Mental Health Use and Well-Being in Student-Athletes: Attitudes, Knowledge, and Use of Mental Health Services

Abigail M. Voss, University of Wisconsin-Superior
Dr. Eleni Pinnow, Mentor

Collegiate student-athletes face a myriad of stressors, including a demanding schedule, athletic and academic performance, potential injuries, and other life stressors. The current study explored student-athletes’ well-being, stress-level, and stigma in college students, fit with and stigma towards mental health services, and demographics such as team and gender. Women had more knowledge of mental health issues in college students but were less comfortable with the counseling process, had higher rates of stress, and had lower rates of well-being compared to men in athletics. Student-athletes with injuries in the prior 6 months also were less comfortable with the counseling process, had lower rates of well-being, and had higher rates of stress compared to student-athletes with no injuries. They were also more sensitive to barriers that prevented them from seeking mental health services compared to their non-injured teammates.

Keywords: College athletics, gender, injury, mental health, well-being, stress, stigma

From events like Simone Biles pulling out of the Tokyo 2020 Olympic Games due to mental health to the more recent student-athlete deaths by suicide, the topic of mental health in athletes continues to grow and show a high need for change (Bregman, 2022; Hudson, 2022). Student-athletes face a number of stressors throughout their time as athletes and students. Coming to college to play athletics and committing to a higher level of education can be challenging. Changes, like these, are a cause of stress, especially when lacking social support from loved ones (Bernard, 2016; Chyi et al., 2018). With the constant expectations to be at one hundred percent, mentally and physically, student-athletes are not as likely to seek mental health help (Cheung et al., 2020; Rosenthal & Wilson, 2016). The purpose of this study was to gain an understanding of University of Wisconsin – Superior student-athletes’ attitudes towards and knowledge of mental health and related services.

Student-Athlete Stressors

When considering mental health in student-athletes, it is important to understand the root of the problem. Signing on to be rostered on an athletic team and committing both in and out of the game requires time, effort, and energy. Athletes are expected to represent their team, school, and community in every setting, holding a good academic standing, being physically and mentally healthy, as well as sticking to a very tight schedule (Hillard et al., 2020; Chyi et al., 2018; Cheung et al., 2020). Schedules can vary from classes, meetings, team travel, games, tutoring sessions, homework, community service, and personal life. Trying to navigate all of these factors when feeling alone can be overwhelming and increase the odds of clinical psychological distress (Barnard, 2016). Unexpected events, like injuries and life matters, can also add more stress (Rice et al., 2016). Too many stressors over a college semester or career can turn into chronic stress, which can then produce many negative effects on the mind and body over time. This can include medical conditions like heart disease, gastrointestinal ulcers, and an increase of hyperglycemia (Chyi et al., 2018).

When athletes feel overwhelmed and like all energy has been used, burnout can occur, too. A four-part theory by Smith (1986, as cited in Chyi et al., 2018) about athlete burnout breaks down the exhaustion or feeling of exhaustion to be more easily understood. The first stage considers the perceived demands the athlete has, like scheduling conflicts and schedule overload. Stage two determines how the athlete interprets these demands and how they will handle them. This transitions to stage three where events that are deemed as too much or hold consequences result in physical responses like sickness, sleep troubles, symptoms of anxiety, and tension. These steps all progress to burnout, the final stage, resulting in lower performance and withdrawal. An exacerbating piece of burnout is perceived distress. A protector to burnout is optimism and hope (Chyi et al., 2018). Athletes, when facing challenges, are left to then decide how they feel about it; when they feel more confident conquering a task, they will feel less stressed and better able to take on more.

Student-Athlete Mental Health

Constant stress and burnout can also be associated with more serious mental health concerns when they are constant in a student-athlete’s life. Stress has been associated with mental health condi-
tions like depression, hopelessness, suicidal ideation, decrease in well-being, lower performance, and eating disorders (Chyi et al., 2018). Some of the most prevalent diagnoses among the student-athlete population include anxiety, depression, substance use, eating disorders, and sleep troubles (Bird et al., 2020; Cheung et al., 2020; Hillard et al., 2020; Rosenthal & Wilson, 2016). According to the National Collegiate Athletic Association (NCAA), in a survey given in the fall of 2020, the highest-rated mental health concern for DIII student-athletes was feeling overwhelmed by all they had to do (27% of men and 53% of women) (2021). The next highest mental health concern for both groups was feeling mental exhaustion. The largest contributor to mental health distress was academic concerns for women (51%) and lack of access to sports for men (36%). It is good to note that COVID-19 protocols were still in place at this time, affecting game and practice schedule of athletes.

Among this group, 5% of men and 9% of women felt so depressed they could not function. While depression rates vary from study to study, it seems to place athletes at a higher risk compared to other groups on college campuses (Cheung et al., 2020). However, studies show mental health disorders in student-athletes are comparable to the rest of the population (Rice et al., 2016). The largest group of the student-athlete population that are at higher risk are those that are retiring or underperforming due to the constant pressure to perform at the highest level (Rice et al., 2016; Moreland et al., 2018). Often those that are underperforming or leaving their sport face a certain loss of their self-worth and identity.

Use of Mental Health Services

Mental health services are often an open service offered to students that are enrolled at college campuses. These can vary in opportunity but are often free of charge or can offer referrals. However, there is a consistent acknowledgment and understanding that student-athletes underutilize mental health services (Barnard, 2016; Moreland et al., 2018; Rosenthal & Wilson, 2016). Mental health services use can vary from sample to sample. Some were as high as 20% of a general sample of college students seeking mental health help for disorders (Kalkbrenner & Sink, 2018) to as little as 8-10% of student-athletes seeking help (Barnard, 2016; Bird et al., 2020). No matter the source, the low percentages still highlight the underuse in the athletic community. Often, the lack of use comes from external or internal factors that prevent them from asking for help. These factors are known as barriers and can be understood as what prevents or stops individuals from seeking help, whether they are an actual physical barrier or not.

Barriers of Mental Health Services Use

Some of the most common barriers for athlete’s usage of mental health services include lack of time in their busy schedules and concerns of their information not remaining confidential or being identified in public (Hillard et al., 2020). Another barrier can come with a concern that counselors may not understand the sports environment. However, student-athletes often do not understand or see the need for services.

Knowledge

While some studies have found that knowledge of mental health and mental health services vary (Kalkbrenner & Sink, 2018), most come to a consensus that student-athletes lack knowledge of mental health symptoms and services offered to help (Cheung et al., 2020), whether lack of knowledge be not having an understanding of mental health literacy (Bird et al., 2020; Rice et al., 2016) or understanding when symptoms are severe enough to need clinical help (Rosenthal & Wilson, 2016). Even when willing to seek help, student-athletes face a barrier that stops them from going, because they prefer to meet with someone that understands or has a background in athletics (Moreland et al., 2018). Another key aspect is student-athletes having negative experiences in the past with mental health services that prevent them from seeking mental health help in the future (Rice et al., 2016).

Stigmas and Attitudes

One of the most prominent and influential barriers to mental health help-seeking is the culture surrounding the athlete. Culture is created and continued through different groups revolving around the team atmosphere, like the athletic staff, administration, and the fan base. This is known as social stigma and is classified as an external stigma, because it is how one perceives the thoughts of those around them (Hillard et al., 2020). The second external stigma to consider is public stigma, because it is the societal perception that seeking mental health help is undesirable and unacceptable. The last stigma that is influenced by external stigmas, and also impacts the likelihood of seeking help, is self-stigma. Self-stigma is how one internally sees public and social stigma in themselves, leaving them to question their strengths (Bird et al., 2020; Hillard et al., 2020). Constant scrutiny that athletes can face through the culture around them can increase these feelings and fears of mental health and mental health services, only placing another barrier between them and seeking help (Rice et al., 2016).
Mental health service usage is largely facilitated through social stigma surrounding athletes, from parents to coaches and administration (Moreland et al., 2018). When this group holds negative attitudes towards mental health and mental health services, attitudes and thoughts athletes of student-athletes also hold negative views toward mental health and services offered. This can also come from coaches’ determination to maintain team dynamics and culture, which then largely influences how the team perceives mental health. Staff members’ mindset also influences their likelihood of referring students to mental health services. While some administrators find that general counseling services on campuses should suffice, others feel there is little they can do because there is not a specialty service geared towards athletes (Moreland et al., 2018). This results in little support and outreach from athletic administrations for athletes seeking mental health help.

**Gender**. A reoccurring factor that influenced mental health use was gender. There is a consensus that women athletes are more willing to seek help and services than men in athletics (Barnard, 2016; Kalkbrenner & Sink, 2018; Moreland et al., 2018). The gender difference in usage is due to masculine tenets and conformity to masculine norms, creating a negative understanding of seeking help and perceiving individuals that do as weak (Hillard et al., 2020; Moreland et al., 2018). This comparison of gender mental health services use was due to women being less stigmatized for seeking help, as seeking help is seen as a more feminine trait (Ramaeker & Petrie, 2019). Sports show reinforcement of masculine norms through their winning, competitive culture, and expectations of power and status. Masculine expectations can cause distress and harm to men who conform to them through ways like restricted emotions, less affection for other men, and life and work conflicts. Ramaeker and Petrie (2019) refer to this as gender role conflict, and when experienced, it is linked to a higher risk of depressive symptoms. Conformity to masculine norms also has predicted higher rates of alcohol use and more negative mindsets towards seeking mental health help (Ramaeker & Petrie, 2019).

**Current Study**

The current study seeks to determine the current status of what the University of Wisconsin – Superior (UWS) student-athlete population’s well-being is like, what knowledge they have about mental health services and resources, and if there are common stigmas held amongst the population toward mental health. This analysis will also determine whether any specific team atmospheres are worse or better than others and if interventions can be put in place. The specific research question is whether there are barriers and/or stigmas held that are preventing student-athletes from seeking mental health help? There is also the consideration of the impact that injuries have on how students feel towards mental health and mental health services. The hypothesis is that stigmas will be high in athletes with lower scores in understanding and knowledge of mental health. Student-athletes that have had an injury in the past six months would show lower scores than athletes that have not had an injury. A second hypothesis is that there will be a difference in scores between gender due to sports being masculinized and hegemonic norms of men like independence, little emotional communication, etc.

**Method**

**Participants**

102 students (46 females, 54 males) who participated and were rostered on a sports team at UWS. No compensation was given. 110 responses were initially recorded; however, 8 participants’ responses were excluded due to half the survey questions being left unanswered.

**Materials**

Participants responded to 4 different scales in the survey distributed including the College Student Stress Scale (Feldt, 2008), the College Mental Health Perceived Competency Scale (CMHPCS) (Kalkbrenner & Sink, 2018), the Revised Fit Stigma and Value Scale (Kalkbrenner et al., 2019), and Warwick – Edinburgh Well-being Scale (Smith et al., 2017).

**College Student Stress Scale**

This 11-item scale asked students to rate on a 5-point scale how often the statements occurred to them over the course of their current semester. The statements measured student anxiousness and distress. Higher scores reflected greater anxiousness and distress in the students’ semesters. The statements measured student anxiousness and distress. Higher scores reflected greater anxiousness and distress in the students’ semesters. An example of one of the scale’s statements includes “felt anxious or distressed about financial matters.” Our study found that the scale had good reliability ($\alpha = .86$).

**College Mental Health Perceived Competency Scale (CMHPCS)**

The CMHPCS includes 12-item scale asking students to rate on a 5-point scale how much they agree with the statements regarding mental health issues and college students. It operationalizes fear,
knowledge, and engagement (working with others and supporting those who have mental health issues) in mental health issues. An example of a question it asks is “mental health issues are a serious concern for college students.” Higher scores suggest greater understanding and support of college student mental health. Overall, reliability was good for this scale in previous studies (α = .78) (Kalkbrenner & Sink, 2018). Our study also found that the whole scale had good reliability (α = .78), as well as the Fear (α = .83), Knowledge (α = .83), and Engagement (α = .88) subscales all showing good reliability.

Revised Fit Stigma and Value Scale (FSV)

The FSV is a 14-item scale that asks participants to rate on a 5-point scale how much they agree with the statements that follow the phrase, “I am less likely to attend counseling because” …. It is used to operationalize fit (one’s comfort and trust being in counseling), stigma (shame or embarrassment they feel towards being in counseling), and value (how beneficial they see counseling). An example of a statement the participants reflect on is “I would feel badly about myself if I saw a counselor.” Higher average scores suggest higher sensitivity to barriers to seeking counseling help. Reliability of the subscales was acceptable for Fit (α = .85), Stigma (α = .91), and Value (α = .82) in previous studies (Kalkbrenner et al., 2020). Our study showed good reliability for the overall FSV scale (α = .87), as well as its subscales: Fit (α = .83), Stigma (α = .87), and Value (α = .74). Question 9, “I couldn’t find a counselor with my theoretical orientation (personal style of counseling)” was left out of the survey due to researcher error.

Warwick – Edinburgh Mental Well-Being Scale

This 7-item short form of the Warwick-Edinburgh Mental Well-being scale asked students to rate on a 5-point scale how often they relate to the statements about mental well-being. An example of one of its statements is “I’ve been feeling useful.” A higher response sum shows a higher level of mental well-being. Reliability of the short scale was good in previous studies (α = .83) (Smith et al., 2017). Our study also showed good reliability for the well-being scale (α = .87).

Procedure

The UWS athletic department staff and coaches shared the Qualtrics survey link with the student-athletes on their teams, either by an anonymous link or QR code. Students completed the 4-scale survey.

Results

Gender

Women had higher knowledge of mental health issues in college students compared to the men who participated [t (98) = -2.62, p = 0.01]. Women also showed higher stress levels [t (100) = -5.49, p < 0.001], as well as lower well-being compared to men.
Gender

As the results show, there is a difference in mental health attitudes and knowledge between men and women in sports on the UWS campus. It was hypothesized that student-athletes would have lower knowledge and stigmas about mental health. Contrary to the hypothesis, UWS student-athletes were open to mental health in college students but did not feel comfortable seeking help for their own mental health, specifically the women in athletics. The women in college athletics felt uncomfortable with the counseling process, but felt they understood mental health of students; they scored higher in understanding and knowledge of mental health issues in college students compared to men in athletics. Women in the samples had higher stress and lower well-being scores than men who play sports.

These results are similar to past studies, in that women are often more open and comfortable with talking about mental health (Barnard, 2016; Kalkbrenner & Sink, 2018; Moreland et al., 2018; Ramaeker & Petrie, 2019). However, results regard-

### Discussion

Gender

As the results show, there is a difference in mental health attitudes and knowledge between men and women in sports on the UWS campus. It was hypothesized that student-athletes would have lower knowledge and stigmas about mental health. Contrary to the hypothesis, UWS student-athletes were open to mental health in college students but did not feel comfortable seeking help for their own mental health, specifically the women in athletics. The women in college athletics felt uncomfortable with the counseling process, but felt they understood mental health of students; they scored higher in understanding and knowledge of mental health issues in college students compared to men in athletics. Women in the samples had higher stress and lower well-being scores than men who play sports.

These results are similar to past studies, in that women are often more open and comfortable with talking about mental health (Barnard, 2016; Kalkbrenner & Sink, 2018; Moreland et al., 2018; Ramaeker & Petrie, 2019). However, results regard-

### Table 3

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>4.00</td>
<td>0.75</td>
</tr>
<tr>
<td>Women</td>
<td>4.35</td>
<td>0.48</td>
</tr>
</tbody>
</table>

### Stress Scale

<table>
<thead>
<tr>
<th>Stress Scale</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Injury</td>
<td>2.34</td>
<td>0.79</td>
</tr>
<tr>
<td>Injury</td>
<td>2.73</td>
<td>0.68</td>
</tr>
</tbody>
</table>

### Well-being

<table>
<thead>
<tr>
<th>Well-being</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Injury</td>
<td>3.54</td>
<td>0.78</td>
</tr>
<tr>
<td>Injury</td>
<td>3.13</td>
<td>0.55</td>
</tr>
</tbody>
</table>

### FSV Overall

<table>
<thead>
<tr>
<th>FSV Overall</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Injury</td>
<td>4.86</td>
<td>0.67</td>
</tr>
<tr>
<td>Injury</td>
<td>5.15</td>
<td>0.73</td>
</tr>
</tbody>
</table>

### FSV Fit

<table>
<thead>
<tr>
<th>FSV Fit</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Injury</td>
<td>4.70</td>
<td>0.81</td>
</tr>
<tr>
<td>Injury</td>
<td>5.15</td>
<td>1.05</td>
</tr>
</tbody>
</table>

### Table 4

<table>
<thead>
<tr>
<th>Injury Status</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Injury</td>
<td>3.57</td>
<td>0.70</td>
</tr>
<tr>
<td>Injury</td>
<td>3.13</td>
<td>0.68</td>
</tr>
</tbody>
</table>

Note. Student-athletes were considered injured if they reported an injury within the last 6 months.
ing student-athlete comfort with the counseling process were different from previous studies, which often showed more of a willingness to seek mental health support and services (Barnard, 2016; Kalkbrenner & Sink, 2018; Moreland et al., 2018).

**Injuries**

Student-athletes who faced injuries in the past six months held higher rates of stress, lower rates of well-being, and were uncomfortable with the counseling process compared to those that did not have an injury in the prior six months of the survey. In addition to these factors, athletes who were injured in the last six months were also more sensitive to barriers that prevented them from seeking mental health services compared to their non-injured teammates.

It is important to add that there was a fairly even split between men and women in athletics that had an injury and was not dominated by women to show similar results to the gender comparison. Conclusions could not be further assessed compared to student-athletes with no concussions in that past 6 months due to low samples sizes of student-athletes that had faced a concussion in the past 6 months. This study’s findings about the impact of injuries are important to consider the added stress of an injury does agree and support results from previous studies (Rice et al., 2016).

**Limitations**

One large area that was not touched on or researched in this study was the ethnicity of the student-athletes. Researchers wanted to keep student identity as private as possible and, to limit any risk, left ethnicity off from the demographic questions. Previous studies have researched the well-being and stress of students of underrepresented groups and found that they face higher levels of stress and lower rates of well-being due to minority stress that stems from the stigmatization of racial-ethnic minority groups or the transition for students that may be from other countries (c.f. Ballesteros & Tran, Cheung et al., 2020).

**Stressors**

On average, student-athletes identified academic concerns as their highest stressor at the time of the survey (M = 3.14). Most other areas, such as finances and family matters, had lower averages for stressors for student-athletes at UWS. Out of a 5-point Likert scale, all other areas averaged answers under a score of 3. Like previous studies of student-athletes, academics are a constant concern for student-athletes. It should also be noted that the survey was sent out at the end of the spring semester, and students were preparing for finals. Another consideration to note is the only actively competing teams at that time were men’s and women’s track and field, baseball, and softball. All other teams were in their off-season, which may result in less stress than during in-season competition.

At this point in the semester, financial stress is often of low concern, because it is often paid for since it is required to be fully paid for before the end of the school year. Social support is also of low concern, because students have been together with their team and classmates for almost a full school year, meaning social support, which is so critical to college student mental health, is developed by this point. Housing matters are often a low concern because of the residence halls. These factors can help to explain academics being the highest cause or causing the highest rate of stress for these student-athletes, not to say they should be stressed in other areas, but that it may show reduced rates of stress towards family matters, financial matters, and other aspects of life.

**Future Research**

One consideration that could be made is for more future research to be done in lower division schools. Many studies are seen in large upper-division universities and in larger areas (c.f. Bird et al., 2020; Kalkbrenner & Sink, 2018; Rice et al., 2016). Smaller institutions should be looked at to see what different students may face to be able to generalize and compare to other studies. For instance, at larger universities, student-athletes may have larger time commitments and more expectations than at a smaller, lower division institution like UWS.

Another consideration to be made is the gender makeup of studies, many sport-related studies are done through male samples and sports (c.f. O’Conner et al., 2010; Robazza & Bortoli, 2007; Steinfeldt et al., 2009). This is a misrepresentation of sports and is not accurate in generalizations of groups when gender make-up is quite even amongst college athletics. Ethnicity also tends to be under-represented in athletic mental health research. While in this study it was a risk factor for students, it is an area that should be looked at on a larger scale due to its importance and previous findings of higher stress in this population.

A large factor that could see great improvement in student-athlete participation in counseling services is the environment they are in. Due to stigmas held towards mental health and mental health services, student-athletes can feel less safe and accepted when seeking help. Coaches and stakeholders in athletics can be great communicators for engaging in person-first care and encouragement for student-athlete comfort with the counseling process.
for not only keeping students fit physically, but also mentally. In 2016, the NCAA released a “Mental Health Best Practices” to combat stigmas and push for improvement of mental health in the college athletic environment. Four “best practices” were included in 2016: “Best Practice No. 1, Clinical Licensure of Practitioners Providing Mental Health Care; Best Practice No. 2, Procedures for Identification and Referral of Student-Athletes to Qualified Practitioners; Best Practice No. 3, Pre-Participation Mental Health Screening; Best Practice No. 4, Health-Promoting Environments That Support Mental Well-Being and Resilience” (NCAA, 2016). Some do not feel that it is adequate, because they are simply recommendations and not required.

Stamatis et al. (2020) states, “although the document makes the organization’s position clear to all stakeholders, it does not tell us how to get there” (p. 2). They further researched the NCAA “Best Practice No. 4” in terms of student-athlete mental toughness and self-compassion, suggesting that building mental toughness and self-compassion in athletes can improve well-being, which could lead to a more open environment towards mental health. Self-compassion and mental toughness building programs could be a future consideration for athletic programs to implement as well as working to destigmatize mental health and its services in this population.

References


Appendix A

College Student Stress Scale

For the following items, report how often each has occurred this semester using the following scale:

<table>
<thead>
<tr>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

1. felt anxious or distressed about personal relationships ____
2. felt anxious or distressed about family matters ____
3. felt anxious or distressed about financial matters ____
4. felt anxious or distressed about academic matters ____
5. felt anxious or distressed about housing matters ____
6. felt anxious or distressed about being away from home ____
7. questioned your ability to handle difficulties in your life ____
8. questioned your ability to attain your personal goals ____
9. felt anxious or distressed because events were not going as planned ____
10. felt as though you were NO longer in control of your life ____
11. felt overwhelmed by difficulties in your life ____

Appendix A. College Student Stress Scale was used in the survey administered to the student-athletes to measure their stress at the time of the survey.

Appendix B

College Mental Health Perceived Competency Scale (CMHPCS)

Directions: The following items are general statements about mental health issues and college students. Please use the following scale to respond to each statement.

<table>
<thead>
<tr>
<th>1 = Strongly Disagree</th>
<th>2 = Disagree</th>
<th>3 = Not Sure</th>
<th>4 = Agree</th>
<th>5 = Strongly Agree</th>
</tr>
</thead>
</table>

1. _____ mental health issues are a serious concern for college students
2. _____ mental health issues are becoming more complex among college students
3. _____ I am comfortable referring college students with mental health issues to the counseling center on campus
4. _____ students with mental health issues are dangerous
5. _____ mental health concerns have serious negative impacts on students' academic performances
6. _____ mental health issues are increasing among college students
7. _____ I am comfortable referring college students with mental health issues to the health center on campus
8. _____ I am comfortable talking to students about mental health
9. _____ students with mental health issues pose a threat to the campus community
10. _____ I am aware of the university resources for mental health
11. _____ mental health concerns have serious negative impacts on students' personal well-being
12. _____ I am comfortable referring college students with mental health issues to counseling services in the community

Appendix B. CMHPCS was used in the survey administered to the student-athletes to measure their understanding of mental health and its services on college campuses.
Appendix C

Revised Fit Stigma and Value Scale (FSV)

The Revised Fit Stigma & Value (FSV) Scale

1 = Strongly Disagree  2 = Disagree  3 = Neither Agree nor Disagree  4 = Agree  5 = Strongly Agree

"I am less likely to attend counseling because....
1. _____my friends would think negatively of me.
2. _____it would suggest I am unstable.
3. _____I would feel embarrassed.
4. _____it would damage my reputation.
5. _____it would be of no benefit.
6. _____I would feel badly about myself if I saw a counselor.
7. _____the financial cost of participating is not worth the personal benefits.
8. _____it is not an effective use of my time.
9. _____I couldn’t find a counselor with my theoretical orientation (personal style of counseling).
10. _____I couldn’t find a counselor competent enough to work with me.
11. _____I couldn’t find a counselor who would understand me.
12. _____I don’t trust a counselor to keep my matters just between us.
13. _____counseling is unnecessary because my problems will resolve naturally.
14. _____I have had a bad experience with a previous counselor in the past.

Appendix C. FSV was used in the survey administered to the student-athletes to measure what stigmas are held towards counseling, how they feel they fit with the counseling process, and if they find any value in the counseling process. Question 9 was not placed in the survey due to the researcher’s error.

Appendix D

Warwick – Edinburgh Mental Well-Being Scale

Warwick/Edinburgh Mental Well-Being Scale—Norwegian Version
SWEMWBS, WEMWBS

<table>
<thead>
<tr>
<th>Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I’ve been feeling optimistic about the future.*</td>
</tr>
<tr>
<td>2. I’ve been feeling useful.*</td>
</tr>
<tr>
<td>3. I’ve been feeling relaxed.*</td>
</tr>
<tr>
<td>4. I’ve been feeling interested in other people.</td>
</tr>
<tr>
<td>5. I’ve had energy to spare.</td>
</tr>
<tr>
<td>6. I’ve been dealing with problems well.*</td>
</tr>
<tr>
<td>7. I’ve been thinking clearly.*</td>
</tr>
<tr>
<td>8. I’ve been feeling good about myself.</td>
</tr>
<tr>
<td>9. I’ve been feeling close to other people.*</td>
</tr>
<tr>
<td>10. I’ve been feeling confident.</td>
</tr>
<tr>
<td>11. I’ve been able to make up my own mind about things.*</td>
</tr>
<tr>
<td>12. I’ve been feeling loved.</td>
</tr>
<tr>
<td>13. I’ve been interested in new things.</td>
</tr>
<tr>
<td>14. I’ve been feeling cheerful.</td>
</tr>
</tbody>
</table>

Note. *These items are included in the 7-item short form (SWEMWBS). All items are rated on a 5-point Likert scale ranging from “none of the time” to “all of the time.” A global score is calculated by adding up item scores. The higher the global score, the higher the level of mental well-being.

Appendix D. SWEMWBS was used in the survey administered to the student-athletes to measure their well-being at the time of the survey.