of perceived stress and burnout compared to their counterparts.

Methods

Setting and Sample

This study collected and analyzed data using Qualtrics surveys and qualitative interviews with participants meeting the study eligibility criteria of being currently enrolled undergraduate or graduate students within the age ranges of 18-25 years. Survey data collection occurred from December 2025 to June 2026. Qualitative interviews were conducted via Zoom from May 2026 to June 2026. Participants were recruited via online social media platforms like LinkedIn, Reddit, GroupMe, and Instagram as well as through in-person meetings at UC San Diego during athletic council meetings and convenience snow-ball sampling. Data on demographics, mental help seeking attitudes, perceived stress, self-esteem, body image, burnout, and mental well-being were collected from study participants. Qualitative interviews were designed to be open-ended conversations that touched upon the topics measured within the survey as well as participants' beliefs on barriers to mental health resources on campus, desired improvements, and insight on team culture surrounding mental health among scholar athletes. The study was approved by the Institutional Review Board of UC San Diego. Participation was voluntary and informed consent was obtained before participants completed both the survey and qualitative interview. Participants were compensated with virtual Amazon gift cards sent to their school email upon study completion. Participants received \$10 for survey completion and \$30 for both survey and qualitative interview completion.

Sixty participants completed the Qualtrics survey. Within the sample of 60 participants, 18 opted-into an additional open-ended qualitative interview that lasted 15-40 minutes. The survey study sample included 26 scholar athletes and 34 of the general student body. The qualitative interview sample included 10 participants from the general student body and 8 participants that were scholar athletes. Scholar athletes were further categorized into team or

individual sport athletes. Those who participated in basketball, football, and volleyball were categorized as team sport athletes. Those who participated in track and field, cross country, swimming, and equestrian were categorized as individual sport athletes.

Measures

Demographics

The anonymous Qualtrics survey included demographic questions on age, gender identity, race and ethnicity, college currently enrolled in, academic standing, and if the participant was a scholar athlete on an institutionally sponsored intercollegiate sports program. To ensure adequate sample sizes for analysis, academic standing was reclassified to “First-year”, “Second-year”, “Third-year”, “Fourth-year”, and “Graduate student”. Similarly, race and ethnicity were condensed to “White”, “Hispanic/Latine”, “Black/African American”, “Asian”, “Native American”, and “Middle Eastern/North African”.

Mental Help Seeking Attitudes Scale [MHSAS]

Stigma surrounding the utilization of mental health resources was measured using the Mental Help Seeking Attitudes Scale (MHSAS), a validated 9-item instrument designed to measure respondents’ overall evaluation (favorable vs unfavorable) of their seeking help from a mental health professional if they were dealing with a mental health concern (Hammer et al., 2018). Using a 7-point semantic differential scale, participants were asked to identify mark the circle that best represents their opinion from: (1) useless to useful; (2) important to unimportant; (3) unhealthy to healthy; (4) ineffective to effective; (5) good to bad; (6) healing to hurting; (7) disempowering to empowering; (8) satisfying to unsatisfying; and (9) desirable to undesirable. Individuals with higher scores (closer to 7) have a more positive attitude toward seeking help

from a mental health professional when needed. Individuals with lower scores (closer to 1) have a more negative attitude toward seeking help from a mental health professional when necessary.

Cohen Perceived Stress Scale [PSS]

The Cohen Perceived Stress Scale (PSS) is a validated and classic stress assessment that was used to measure how different situations can affect one's feelings and perceived stress (Cohen & Mermelstein, 2014). Using a 5-point Likert scale, participants were asked to describe how often they felt: (1) upset due to something happening unexpectedly; (2) unable to control important things in their life; (3) nervous and stressed; (4) confident in their ability to handle personal problems; (5) that things were going their way; (6) that they could not cope with all the things they had to do; (7) able to control irritations in their life; (8) on top of things; (9) angered because of things that happened outside of their control; and (10) difficulties piling up so high that they could not overcome them. The 5-point Likert choices were 0 = never, 1 = almost never, 2 = sometimes, 3 = fairly often, and 4 = very often. Higher scores indicate higher perceived stress. Scores can be categorized as "low perceived stress" (0-13), "moderate perceived stress" (14-26), and "high perceived stress" (27-40).

Rosenberg Self-Esteem Scale [RSE]

The Rosenberg Self-Esteem Scale (RSE) is a reliable and validated 10-item Guttman scale used to measure self-esteem (Rosenberg, 1965). Participants were asked to rate their agreeableness (1 = strongly agree, 2 = agree, 3 = disagree, and 4 = strongly disagree) with these following statements: (1) On the whole, I am satisfied with myself; (2) At times I think I am no good at all; (3) I feel that I have a number of good qualities; (4) I am able to do things as well as most other people; (5) I feel I do not have much to be proud of; (6) I certainly feel useless at times; (7) I feel that I'm a person of worth; (8) I wish I could have more respect for myself; (9)

All in all, I am inclined to think that I am a failure; and (10) I take a positive attitude toward myself. With standard scoring on the positive statements (1, 3, 4, 7, and 10) and reverse scoring on the negative statements (2, 5, 6, 8, and 9), lower scores (0-14) indicate low self-esteem, moderate scores (15-25) indicate normal/average self-esteem, and higher scores (26-30) indicate high self-esteem.

Body Image States Scale [BISS]

The Body Image States Scale (BISS) is a validated 6-item, scale (Cash et al., 2002). It is used to measure the domains of current body experience: (1) dissatisfaction-satisfaction with one's overall physical appearance; (2) dissatisfaction-satisfaction with one's body size and shape; (3) dissatisfaction-satisfaction with one's weight; (4) feelings of physical attractiveness-unattractiveness; (5) current feelings about one's looks relative to how one usually feels; and (6) evaluation of one's appearance relative to how the average person looks. Responses to each item were based on a 9-point bipolar Likert scale that began with extremely dissatisfied, mostly dissatisfied, moderately dissatisfied, slightly dissatisfied, neither dissatisfied nor satisfied, slightly satisfied, moderately satisfied, mostly satisfied, or extremely satisfied. Higher scores (closer to 9) indicate greater satisfaction with one's body and physical appearance in the moment. Lower scores (closer to 1) indicate more dissatisfaction with one's body and physical appearance in the moment.

Maslach Burnout Inventory [MBI]

The Maslach Burnout Inventory (MBI) is a validated scale that is commonly used to measure if one is at risk of burnout by exploring the components of exhaustion, depersonalization, and personal achievement (Maslach & Jackson, 1981). A 7-point Likert scale is used to measure how often one feels each statement: 0 = Never, 1 = A Few Times per Year, 2

= Once a Month, 3 = A Few Times per Month, 4 = Once a Week, 5 = A Few Times per Week, and 6 = Every Day. Section A measures burnout or depressive anxiety syndrome with these following statements: (1) I feel emotionally drained by my work; (2) Working with people all day long requires a great deal of effort; (3) I feel like my work is breaking me down; (4) I feel frustrated by my work; (5) I feel I work too hard at my job; (6) It stresses me too much to work in direct contact with people; and (7) I feel like I'm at the end of my tether. Scores for Section A: Burnout can be categorized as "low-level burnout" (0-17), "moderate burnout" (18-29), and "high-level burnout" (30+). Section B measures depersonalization or loss of empathy with these following statements: (1) I feel I deal with my team/colleagues impersonally, as if they are objects; (2) I feel tired when I get up in the morning and have to face another day at work; (3) I have the impression that my team/colleagues make me responsible for some of their problems; (4) I am at the end of my patience at the end of my work day; (5) I really don't care about what happens to some of my team/colleagues; (6) I have become more insensitive to people in the workplace; and (7) I'm afraid that this job is making me uncaring. Scores for Section B: Depersonalization can be categorized as "low-level burnout" (0-5), "moderate burnout" (6-11), and "high-level burnout" (12+). Section C measures the reduction of personal achievement with these following statements: (1) I accomplish many worthwhile things in this job; (2) I feel full of energy; (3) I am easily able to understand what my team/colleagues feel; (4) I look after my team/colleagues problems very effectively; (5) In my work, I handle emotional problems very calmly; (6) Through my work, I feel that I have a positive influence on people; (7) I am easily able to create a relaxed atmosphere with my team/colleagues; and (8) I feel refreshed when I have been close to my team/colleagues at work. Scores for Section C: Personal Achievement can be categorized as "high-level burnout" (0-33), "moderate burnout" (34-39), and "low-level

burnout” (40+). A high score in Sections A and B and a low score in Section C may indicate burnout.

Warwick-Edinburgh Mental Well-Being Scale [WEMWBS]

The Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) is a psychometrically validated scale designed to measure positive mental health and well-being (Tennant, 2007). It is a 14-item scale measured with a 5-point Likert scale from 1 = None of the time, 2 = Rarely, 3 = Some of the time, 4 = Often, and 5 = All of the time. The statements about one’s feelings and thoughts to be responded to are: (1) I’ve been feeling optimistic about the future; (2) I’ve been feeling useful; (3) I’ve been feeling relaxed; (4) I’ve been feeling interested in other people; (5) I’ve had energy to spare; (6) I’ve been dealing with problems well; (7) I’ve been thinking clearly; (8) I’ve been feeling good about myself; (9) I’ve been feeling close to other people; (10) I’ve been feeling confident; (11) I’ve been able to make up my own mind about things; (12) I’ve been feeling loved; (13) I’ve been interested in new things; and (14) I’ve been feeling cheerful. Scores range from 14-70 and higher scores indicate greater positive well-being. Since the idea of well-being is novel, it is difficult to fully interpret what the scores mean for everyone.

Analysis Plan

Descriptive statistics summarized demographic and sport-related variables. Independent-samples t tests were used to compare the average psychological scales by sex/gender, type of college student, and type of scholar athlete. The separate analysis of data from only scholar athletes was utilized to determine if statistically significant differences exist among those who are in team sports versus individual sports. Correlation and linear regression analyses were used to measure the effect size and predictability of mental health help-seeking attitudes on various

psychological symptoms, while adjusting for sex or type of athlete. Statistical significance was be evaluated at $p < 0.05$ using R.

Qualitative data were collected and measured through recordings and transcriptions of qualitative interviews after participant consent. They were then analyzed through thematic analysis following a six-phase framework (familiarization, coding, theme generation, review, definition, and reporting). Triangulation of quantitative and qualitative findings enhance validity and yield a more comprehensive understanding of how institutional, cultural, and interpersonal factors influence mental-health help-seeking among the general student body and scholar athletes (Braun and Clarke, 2006). Interviews also discussed mental health survey items and each participant perspectives on various psychological symptoms. They also explored perceived barriers to mental health resources and desired improvements on campus.

Results

Sample Characteristics

The final study consisted of 60 currently enrolled college students. **Table 1** shows various study sample characteristics of participants. Most participants were currently enrolled at University of California, San Diego (76.7%). There were even distributions across academic level, racial, and age categories among study participants. Regarding sex/gender, 51.6% of the study population identified as male, 46.7% as female, and 1.7% as non-binary/third gender. The individual participant who identified as non-binary/third gender was classified into the female sex category during binary data analysis since they are on the roster of a women's collegiate athletics team. There were 56.7% of participants in the general student body and 43.3% that were scholar athletes. The sports represented by the scholar athletes within this sample are shown in **Figure 1**. The sports represented by study participants include Men's Track and Field, Women's Track and Field, Men's Cross Country Women's Cross Country, Men's Basketball, Women's Basketball, Football, Men's Swimming, Men's Volleyball, and Equestrian. Some scholar athletes are dual-sport athletes (ex. Cross Country and Track and Field) and are thus counted in both sports.

Table 1: Demographic Statistics of College Student Participants in Study Sample

<i>Table 1 Sample demographics and characteristics (N = 60)</i>			
Characteristics	Category	Frequency	Percentage
College	Angelo State University	1	1.7
	Arizona State University	2	3.3
	Grand Canyon University	1	1.7
	Humboldt State University	1	1.7
	Rice University	1	1.7
	San Diego State University	1	1.7
	Stanford University	1	1.7
	University of California, Los Angeles	1	1.7
	University of California, San Diego	46	76.7
	University of Houston - Downtown	2	3.3
	University of Texas - Rio Grande Valley	2	3.3
	Wichita State University	1	1.7
Academic Standing	First-year	6	10
	Second-year	10	17
	Third-year	14	23
	Fourth-year	17	28
	Graduate student	13	22
Race	Asian	18	30
	Black/African American	7	11.7
	Hispanic/Latine	7	11.7
	Hispanic/Latine, Black/African American	1	1.7
	Middle Eastern/North African	5	8.3
	Native American	3	5
	White	12	20
	White, Asian	2	3.3
	White, Hispanic/Latine	3	5
	White, Hispanic/Latine, Asian	1	1.7
	White, Native American	1	1.7
Sex/Gender	Female	28	46.7
	Male	31	51.6
	Non-binary / third gender	1	1.7
Age	18	2	3.3
	19	7	11.6
	20	10	16.7
	21	15	25
	22	9	15
	23	10	16.7
	24	3	5
	25	4	6.7
College Student Type	General Student Body	34	56.7
	Scholar Athlete	26	43.3

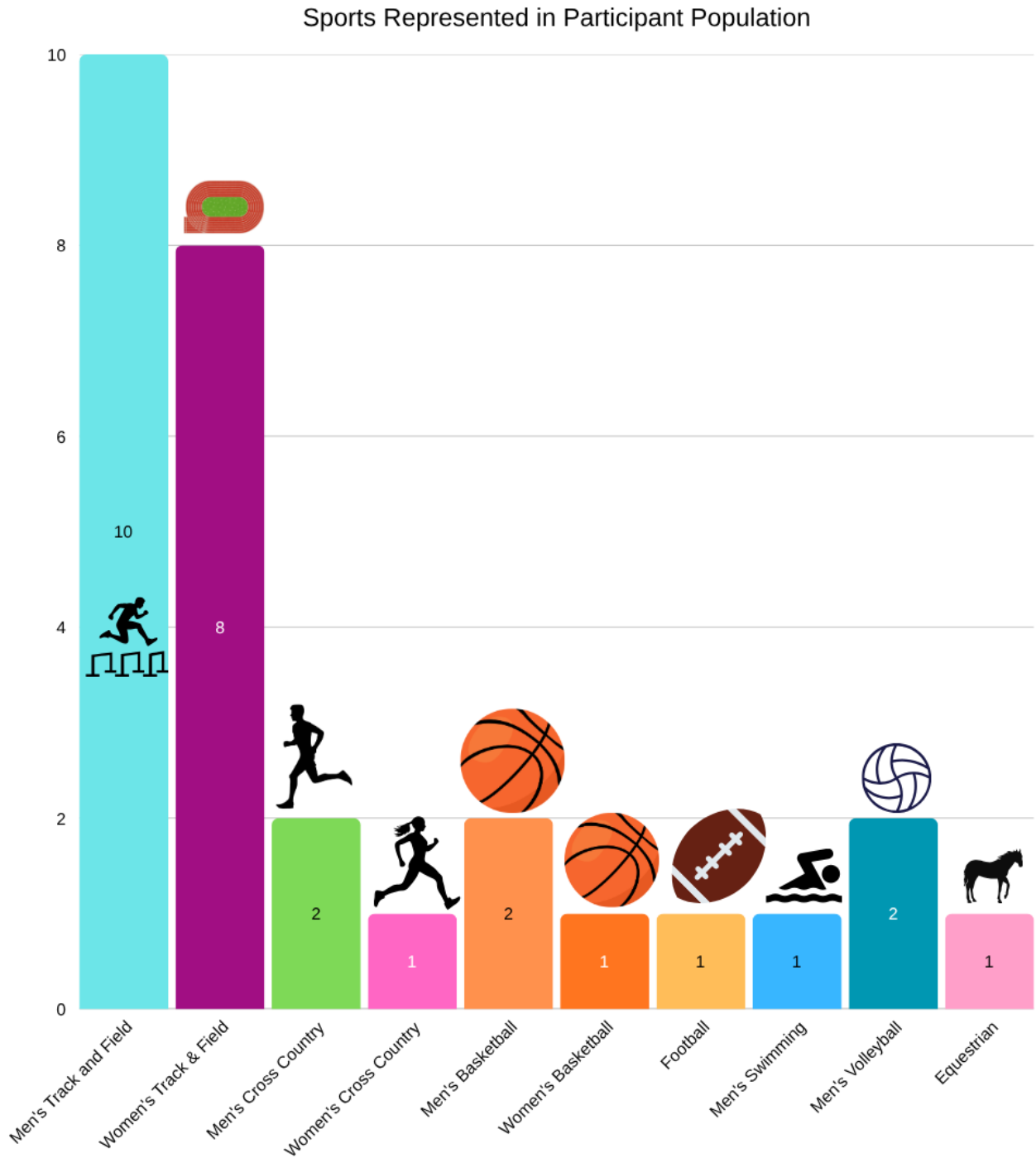


Figure 1: Type of sport represented within scholar athlete sample

Comparison of Mental Help Seeking Attitudes Scores (MHAS)

There was no statistically significant difference between the general student body and scholar athletes. Both general student body and scholar athlete group averages show moderately favorable attitudes about seeking mental health help when needed. There was no statistically significant difference between male participants and female participants. Both male and female group averages show moderately favorable attitudes about seeking mental health help when needed. There was a statistically significant difference between the team sport athletes and individual athletes. Scholar athletes participating in team sports showed greater favorability towards seeking mental health resources when needed compared to their counterparts who participate in individual sports. However, both team and individual athlete group averages show moderately favorable attitudes about seeking mental health help when needed. The specific MHAS Welch's t-test analyses results are displayed in **Table 2**.

Comparison of Cohen Perceived Stress Scores (PSS)

There was no statistically significant difference between the general student body and scholar athletes. Both general student body and scholar athlete group averages show moderate levels of perceived stress. There was no statistically significant difference between male participants and female participants. Both female and male group averages show moderate levels of perceived stress. There was no statistically significant difference between the team sport athletes and individual sport athletes. Both team and individual athlete group averages show moderate levels of perceived stress. The specific PSS Welch's t-test analyses results are displayed in **Table 2**.

Comparison of Rosenberg Self-Esteem Scale Scores (RSE)

There was no statistically significant difference between the general student body and scholar athletes. Both general student body and scholar athlete group averages show high levels of self-esteem. There was no statistically significant difference between male participants and female participants. Both female and male group averages show high levels of self-esteem. There was no statistically significant difference between the team sport athletes and individual sport athletes. Both team and individual athlete group averages show high levels of self-esteem. The specific RSE Welch's t-test analyses results are displayed in **Table 2**.

Comparison of Body Image States Scores (BIS)

There was no statistically significant difference between the general student body and scholar athletes. Both general student body and scholar athlete group averages show normal/average satisfaction with their body and physical appearance in the moment. There was no statistically significant difference between male participants and female participants. Both female and male group averages show normal/average levels of satisfaction with their body and physical appearance in the moment. There was no statistically significant difference between the team sport athletes and individual sport athletes. Both team and individual athlete group averages show normal/average satisfaction with their body and physical appearance in the moment. The specific BIS Welch's t-test analyses results are displayed in **Table 2**.

Comparison of Maslach's Burnout Inventory Scores

Burnout (MB): There was no statistically significant difference between the general student body and scholar athletes. The general student body group shows an average rate of moderate general burnout. The scholar athletes group shows an average rate of low-level general burnout. There was no statistically significant difference between male participants and female

participants. The male participant group shows an average rate of low-level general burnout. The female participant group shows an average rate of moderate general burnout. There was no statistically significant difference between the team sport athletes and individual sport athletes. Both team and individual athlete group averages show low-level general burnout. The specific MB Welch's t-test analyses results are displayed in **Table 2**.

Depersonalization (MD): There was no statistically significant difference between the general student body and scholar athletes. Both the general student body and scholar athlete group averages show a moderate rate of burnout based on depersonalization. There was no statistically significant difference between male participants and female participants. Both the male and female participant group averages show a moderate rate of burnout based on depersonalization. There was no statistically significant difference between the team sport athletes and individual sport athletes. Both team and individual athlete group averages moderate levels of burnout based on depersonalization. The specific MD Welch's t-test analyses results are displayed in **Table 2**.

Personal Achievement (MPA): There was no statistically significant difference between the general student and scholar athletes. The general student body group shows an average rate of high-level burnout based on personal achievement. The scholar athletes group shows an average rate of moderate burnout based on personal achievement. There was a statistically significant difference between male participants and female. Female participants on average showed higher rates of personal achievement burnout than their male counterparts. The male participant group averages indicated moderate burnout based on personal achievement. The female participant group averages indicated high-level burnout based on personal achievement. There was also a statistically significant difference between the team sport athletes and

individual athletes. The team sport athlete group averages indicated low-level burnout based on personal achievement. The individual sport athlete averages indicated moderate burnout based on personal achievement. The specific MPA Welch's t-test analyses results are displayed in **Table 2**.

Comparison of Warwick-Edinburgh Mental Well-Being Scores

There was no statistically significant difference between the general student body and scholar athletes. Both general student body and scholar athlete group averages show moderate overall mental well-being. There was no statistically significant difference between male participants and female participants. Both male and female participant group averages showed moderate overall mental well-being. There was a statistically significant difference between the team sport athletes and individual athletes. Both team and individual sport group averages indicated moderate overall well-being. The specific WEMWBS Welch's t-test analyses results are displayed in **Table 2**.

Table 2: Summary of Welch's t-test Comparing Psychological Measures Across Participant Groups

Psychological Scale	Comparison Between Groups	Group 1 Mean	Group 2 Mean	t(df)	p-value	Statistical Significance?
MHAS	General Students (1) vs Scholar Athletes (2)	5.67	5.66	- 0.03 (54.08)	0.974	No
MHAS	Male (1) vs Female (2)	5.75	5.57	0.69 (54.44)	0.495	No
<i>MHAS</i>	<i>Team (1) vs Individual (2) Sport Athletes</i>	<i>6.54</i>	<i>5.39</i>	<i>3.01 (10.57)</i>	0.012*	<i>Yes</i>
PSS	General Students (1) vs Scholar Athletes (2)	20.06	21.65	1.36 (55.72)	0.178	No
PSS	Male (1) vs Female (2)	19.94	21.62	- 1.39 (50.22)	0.170	No
PSS	Team (1) vs Individual (2) Sport Athletes	23.17	21.20	1.28 (8.64)	0.233	No
RSE	General Students (1) vs Scholar Athletes (2)	27.74	30.42	1.81 (57.10)	0.075	No
RSE	Male (1) vs Female (2)	29.97	27.76	1.40 (53.67)	0.166	No
RSE	Team (1) vs Individual (2) Sport Athletes	33.17	29.60	1.75 (8.39)	0.116	No
BIS	General Students (1) vs Scholar Athletes (2)	5.53	5.58	0.10 (56.48)	0.921	No
BIS	Male (1) vs Female (2)	5.29	5.83	-1.30 (57.99)	0.198	No
BIS	Team (1) vs Individual (2) Sport Athletes	6.11	5.42	0.74 (6.17)	0.486	No
MB	General Students (1) vs Scholar Athletes (2)	18.50	14.92	- 1.43 (57.51)	0.158	No
MB	Male (1) vs Female (2)	15.48	18.52	- 1.19 (57.51)	0.240	No
MB	Team (1) vs Individual (2) Sport Athletes	14.00	15.20	- 0.27 (7.51)	0.796	No
MD	General Students (1) vs Scholar Athletes (2)	9.62	8.12	- 0.80 (57.96)	0.430	No
MD	Male (1) vs Female (2)	9.68	8.21	0.76 (54.27)	0.449	No
MD	Team (1) vs Individual (2) Sport Athletes	6.33	8.65	- 0.96 (11.72)	0.357	No
MPA	General Students (1) vs Scholar Athletes (2)	31.62	35.69	1.82 (54.17)	0.074	No
<i>MPA</i>	<i>Male (1) vs Female (2)</i>	<i>36.19</i>	<i>30.38</i>	<i>2.50 (54.06)</i>	0.016*	<i>Yes</i>
<i>MPA</i>	<i>Team (1) vs Individual (2) Sport Athletes</i>	<i>40.50</i>	<i>34.25</i>	<i>2.74 (10.99)</i>	0.019*	<i>Yes</i>
WEMWBS	General Students (1) vs Scholar Athletes (2)	45.65	50.12	1.83 (56.52)	0.073	No
WEMWBS	Male (1) vs Female (2)	49.68	45.34	1.67 (53.19)	0.100	No
<i>WEMWBS</i>	<i>Team (1) vs Individual (2) Sport Athletes</i>	<i>57.67</i>	<i>47.85</i>	<i>3.38 (8.17)</i>	0.009**	<i>Yes</i>

*p<0.05; **p<0.01; ***p<0.001

*Linear Regression of Mental Health Seeking Attitudes on Various Psychological Symptoms
Among All Subjects*

The linear regression conducted to determine if mental health help-seeking attitudes predicted perceived stress scores was not statistically significant, only accounting for 0.1% of the variance in perceived stress scores. The linear regression examining if mental health help-seeking attitudes predicted body image states scores was not statistically significant, only accounting for 2.6% of the variance in body image states. The linear regression conducted to examine if mental health help-seeking attitudes predicted overall burnout scores was statistically significant, accounting for 8.1% of the variance in overall burnout. Mental health help-seeking attitudes significantly predicted overall burnout scores, indicating that more favorable attitudes towards seeking mental health services were associated with lower general burnout scores. The linear regression examining if mental health help-seeking attitudes predicted burnout from depersonalization scores was not statistically significant, accounting for 6% of the variance in burnout from depersonalization. The linear regression on if mental health help-seeking attitudes predicted personal achievement burnout scores was statistically significant, accounting for 11% of the variance in personal achievement burnout. Mental health help-seeking attitudes significantly predicted personal achievement burnout scores, indicating that more favorable attitudes towards seeking mental health services were associated with lower personal achievement burnout scores. The linear regression conducted to examine if mental health help-seeking attitudes predicted self-esteem scores was statistically significant, accounting for 12.6% of the variance in self-esteem. Mental health help-seeking attitudes significantly predicted self-esteem scores, indicating that more favorable attitudes towards seeking mental health services were associated with higher self-esteem scores. The linear regression examining if mental health

help-seeking attitudes predicted overall mental well-being scores was statistically significant, accounting for 22% of the variance in overall mental well-being. Mental health help-seeking attitudes significantly predicted overall mental well-being scores, indicating that more favorable attitudes towards seeking mental health services were associated with higher overall mental well-being scores. The specific linear regression results for all subjects are found in **Table 3**.

Table 3: Summary of Linear Regression Analyses Predicting Psychological Symptoms from MHAS Scores Across All Subjects

Outcome Variable	F(df)	p	R ²	% of Variance Explained	B	SE	t(df)	Statistical Significance?
PSS	0.09 (1, 58)	0.767	0.001	0.1%	0.18	0.61	0.30 (58)	No
BIS	1.54 (1, 58)	0.220	0.026	2.6%	0.25	0.20	1.24 (58)	No
MB	5.11 (1, 58)	0.028*	0.081	8.1%	- 2.72	1.20	-2.26 (58)	Yes
MD	3.68 (1, 58)	0.060	0.060	6.0%	- 1.77	0.92	-1.92 (58)	No
MPA	8.31 (1, 58)	0.006**	0.110	11.0%	3.19	1.11	2.88 (58)	Yes
RSE	8.37 (1, 58)	0.005**	0.126	12.6%	2.09	0.72	2.89 (58)	Yes
WEMWBS	16.39 (1, 58)	0.000***	0.220	22.0%	4.57	1.13	4.05 (58)	Yes

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

Multiple Linear Regressions of Mental Health Seeking Attitudes on Numerous Psychological Symptoms Among All Subjects

A multiple linear regression was conducted to examine if PSS, MB, BIS, MD, MPA, RSE, and WEMWBS predicted MHAS. The overall model was significant, $F(7,52) = 2.70$, $p = 0.018$, accounting for 26.6% of the variance in MHAS ($R^2 = 0.266$, adjusted $R^2 = 0.168$). Among the predictors, only WEMWBS was a significant positive predictor of MHAS ($B = 0.074$, $SE = 0.027$, $t = 2.72$, $p = 0.009$). All other predictors were non-significant ($p > .05$). The positive coefficient for WEMWBS ($B = 0.074$, $p = 0.009$) indicates that participants with higher levels of overall mental well-being tended to have more positive mental health help-seeking attitudes, even after accounting for PSS, MB, BIS, MD, MPA, and RSE.

Pearson's Correlation of Mental Health Seeking Attitudes on Various Psychological Symptoms Among All Subjects

A Pearson product–moment correlation revealed a significant moderate positive relationship between mental health attitudes (MHAS) and overall mental well-being (WEMWBS), $r(58) = 0.47, p < .001$. Participants with higher levels of mental well-being reported more positive attitudes toward mental health help-seeking. Approximately 22% of the variance was shared between the two variables ($r^2 = 0.22$). This finding is consistent with the multiple regression analysis, where WEMWBS was the only significant predictor of MHAS. The correlation shows that MHAS and WEMWBS are positively related, while the regression demonstrates that this relationship remains significant even after controlling for the other psychological variables in the model. This strengthens the conclusion that mental well-being is an important factor associated with mental health help-seeking attitudes in this sample.

Sub-Analyses Among Scholar Athletes

Linear Regression of Mental Health Seeking Attitudes on Various Psychological Symptoms Among Scholar Athletes

A simple linear regression was conducted to examine whether mental health help-seeking attitudes predicted perceived stress. The model was not statistically significant and accounted for only 3.0% of the variance in perceived stress. The linear regression conducted to examine whether mental health help-seeking attitudes predicted body image states was not statistically significant and accounted for less than 1% of the variance in body image states score. A linear regression was conducted to examine whether mental health help-seeking attitudes predicted general burnout. The model was not statistically significant and accounted for less than 1% of the variance in general burnout. A simple linear regression was conducted to examine whether mental health help-seeking attitudes predicted burnout from depersonalization. The model was not statistically significant and accounted for less than 1% of the variance in burnout from

depersonalization. The linear regression examining whether mental health help-seeking attitudes predicted burnout from personal achievement was not statistically significant and accounted for 10.0% of the variance in burnout from personal achievement. A simple linear regression was conducted to examine whether mental health help-seeking attitudes predicted self-esteem. The model was not statistically significant and only accounted for 3.0% of the variance in self-esteem scores. A simple linear regression showed that mental health help-seeking attitudes significantly predicted overall mental well-being, accounting for 22.3% of the variance in overall mental well-being. mental health help-seeking attitudes was a significant positive predictor of overall mental well-being, indicating that more positive mental health help-seeking attitudes were associated with higher levels of overall mental well-being. Overall, favorable mental health help-seeking attitudes were associated with positive overall mental well-being rather than reductions in symptoms of psychological distress. The specific linear regression results for all subjects are found in **Table 4**.

Table 4: Summary of Simple Linear Regression Analyses Predicting Psychological Scores from MHAS Scores Among Scholar Athletes

Outcome Variable	F(df)	p	R ²	% of Variance Explained	B	SE	t(df)	Statistical Significance?
PSS	0.85 (1, 24)	0.367	0.030	3.0%	0.61	0.66	0.92 (24)	No
BIS	0.10 (1, 24)	0.759	0.000	0.0%	- 0.09	0.30	- 0.31 (24)	No
MB	0.02 (1, 24)	0.889	0.000	0.0%	0.24	1.72	0.14 (24)	No
MD	0.06 (1, 24)	0.811	0.000	0.0%	- 0.29	1.22	- 0.24 (24)	No
MPA	2.75 (1, 24)	0.110	0.100	10.0%	1.91	1.16	1.66 (24)	No
RSE	0.81 (1, 24)	0.375	0.030	3.0%	0.79	0.88	0.90 (24)	No
WEMWBS	6.89 (1, 24)	0.015*	0.223	22.3%	3.35	1.27	2.63 (24)	Yes

p<0.05; **p<0.01; *p<0.001*

Multiple Linear Regressions of Mental Health Seeking Attitudes on Numerous Psychological Symptoms Among Scholar Athletes

A multiple linear regression was conducted to examine whether PSS, MB, BIS, MD, MPA, RSE, and WEMWBS predicted mental health help-seeking attitudes (MHAS). The overall

model was not statistically significant, $F(7,18) = 1.62, p = 0.194$, explaining 38.6% of the variance in MHAS ($R^2 = 0.386$, adjusted $R^2 = 0.147$). However, WEMWBS was a significant positive predictor of MHAS ($B = 0.093, SE = 0.042, t = 2.22, p = 0.039$), indicating that higher mental well-being was associated with more positive mental health help-seeking attitudes. No other predictors were statistically significant.

Pearson's Correlation of Mental Health Seeking Attitudes on Various Psychological Symptoms Among Scholar Athletes

A Pearson product–moment correlation revealed a significant moderate positive relationship between mental health help-seeking attitudes (MHAS) and overall mental well-being (WEMWBS), $r(24) = 0.47, p = 0.015$. Higher levels of overall mental well-being were associated with more positive mental health help-seeking attitudes. The relationship accounted for approximately 22% of the shared variance between the two variables ($r^2 = 0.22$).

Table 5: Descriptive Statistics for Psychological Scales for All Subjects and All Scholar Athletes

Variable	All Subjects					Scholar Athletes				
	n	Mean	SD	Min	Max	n	Mean	SD	Min	Max
MHAS	60	5.66	1.04	2.67	7.00	26	5.66	1.04	2.67	7.00
PSS	60	20.75	4.80	0.00	29.00	26	21.65	3.43	12.00	29.00
BIS	60	5.55	1.63	1.33	8.17	26	5.58	1.54	2.00	8.17
MB	60	16.95	9.91	0.00	42.00	26	14.92	8.80	0.00	34.00
MD	60	8.97	7.51	0.00	35.00	26	8.12	6.22	1.00	29.00
MPA	60	33.38	9.34	2.00	47.00	26	35.69	6.24	25.00	47.00
RSE	60	28.90	6.10	10.00	40.00	26	30.42	4.60	22.00	40.00
WEMWBS	60	47.58	10.10	14.00	67.00	26	50.12	7.39	37.00	63.00

Thematic Analysis of Beliefs and Culture Surrounding Mental Health on Athletic Teams

While mental health is acknowledged within athletic contexts, there is a lack of corresponding preventative action to address burnout and extreme stress among scholar athletes.

A notable disconnect exists between athletes and coaching staff, with athletes expressing greater concern for mental health than is reflected in staff priorities. Even though informal support systems are present among teammates, there is a critical need for formalized, proactive mental health interventions led by coaching staff and administrators.

The further qualitative interviews with some select, voluntary participants added some insight on data trends as well as personal anecdotes on their experiences with mental health resources on college campuses. Interviewees elaborated upon their experiences with mental health help-seeking on college campuses, highlighting both structural and personal barriers that shape their access to support services at the broader university level and specifically within collegiate athletic departments.

One key theme identified during the qualitative interviews was the presence of racial and cultural barriers that impacted participants' ability to engage with mental health services. Several participants reported feeling that available providers did not reflect their cultural background or fully understand their lived experiences. This lack of cultural representation and sensitivity contributed to discomfort and reduced trust in accessing formal support systems. One participant explained:

“It can be difficult as a Black woman to relate to or feel understood by the cisgender, white, male providers offered as sports psychologists.” [P18]

Similarly, another participant emphasized the need for greater diversity and cultural humility among mental health providers.

“I wish they could hire and train more diverse providers on cultural humility to adequately reflect the diverse and unique needs of the student body. This can help reduce the burden on the few providers they have and increase the number of students they can help too.” [P10]

These accounts suggest that even when mental health resources and services are available, the perceived lack of cultural alignment between student and provider may act as a barrier to utilization, particularly among students with minority identities.

Participants also frequently described the tendency for individuals to delay seeking professional support until their issues become severe. This pattern reflects a broader culture of self-reliance and the normalization of managing health difficulties independently within athletic and high-performing academic environments. One participant noted the potential consequences of delayed help-seeking:

“I know people who want to deal with things in their own until it’s too late and they can end up in dangerous situations from waiting for too long. Sometimes people don’t realize they need outside help until they fail classes are passing out in public, but they should get help before then. We need to normalize the conversation around getting help early so people don’t even reach those states of desperation.” [P26]

This highlights the concern that mental health help-seeking is often reactive instead of preventative, with individuals only accessing professional support once their problems have escalated.

Another prominent theme was the preference for seeking support from peers, particularly teammates, rather than from formal professional services. While peer support was often viewed as accessible and immediate, participants also recognized its limitations in addressing more serious mental health concerns. One participant reflected on this dynamic:

“I feel like some people rely on their teammates for support too much when they really need to go to a professional for certain mental health concerns.” [P16]

This suggests that while interpersonal support networks are valuable, they may sometimes act as a substitute for professional help-seeking, potentially delaying access to appropriate care.

Participants also highlighted lack of time as a significant barrier to engaging with mental health services. Academic and athletic commitments often made it difficult to prioritize appointments, particularly during earlier stages of university life. One participant described their delayed engagement with counseling services:

“I wanted to try CAPS before but only got the time in my schedule and motivation to go during my senior year. I wish I started going earlier, they have been really helpful.” [P46]

This suggests that time pressure and competing responsibilities contribute to delayed help-seeking, even among individuals who ultimately view services positively.

A further barrier identified was difficulty in accessing and understanding available mental health resources. Participants reported challenges navigating institutional systems and identifying appropriate services or referral pathways. One participant explained:

“I wanted to get help, but it was really hard to navigate websites to find resources or get referrals that I needed.” [P24]

This indicates that structural and informational barriers may reduce the likelihood of students accessing support, even when motivation to seek help is present.

All interviewees were quite favorable towards mental health help-seeking, but mentioned barriers to accessing care, such as scheduling conflicts, cultural mismatches between providers and students, over-reliance on peer support, long wait times to get appointments, and difficulty navigating mental health resources on campus. They suggested increased marketing efforts to better publicize mental health resources and events, having structured time set aside in lectures and during practices to prioritize and address mental health topics, increased accessibility through anonymous or virtual resources, and an increase in mental health providers to meet the

overwhelming student demand. Most participants also expressed the benefits of taking breaks, having hobbies outside of academics or athletics, journaling, and spending quality time with loved ones as ways to increase their own mental well-being and prevent the various psychological symptoms that were addressed on the survey, such as stress and burnout.

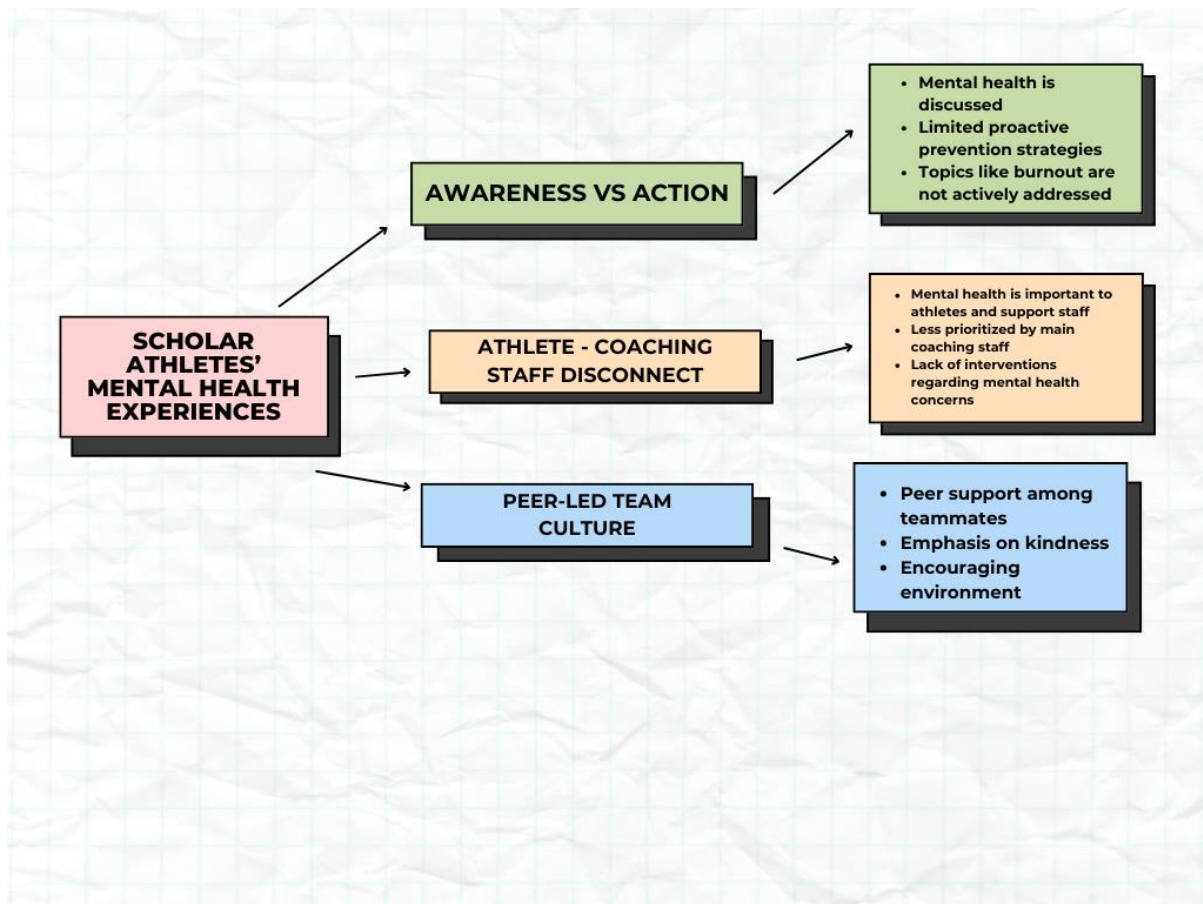


Figure 2: Thematic analysis of athletic teams' culture and beliefs surrounding mental health

Discussion

Analysis of the data showed some common themes develop that addressed research questions. While there no statistically significant differences in mental health help-seeking attitudes between the general student body and scholar athletes or by sex, there was a statistically significant difference between team and individual sport athletes. Scholar athletes that were on team sports reported more positive attitudes towards mental health help-seeking than their counterparts on individual sports. This is in line with prior research findings that team-oriented sports have a protective factor against stigma and promote help-seeking attitudes and behaviors due to social cohesion, shared emotional experiences, and greater peer support (Kim & Tamminen, 2025).

No statistically significant differences were found in the perceived stress scores between general students, scholar athletes, or among different sexes, with group averages reporting moderate levels of perceived stress. There was not a statistically significant difference in self-esteem scores between general students, scholar athletes, or among different sexes. All group averages showed high levels of self-esteem. There was no statistically significant difference found in body image scores among group comparisons, with all groups reporting average levels of satisfaction with their body and physical appearance.

Analysis of the Maslach Burnout Inventory did not find any statistically significant difference across all groups for general burnout or depersonalization scales, however there were some statistically significant differences in terms of personal achievement burnout. Female participants reported higher burnout or lower personal achievement satisfaction scores than their male counterparts. Team sport athletes also reported lower burnout or higher personal achievement satisfaction scores than their individual sport counterparts.

In terms of overall mental well-being, there was no statistically significant difference found between general students and scholar athletes or between the sexes. However, team sport athletes reported significantly higher overall mental well-being than their counterparts who participated in individual sports. These findings could be explained by prior research that shows individual sport athletes possibly experiencing greater isolation, heightened self-pressure, and fewer informal support, negatively impacting their overall mental well-being compared to their counterparts on team sports (Rice et al., 2016).

The regression analyses performed on data from all subjects showed that mental health help-seeking attitude scores significantly predicted general burnout, self-esteem, and overall mental well-being scores. More favorable attitudes towards seeking mental health help were associated with lower general burnout, higher self-esteem, and higher overall mental well-being. MHAS did not significantly predict perceived stress, body image, or burnout sub scores of depersonalization or personal achievement. The regression analyses performed on scholar athlete data showed that mental health help-seeking attitude scores significantly predicted overall mental well-being only. The multiple regression analysis on PSS, MB, BIS, MD, MPA, RSE, and WEMWBS significantly predicted MHAS, but only WEMWBS emerged as a significant predictor. This is in line with the Pearson correlation analysis that showed a significant moderate positive relationship between mental health help-seeking attitudes (MHAS) and overall mental well-being (WEMWBS). This supports the findings that higher overall mental well-being is associated with more positive and favorable mental health help-seeking attitudes.

Thematic analysis of qualitative interviews revealed trends that were aligned with the survey data. While college students and scholar athletes themselves were quite open-minded to seeking out and receiving mental healthcare, there remains many barriers that exist. The common

trends of trying to figure out issues on their own and in turn delaying help-seeking, relying on peers for support, or being concerned that mental health professionals will not be understanding of their identity or unique needs is aligned with trends from prior research (Rickwood et al., 2007). There is also a consistent disconnect between awareness and action regarding mental health in athletic environments. While mental health was acknowledged within team cultures, preventative and structural support was perceived as insufficient. Participants highlighted a gap between scholar athlete concerns and coaching staff prioritizes, alongside an over reliance on informal peer support. A key theme among all scholar athlete interviews emphasized the need for more formal, proactive mental health interventions within athletic systems, particularly those led by coaches and institutional staff. There was the overarching theme between both general students and scholar athletes that there needs to be more marketing of mental health services, increased accessibility to access mental healthcare, and more mental health specific providers to adequately meet students' needs.

Limitations

The primary limitation of this study was that a convenience and voluntary sample was used, raising an issue of a possible self-selection bias. It is likely that those who felt more strongly about mental health topics would participate, so they might have more positive help-seeking attitudes than the general scholar athlete or student body population. Another limitation among the scholar athletes' sample is that most of the participants were members of Track and Field programs. This might overrepresent the perspectives of those athletes while overlooking the experiences of those on other sports teams. The sample size of 60 participants also limits the generalizability of the quantitative data found.

Conclusion

Overall, findings indicate that mental health help-seeking attitudes (MHAS) are most strongly and consistently associated with overall mental well-being (WEMWBS). This relationship emerged across correlations and regression analyses and remained significant even when controlling for multiple psychological variables. Conversely, perceived stress, body image, and most burnout components did not independently predict help-seeking attitudes. While some group differences were observed-particularly between team and individual athletes-most comparisons across gender and student status were not statistically significant.

Across both full sample and scholar athlete analyses, WEMWBS consistently emerged as the key predictor of MHAS, suggesting that broader psychological well-being plays a central role in shaping attitudes toward mental health support. However, the cross-sectional design and small sample size limits causal interpretation. Qualitative findings complemented these results by highlighting structural and cultural barriers to mental health support within athletic environments, particularly the gap between athlete needs and institutional responses.

These findings add to the existing literature about mental health on college campuses by showing there is a persistent need for more resources to adequately meet student needs. They also highlight how important changing the beliefs and habits regarding mental health are for coaches and administrators, not just among scholar athletes themselves. Increased education, cultural changes, and adequate resources around mental health is vital on college campuses, within athletic departments, and will save lives.

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