

Mental Performance and Mental Health Services in NCAA D1 Athletic Departments

Matthew Jones¹, Rebecca Zakrajsek², & Morgan Eckenrod³

¹*Southern Illinois University Edwardsville*, ²*University of Tennessee Knoxville*, ³*University of Southern Mississippi*

Mental performance consultants (MPCs) and licensed mental health professionals (MHPs) offer distinct, yet complementary, services. Although the focus of their service delivery varies, past researchers have often combined these professionals, along with licensed sport psychology professionals (LSPPs) when investigating sport psychology services in National Collegiate Athletic Association (NCAA) Division I (D1) athletic departments (e.g., Kornspan & Duve, 2006). The lack of distinction between these professionals has not allowed for a comprehensive understanding of the existence of these various psychological services in NCAA D1 athletic departments. Using content analysis methodology, the purpose of the current study was to identify the existence of three types of service providers—MPCs, MHPs, and LSPPs—listed on all NCAA Division 1 Football Bowl Subdivision (FBS) and Football Championship Series (FCS) athletic department websites. Out of 253 NCAA D1 athletic departments, 65 athletic departments were identified as having some form of mental performance and/or mental health services. Forty-one athletic departments employed one provider and 24 employed two or more providers. Of the 99 professionals identified, 56 provided both mental performance and mental health services, 23 provided solely mental performance services, and 20 provided solely mental health services. Additionally, 57 providers were identified as female while 42 were identified as male. Additional characteristics of professionals (i.e., title, terminal degree, licensure, and certification status) are provided. Implications for the growth of mental performance and mental health services within NCAA D1 athletic departments are discussed.

Keywords: sport psychology, sport psychology services, collegiate sport, athletics

Sport psychology services in the United States are not just growing in popularity, but in necessity. Professional athletes such as Simone Biles, Michael Phelps, and Hayden Hurst have all stepped forward to advocate for the importance of providing services for athletes' mental performance and well-being (White, 2021). In addition, organizations such as the National Collegiate Athletic Association (NCAA) have guaranteed mental health services to its Division 1 (D1) Power 5 autonomous conferences' student-athletes (Hosick, 2019). Many professionals within the NCAA, ranging from coaches to commissioners, perceive mental well-being as the number one issue facing student-athletes, as there are many pressures that come from being an athlete,

student, and person (Hosick, 2019). Given the pressures student-athletes face, sport psychology researchers have attempted to gain insight into the availability of sport psychology services within NCAA D1 athletic departments (Connole et al., 2014; Hayden et al., 2013; Kornspan & Duve, 2006; Voight & Callaghan, 2001; Wilson et al., 2009).

The main issue with previous investigations is that many researchers combined mental performance consultants (MPCs), licensed mental health professionals (MHPs), and licensed sport psychology professionals (LSPPs) under one singular umbrella term of "sport psychology" and/or "sport psychology professional" in their analyses. The services provided by these professionals can and do complement each other, however their training, focus of service delivery, and ensuing benefits vary (see McHenry et al., 2021). This lack of distinction between MPCs, MHPs, and LSPPs in past research has not provided an accurate understanding of these services in NCAA athletic departments and has not fully offered clarity in the specific services being provided and available to student-athletes. Therefore, in this paper, we first

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CONTACT: Matthew Jones, VC 2632A, Box 1126, SIUE,
Edwardsville, IL 62026 USA. E-mail: mjoneax@siue.edu

address this issue by trichotomizing the three types of services and service providers who address athletes' psychological needs. Next, we attempt to highlight what has been reported in previous literature related to the number of and types of services being provided in NCAA athletic departments while also identifying gaps in the literature. Then, and as a result of the lack of clarity in past studies, we performed a study that allowed for a better understanding of the number and types of services being provided, including the identification of characteristics (e.g., gender, credentials) of professionals providing such services.

Trichotomy of Services

The Association for Applied Sport Psychology (AASP, 2021) has recently published a continuum of mental health which outlines mental illness on one end, characterized by significant to mild disruption in one's daily functioning, and mental wellness on the other, characterized by little to no disruption and thriving in one's daily functioning. A relationship between health and performance is also represented in the continuum in which "both health and performance impact one another and are also influenced by mental wellness and illness" (AASP, 2021). However, mental wellness and illness may or may not be correlated to performance. Athletes could be struggling in performance but doing well in life—to which an MPC would be helpful—or be struggling in life but doing well in performance—to which an MHP or LSPP would be helpful. In the following sections, each type of professional is discussed more closely to better understand their training and service delivery.

Mental Performance Consultants

MPCs, commonly referred to as sport psychology consultants in past literature (Hayden et al., 2013; Wrisberg et al., 2009), focus their services on psychological skills and strategies that aid athletes' mental and emotional preparation for sport performance (Fortin-Guichard et al., 2018). For example, purposes of mental performance services include assisting athletes and teams on dealing with pressure, building confidence, improving focus, and enhancing performance (Wrisberg et al., 2009). MPCs may choose to deliver services within an office while many also deliver services at practices and competitions as well as in hallways, weight rooms, and other settings (Loughran et al., 2014). One measure of qualification that helps to assess the competency of MPCs is a certification endorsed by AASP, the largest sport psychology association in North America. Certified Mental Performance Consultants (CMPCs) have completed graduate coursework in sport

science, psychology, and sport psychology in addition to obtaining over 400 hours of supervised applied experience with performers in sport and other domains (AASP, n.d.).¹

Licensed Mental Health Providers

While MHPs may consider factors that influence performance, they primarily direct their services towards athlete's clinical mental health concerns, such as depression, anxiety, disordered eating, and family issues (Sudano & Miles, 2017). Mental health services can be provided by a variety of licensed professionals such as psychologists, counselors, and social workers (Remley & Herlihy, 2016). Although each field has distinct educational training and practice experiences, MHPs collectively work from wellness or medical models to assess the client's needs, develop a plan, and provide services to meet the mental health needs of their clients (Mellin et al., 2011; McHenry et al., 2021). Because of the ethical nature of their services and focus on mental health, licensed MHPs work primarily in an office and limit interactions in public settings (Loughran et al., 2014).

Licensed Sport Psychology Professionals

Professionals who deliver both mental performance and mental health services have been referred to as clinical sport psychologists in the literature (Gardner & Moore, 2006; Moore & Bonagura, 2017), but the term LSPP was adopted here since not every licensed mental health provider can be considered a psychologist. Moore and Bonagura (2017) suggest that clinical sport psychologists, or LSPPs, do not solely teach mental skills needed for optimal performance in sport, but also intervene with performers who want to improve their daily functioning in areas such as work, school, health, and recreation. An LSPP is a professional who holds a mental health licensure while also having specific training in sport psychology and/or mental performance. For this study, we will refer to any professional who is licensed (e.g., psychologist, professional counselor, social worker) and provides both mental performance and mental health services as LSPPs.

Presence of Providers in NCAA Athletic Departments

There have been few researchers who have directly focused on identifying the presence of sport psychology services available in NCAA athletic departments (Beasley et al., 2019; Hayden et al., 2013; Kornspan & Duve, 2006; Wilson et al., 2009; Voight & Callaghan, 2001). However, when examining this literature, there

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are inconsistencies and discrepancies related to how sport psychology services were defined, and the types of professionals included in the reports. For instance, Voight and Callaghan (2001) defined “sport psychology professionals” as those providing performance enhancement techniques, while Kornspan and Duve

(2006) identified “sport psychology professionals” as those delivering services for both performance and non-performance, psychosocial related issues. Using Voight and Callaghan’s (2001) definition, only MPCs would be included, and using Kornspan and Duve’s (2006) definition, both MPCs and LSPPs would be included.

Table 1. Definitions and Discrepancies in Past Reports of Sport Psychology Professionals

Article	NCAA Division Level (I, II, III)	Identified # of service providers/ # of universities responded (%)	# of CMPC/# of service providers (%)	Authors definitions of services provided	Discrepancies in authors definitions of providers and providers identified
Voight and Callaghan (2001)	D1	51/96 (53%)	25/51 (49%)	“performance enhancement issues... performance enhancement techniques” (p. 93)	Definition matches that of an MPC, but 3 professionals identified as licensed psychologists which would be classified in this study as LSPPs
Kornspan and Duve (2006)	D1, D2, D3	67/285 (23%)	13/67 (19%)	“helping enhance performance... helping athletes with psychosocial issues not directly related to improving athletic performance” (p. 22)	Definition matches that of an LSPP, but uncertain if identified individuals were delivering both services or just MH or MP services
Wilson et al. (2009)	D1	17/72 (23%)	12/17 (71%)	“improve performance, overcome the pressures of competition...” (p. 421)	Definition matches that of an MPC, but the identified service providers could also include clinical psychologists who have training and coursework in sport psychology
Hayden et al. (2013)	D1	51/120 (42%)	16/51 (31%)	“provision of mental training/ performance enhancement services” (p. 300)	Definition matches that of an MPC, but service providers identified in the study as sport psychologists, or LSPPs
Beasley et al. (2019)	D1	83/359 (23%)	-	Licensed mental health professionals not solely focused on mental performance	Definition matches that of an MHP, but identified service providers could also include LSPPs who supplement mental health services with mental performance services

Note. This table is designed to provide a brief overview of the presence of “sport psychology” providers reported in previous studies, how providers were defined, and discrepancies of findings compared to the new identification system of MPCs, MHPs, and LSPPs).

The inconsistency in their operational definitions, among others', has led to confusion and uncertainty about the number of providers in this setting and the specific services being delivered. Therefore, attempting to summarize past research on the number of professionals delivering services and types of services being provided in this setting is quite challenging (see Table 1 for a brief outline of discrepancies in definitions and in the number of providers). In addition, gaps in this research exist related to the personal and professional characteristics of those providing services.

Gaps in the Literature

As can be seen throughout past literature, identifying the differences between each type of professional has been overlooked, creating a lack of clarity about the distinct, yet complementary, services provided by MPCs, MHPs, and LSPPs. To grow the field of sport psychology and to best address the various psychological needs of student-athletes, there should be a clear identification of the specific types of services being provided. Two additional characteristics that may also be important for growing the field and meeting student-athletes' needs are the providers' terminal degree and gender. Both variables have received limited, if any, attention when examining the state of sport psychology services within the NCAA.

Although they did not measure the presence of sport psychology services in athletic departments, Lubker and colleagues (2012) quantitatively examined NCAA D1 and D2 athletes' preferences for characteristics and qualifications of sport psychology professionals. For the 464 student-athletes surveyed, the most important changeable attribute of the provider was the professional status of the practitioner, valuing an advanced degree over licensure and/or certification. This is interesting given that the terminal degree to obtaining licensure or certification is an advanced degree (e.g., master's degree). According to Lubker and colleagues (2012), and similarly reported by Wilson and colleagues (2009), these findings suggest that the qualifications and process of achieving such credentialing is unknown to the lay person. Regardless, outside of Beasley and colleagues (2019) study focusing specifically on mental health professionals, no study examining sport psychology services in NCAA athletic departments has included the terminal degree of the practitioners.

Additionally, there have been few, if any, studies examining the gender of mental performance and mental health providers in the collegiate setting. Roper (2002) suggests that throughout sport, women are

outnumbered and disadvantaged. In collegiate athletics, this is evident in the most recent Racial and Gender Report Card which identifies more male coaches than female coaches across both men's and women's sports and male athletic directors than female athletic directors at the NCAA D1 level (Lapchick, 2022). Thus, knowledge of the gender diversity of practitioners is important when garnering an initial assessment of equity within this setting. Additionally, clients have also reported the gender of the practitioner to be an important characteristic when seeking sport psychology services. For instance, Lubker and colleagues (2005) found that among NCAA D1 student-athletes completing a first impression questionnaire, male practitioners were perceived to be more effective than female practitioners. However, Lubker and colleagues (2012) later reported that college student-athletes preferred female practitioners over male practitioners. Additionally, in a qualitative study with eight NCAA D1 coaches, one male coach of female athletes expressed an interest in a female practitioner as this coach recognized that some issues might not be comfortable to talk about with an all-male coaching staff (Zakrajsek et al., 2013). More recently, Woolway and Harwood (2020) found in their literature review that the most preferred sport psychology practitioner was that of the same gender. Taken together, the gender of the practitioner appears to be a characteristic worthy of inclusion, but has yet to be when examining the state of sport psychology services in NCAA athletic departments.

Purpose

Whereas previous studies have identified the presence of professionals delivering sport psychology services at the NCAA D1 level (Hayden et al., 2013; Kornspan & Duve, 2006; Voight & Callaghan, 2001; Wilson et al., 2009), researchers have not clearly distinguished between MPCs, MHPs, and LSPPs. Additionally, much of the past literature accounts for professional characteristics such as certification or licensure, but other characteristics such as terminal degree and gender have not been included in one singular study. We chose to focus this study on FBS and FCS NCAA D1 athletic departments for four primary reasons. First, the NCAA D1 level is considered the highest level of competition in the collegiate setting where the pressure to perform successfully is high (Wrisberg & Johnson, 2002). Second, NCAA D1 athletic departments have the largest budgets and have been found to employ more sport psychology professionals as compared to D2 and D3 (Kornspan & Duve, 2006; Voight & Callaghan, 2001). Third, research indicates that mental performance and mental health

services may be increasing in visibility and importance at the NCAA D1 level (Connole et al., 2014; Hosick, 2019; Wrisberg et al., 2012). Fourth, and finally, the presence of services and providers using content analysis has focused solely on NCAA D1 FBS institutions (Hayden et al., 2013), and has yet to be investigated at both NCAA D1 FBS and FCS institutions.

In summary, the NCAA D1 level is a context where it is more likely for professionals providing various psychological services to be hired within athletic departments. Therefore, the purpose of this study was to gain a comprehensive understanding of the state of mental performance and mental health services within NCAA D1 athletic departments. Specifically, a comprehensive understanding was gained by identifying (1) the number of NCAA D1 athletic departments with mental performance and/or mental health services available, (2) the number of service providers and the types of services being provided (i.e., mental performance, mental health, or both mental performance and mental health services), (3) the professional characteristics of MPCs, MHPs, and LSPPs (i.e., certification, licensure, terminal degree, AASP membership, and professional title), and (4) the gender of the professionals providing services.

Method

Using content analysis methodology, and at the time of the initial data collection in 2018, all 129 NCAA D1 FBS and 124 NCAA D1 Football Championship Sub-Division (FCS) athletic department websites were analyzed ($N = 253$). Content analysis methodology, and more specifically conceptual analysis, was chosen because it allowed for a systematic approach to analyze a large amount of information (Hseih & Shannon, 2005; Krippendorff, 2004). More precisely within these conceptual content analysis procedures, researchers start with a specific qualitative data set and coding scheme that translates relevant findings into quantitative data. For this study, all athletic department websites, namely staff directories, were analyzed to identify if there was a professional delivering mental performance services (i.e., MPC), mental health services (i.e., MHP), or both services combined (i.e., LSPP). Characteristics of the professionals delivering services in the athletic department were then coded by the process outlined in the following sections.

Coding

Two researchers (first and third author) were responsible for the first and second phases of data collection, while a third researcher (second author) oversaw the data collection process and guided the

initial research protocol. A priori codes were added to an excel spreadsheet containing FBS and FCS universities and were based on previous research (e.g., Hayden et al., 2013; Kornspan & Duve, 2006). However, additional categories not used in previous research were added to gain a more comprehensive understanding of the existence of MPCs, MHPs, and LSPPs in NCAA D1 athletic departments. Therefore, the final codes in the current study included (1) evidence of mental performance and/or mental health services in the athletic department by noting the name of the provider, (2) the types of services offered by the provider, (3) if the provider held the CMPC designation and/or mental health licensure, (4) if the provider was a member of AASP, (5) the level of graduate degree obtained by the provider, (6) the professional title of the provider, and (7) the gender of the provider.

The type of services provided, code 2, focused specifically on the type of provider and included three different categories: mental performance, mental health, or licensed sport psychology professional. A professional was coded as a “mental performance consultant” if their title indicated so (e.g., mental performance consultant) and/or the services described in their profiles or biographies focused solely on the development of psychological skills (e.g., dealing with pressure, building confidence, improving focus, building team cohesion) for sport performance. A professional was coded as a “mental health provider” if their title indicated so (e.g., social worker), if the person was licensed (e.g., licensed social worker), and if the services described in their profiles or biographies focused solely on mental health. A professional was coded as a “licensed sport psychology professional” if they met the criteria for both the “mental performance” code and the “mental health” code. The AASP database was used to determine if the provider was registered as a Certified Mental Performance Consultant (CMPC; code 3) and/or registered as an AASP member (code 4). Lastly, graduate degree (code 5), professional title (code 6), and gender (code 7) were determined by identified information (such as pronouns for code 7) in the professional’s biography, profile, or news articles.

Procedures

In the first phase of data collection and using procedures similar to Hayden and colleagues (2013), the investigators obtained each university’s athletic department homepage. The investigators then individually analyzed each athletic department website and staff directory for evidence of mental performance services (MPC), mental health services (MHP), or both services (LSPP) and coded the existence of the provider into their own separate excel spreadsheet. If a

professional was listed with no biography, an additional Google search of the provider’s name and university name was used to gather and code information. If a provider was not listed for a university, a secondary Google search was conducted entering the NCAA D1 university’s name, the mascot, and the term sport psychology and/or mental health (e.g., “Arizona Wildcats sport psychology”). If a professional was identified as providing mental performance and/or mental health services within the athletic department, information was coded. Each coder was separately responsible for ensuring that the provider and information were current and up to date. If a professional was located solely in student counseling services or an educational department, the provider was not included. Although there are professionals who provide services to student-athletes outside of the athletic department, such as counseling centers and educational departments, the current study focused only on providers listed on the athletic department website or as working within the athletic department. This is because of student-athlete’s overall preferences to use services that are within the athletic department as opposed to those that are outside (Lopez & Levy, 2013). If no provider was listed or found, the university was coded as having no provider.

Viera and Garrett (2005) identify that inter-rater agreement is helpful to determine the consistency between coders and how they interpret written information. Specifically, the existence of a provider (identified by the provider’s name) was used to calculate agreement. For the 129 FBS universities, the initial inter-rater agreement between researchers was 89.1%. For the 124 FCS universities, the inter-rater agreement between researchers was 92.5%. In total, researchers did not agree on the presence of a provider at 19 (7.5%) universities. When disagreements occurred between the two researchers, the website was reviewed collectively in order to reach consensus using, again, the criteria described in the initial data collection phase. Of the 19 universities to be reanalyzed, 16 were coded as having a provider whereas three were coded as not currently having a provider.

In the second phase of data collection, and following the assessment of inter-rater agreement, the remaining characteristics (codes 2-8) of the providers were collected from each athletic department website and coded into the excel spreadsheet with the two coders working together. Since secondary coding occurred together, no additional interrater agreement was recorded. All data was collected between the months of March and June of 2018.

Data Analysis

Although this study was not the first to identify the presence of mental performance and mental health services available at NCAA D1 FBS and FCS institutions, it is the first to clearly delineate between the types of services being provided while simultaneously assessing gender and professional characteristics of those providing services. Thus, and mirroring the study of Hayden and colleagues (2013), a lower level of analysis that focused primarily on frequencies and distributions among codes was performed. However, to add rigor to the methodology, chi-square tests of homogeneity were also performed on codes two, three, four, five, and seven in order to identify whether or not the observed frequencies differed from what would be expected in this sample. Since this is the first study of its kind, a null hypothesis with an alpha level (.05) was used, stating the characteristics and types of providers would be equally distributed in the sample.

Results

In analyzing 253 NCAA D1 athletic departments for the presence of MPCs, MHPs, and/or LSPPs in the Fall of 2018, 65 (25.7%) were identified as having some form of mental performance and/or mental health services. A total of 99 professionals were found to be delivering these services. Of the 65 athletic departments with mental performance and/or mental health services, 46 (70.8%) belonged to FBS and 19 (29.2%) belonged to FCS NCAA D1 athletic departments. The majority of athletic departments, across both FBS and FCS had one provider (26 [56.5%] and 16 [78.9%] respectively), while fewer athletic departments had more than one provider (20 [43.5%] for FBS and 3 [21.1%] for FCS). See Table 2 for a full breakdown of the number of providers.

Table 2. Presence of Mental Performance and Mental Health Service Providers

	FBS	FCS
1 Provider	26	15
2 Providers	15	3
3 Providers	4	1
4 or more providers	1	0
Total	46	19

Note: There are a total of 99 professionals identified on 65 NCAA DI athletic department websites as providers of mental performance and/or mental health.

Professional Characteristics of Service Providers

In further observation of the 99 professionals working in athletic departments, 56 (56.6%) provided both mental performance and mental health services (LSPPs), 23 (23.2%) provided solely mental performance services (MPCs), and 20 (20.2%) provided solely mental health services (MHPs). Chi square analyses revealed a significant finding ($\chi^2 = 24.18, p < .001$), suggesting a non-equal distribution of types of services being provided, with more LSPPs and fewer MPCs and MHPs than expected (Expected $N = 33$).

Seventy-six (76.8%) professionals were licensed mental health providers, 45 (45.4%) held the CMPC designation, and 61 (61.6%) were members of AASP. Of these characteristics, chi-square analyses revealed a non-significant finding on the code of CMPC certification ($p = .366$), but a significant finding on those with licensure ($\chi^2 = 28.37, p < .001$) and those identified as members of AASP ($\chi^2 = 5.34, p = .021$). In both

cases, there were more providers with licensure than expected (Expected $N = 49.5$) and more AASP members than expected (Expected $N = 49.5$).

The most common terminal degree out of the 99 professionals was a PhD ($n = 71, 71.7%$), followed by a PsyD ($n = 15, 15.1%$) and then a master’s degree ($n = 9, 9.1%$). Chi square analyses revealed a significant finding ($\chi^2 = 73.85, p < .001$), suggesting a non-equal distribution in the terminal degrees of the providers, with more PhDs and fewer PsyDs and master’s degrees than expected (expected $N = 31.7$). Lastly, of the 99 professionals, 57 (57.6%) were female and 42 (42.4%) were male. Findings from the chi-square analysis on gender were non-significant ($p = .132$). See Table 3 for an entire breakdown of all characteristics.

Mental Performance

Twenty-three (23.2%) professionals were responsible for delivering solely mental performance services and 13 (56.5%) of the 23 MPCs were the only mental performance service provider in their athletic

Table 3. NCAA DI Frequency Matrix

	Type of Provider			Professional Characteristics			Degree			Gender	
	LSPP	MHP	MPC	CMPC	Licensed	AASP member	PhD	PsyD	Master’s	Female	Male
LSPP	56	-	-	-	-	-	-	-	-	-	-
MHP	-	20	-	-	-	-	-	-	-	-	-
MPC	-	-	23	-	-	-	-	-	-	-	-
CMPC	31	0	14	45	-	-	-	-	-	-	-
Licensed	56	20	0	31	76	-	-	-	-	-	-
AASP member	42	1	18	45	43	61	-	-	-	-	-
PhD	43	12	16	36	55	44	71	-	-	-	-
PsyD	12	2	1	9	14	13	-	15	-	-	-
Master’s	1	6	2	0	7	0	-	-	9	-	-
Female	33	14	10	24	47	37	39	11	3	57	-
Male	23	6	13	21	29	24	32	4	6	-	42

Note: Bold numbers represent the total of that category out of 99 providers; 4 providers were excluded from the degree columns.

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Table 4. NCAA DI Athletic Departments, Number of Providers, and Types of Providers Breakdown

Total number of Athletic Departments with Sport Psychology Services	Number of Providers in Athletic Department	Number of Athletic Departments with specific # of provider(s)	Number and Type of Providers		
			LSPP	MPC	MHP
65	1 Provider	41	23	13	5
	2 Providers	18	24	4	8
	3 Providers	5	8	1	6
	4 or more Providers	1	1	5	1
	Total Professionals	-	56	23	20

Note. FBS and FCS athletic departments are combined in the tables.

Table 5. Titles Identified by Type of Services Provided

Both	Mental Performance	Mental Health
Clinical & Sport Psychologist	Mental Performance Consultant	Clinical Social Worker
Clinical Sport Psychologist	Mental Performance Coach	Clinical Psychologist
Clinical Psychologist	Mental Game Consultant	Psychologist
Licensed Clinical Psychologist & Sport Psychologist	Mental Strength Coach	Staff Psychologist
Psychologist	Performance Specialist	Sport Psychologist
Sport Psychologist	Performance Coach	Director of Sport Psychology & Counseling Services
Associate Sport Psychologist	Sport & Mental Performance Consultant	Director of Sports Medicine in Psychiatry
Sport & Performance Psychologist	Sport Psychology Consultant	Director of Mental Health/Wellness
Counseling & Sport Psychologist	Director of Sport Psychology & Leadership Programs	Coordinator of Student-Athlete Mental Health
Athletic Psychologist	Director of Sport Psychology	Head of Athletic Counseling Services Counselor
Staff Psychologist	Director of Mental Performance	
Senior Staff Psychologist	Director of Mental Training	
Director of Clinical & Sport Psychology	Assistant AD for Performance Psychology	
Director of Counseling & Sport Psychology	Associate AD of Championship Performance	
Director of Performance Psychology Center		
Director of Mental Health & Performance Psychology		
Director of Sport Psychology		
Coordinator of Clinical & Sport Psychology		
Athletic Counselor		

Note. There are a total of 37 different titles being used across the three types of services, some of which overlap across types of service providers.

department. The remaining 10 (43.5%) professionals worked alongside other professionals (MPCs, MHPs, and/or LSPPs). See Table 4 for more details on the number of MPCs in athletic departments with more than one provider. Professionals delivering mental performance services operated under various titles such as Mental Performance Consultant, Mental Strength Coach, and Sport Psychology Consultant and often included “Director of” in front of their title. See Table 5 for a breakdown of the titles used in relation to the services provided.

Of the 23 professionals delivering mental performance services, 14 (60.9%) were CMPC and 18 (78.2%) were members of AASP. Educationally, 16 (69.6%) held a PhD, two (8.7%) held a master’s degree, and one held a PsyD (4.3%). The professional with the PsyD, along with all other mental performance services providers, was not licensed in mental health service delivery. Four professionals (17.4%) were identified as graduate students and not included in the educational breakdown since terminal degree was not listed, and therefore, unknown. In total, there were slightly more males ($n = 13$, 56.5%) than females ($n = 10$, 43.5%) delivering solely mental performance services.

Mental Health

Twenty (20.2%) professionals were responsible for delivering solely mental health services and all 20 held licensure. Only five (25%) MHPs worked alone in their athletic departments while the remaining 15 (75%) worked in conjunction with other service providers (MPCs, MHPs, and/or LSPPs; See Table 3). Mental health providers operated under various titles including (Clinical, Sport, or Staff) Psychologist, Clinical Social Worker, and Counselor. See Table 4 for more titles used by mental health providers.

No mental health professionals held CMPC status, but one (5%) professional was a member of AASP. The most common degree held by MHPs was a PhD ($n = 12$, 60%), followed by a master’s degree ($n = 6$; 30%) and a PsyD ($n = 2$, 10%). There were more females ($n = 14$, 70%) than males ($n = 6$, 30%) delivering solely mental health services.

Licensed Sport Psychology Professional

A total of 56 (56.6%) professionals were identified as providing both mental performance and mental health services. Twenty-three (41%) professionals delivered both mental performance and mental health services as the only provider in their athletic department while 33 (59%) professionals worked with other service providers

(MPCs, MHPs, and/or LSPPs; See Table 3). Professionals delivering both mental performance and mental health services had a wide array of titles including variations of Clinical and Sport Psychologist, Director of Sport Psychology, and Athletic Counselor (see Table 4).

All 56 professionals were currently licensed to provide mental health services, 31 (55.4%) held CMPC status, and 42 (75%) were members of AASP. In terms of education, 43 (76.8%) professionals held a PhD, 12 (21.4%) held a PsyD, and 1 (1.8%) held a master’s degree. There were also more females ($n = 33$, 58.9%) compared to males ($n = 23$, 41.1%) delivering both mental performance and mental health services.

Gender

Female professionals ($n = 57$, 57.6%) outnumbered male professionals ($n = 42$, 42.4%) and out of the 99 professionals, 24 (24.2%) females held CPMC status compared to 21 (21.2%) males. Additionally, more females ($n = 47$, 47.5%) were licensed to deliver mental health services than males ($n = 29$, 29.3%). Educationally, more females held a PhD ($n = 39$, 39.4%) and PsyD ($n = 11$, 11.1%) than males ($n = 32$, 32.3% and $n = 4$, 4% respectively), while more males ($n = 6$, 6%) held a master’s degree than females ($n = 3$, 3%).

Discussion, Implications, and Future Directions

The main purpose of this study was to gain a comprehensive understanding of the current state of mental performance and mental health services within NCAA D1 athletic departments. Specifically, this was gained by identifying (1) the number of NCAA D1 athletic departments with mental performance and/or mental health services (2) the number of professionals and types of services being provided (i.e., mental performance, mental health, or both mental performance and mental health), (3) the professional characteristics of MPCs, MHPs, and LSPPs (e.g., terminal degree, certification, licensure, AASP membership, professional title), and (4) the gender of the professionals providing services.

Number of NCAA D1 Athletic Departments Providing Services

Compared to previous studies (Hayden et al., 2013; Kornspan & Duve, 2006; Voight & Callaghan, 2001; Wilson et al., 2009), the results of the current study indicate a higher prevalence of NCAA D1 athletic departments integrating some form of mental performance and/or mental health services. Perhaps the most accurate comparison of these results come from Hayden and

colleagues (2013) who found 51 professionals providing sport psychology services in 28 (23.3%) FBS athletic departments compared to the 75 (75.8%) professionals providing mental performance and/or mental health services in 46 (70.8%) FBS athletic departments found in the current study. The current study is also the first to conduct a content analysis of mental performance and mental health services in FCS athletic departments. Compared to 46 (70.8%) FBS athletic departments, only 19 (29.2%) FCS athletic departments provided some form of mental performance and/or mental health services. With fewer awardable scholarships, less publicity, and less revenue than FBS athletic departments (NCAA, 2019), FCS athletic departments likely have less money to spend on additional resources to support student-athlete development.

Number and Type of Professionals Delivering Services

The number of mental performance and/or mental health professionals delivering services along with the specific type of service provided was reported in the current study. A total of 56 (56.5%) professionals were identified as LSPPs, 23 (23.2%) as MPCs, and 20 (20.2%) as MHPs. This information is new to the literature on sport psychology services in athletic departments as previous researchers have not clearly distinguished between the number of professionals providing solely mental performance, mental health, or both types of services (see Hayden et al., 2013; Kornspan & Duve, 2006; Voight & Callaghan, 2001; Wilson et al., 2009). By distinguishing between the types of services provided, we also identified a non-equal distribution in the types of providers working in these positions, with more LSPPs and fewer MPCs and MHPs than expected. What this may indicate at the time of the study was that the hiring of individuals who can provide both services were prioritized, especially if there was only one professional hired in the athletic department.

Although the current study classified the type of services being provided into three categories, professionals used 37 different titles when providing mental performance and/or mental health services. As Hayden and colleagues (2013) emphasized after reporting the use of 24 different titles in their study, the wide variety of titles used across professionals may contribute to the ambiguity or uncertainty about mental performance and mental health services. From this ambiguity, and as previously mentioned in the reviewing of past literature, it may be difficult to distinguish between service providers as many professionals use

similar titles. For example, in the current study “sport psychologist” was a title used by LSPPs and MHPs, which may imply that MHPs also provide mental performance services. In the case of MPCs, whereas some were identified by the title “sport psychology consultant”, the terms “mental performance” may more clearly communicate the nature of their services (i.e., performance) while also demonstrating that they do not treat mental health concerns. In fact, AASP has made such an effort to clarify this by carefully utilizing “mental performance” in the certification title (AASP, n.d.) rather than “sport psychology.”

After closer examination of the number and type of providers, it was revealed that 41 (69.9%) athletic departments had only one provider delivering services, and of these, the majority were LSPPs ($n = 23$, 56%); professionals responsible for delivering both mental performance and mental health services. These findings indicate two major points that warrant further discussion. First, for athletic departments with only one provider, the ratio of provider to clients can range between 1:200 and 1:800 depending on the number of athletes and sport programs within the athletic department. If the sole provider is an MPC or MHP, they are being asked to be the only provider of either mental performance or mental health services to hundreds of athletes and coaches. This also means that an LSPP who is the only provider is expected to meet both the mental performance and mental health needs of the entire athletic department. Eisenberg (2014) reported that roughly 10% of student-athletes seek help, which could be influenced by the number of providers available to student-athletes. In a study of factors influencing help-seeking behavior, Watson (2006) reported time management to be a major constraint to seeking services. Thus, for athletes that want help and make time to seek services, it would be beneficial to have multiple professionals available to meet their needs. In addition, NCAA D1 student-athletes have also reported an overall greater willingness to seek assistance for enhancing performance than for dealing with personal issues (Wrisberg et al., 2009). Therefore, a potential solution is not just having multiple providers, but instead a variety of professionals capable of meeting each athlete’s specific needs. Noting the timeframe of these studies, future research should investigate current student-athletes help-seeking behaviors along with their perceptions and preferences for each type of service. As a result, this may help in understanding if student-athletes’ needs are being met and if the right number and type of providers are available.

Second, and further evidenced in our analysis, athletic administrators have reported a preference to hire a single professional capable of delivering both mental performance and mental health services (i.e., an LSPP) on a part-time basis (Connole et al., 2014). Though this preference is likely due to budgetary reasons, this is concerning given the expectations of one person to adequately meet all psychological needs. It is also important to consider that NCAA D1 athletic directors and coaches have reported a greater preference for services focused on performance concerns (i.e., an MPC; Wrisberg et al., 2010; 2012). Therefore, LSPPs—especially when only one person is hired—may not be set up for success because there may be a disconnect between what types of services preferred and the type of services being delivered. For instance, when one professional is hired to address both mental performance and mental health, student-athletes' mental health will likely be the priority. Therefore, one LSPP working within an athletic department will likely find it challenging to deliver the mental performance services that coaches and athletic directors might expect (Wrisberg et al., 2010; 2012). Future research should explore the role of LSPPs and how exactly they operate within NCAA athletic departments.

What is encouraging about the study is that there were 20 athletic departments with two or more service providers at the time of data collection. Five of these athletic departments (The University of Auburn, The University of Missouri, The University of North Carolina at Charlotte, The University of Oklahoma, and The University of Tennessee) had a team of three to four sport psychology professionals working together to meet the mental performance and mental health needs of student-athletes. It is promising to think that the NCAA D1 environment may be one where an interprofessional team is possible; where MPCs, MHPs, and LSPPs can work together to blend their distinct, yet complementary competencies and skills (see McHenry et al., 2021; Samuelson et al., 2012). Recently, McHenry and colleagues (2021) emphasized the need for interprofessional collaboration between mental performance and mental health services within sport. This type of integrative cooperation and “collaboration practice-ready workforce” may better serve athletes' psychological needs as each professional can focus on the type of services they can and are appropriately trained to deliver (McHenry et al., 2021, p. 6). For instance, because athletes' needs are complex, they “often cannot be solved by single professionals” (Samuelson et al., 2012, p. 303).

In contrast, what is discouraging is the number of athletic departments without any form of mental performance and/or mental health service. Across both FBS and FCS institutions, nearly 75% of athletic departments did not have these services available, leaving thousands of student-athletes without direct access to support services. Legislation has mandated NCAA institutions to make mental health services available to student-athletes through the athletic department or at other campus locations such as counseling centers or school health (Hosick, 2019). As the results of this legislation become more apparent now, years later, and as athletes' diverse psychological needs become more recognized, there will likely be a greater demand for interprofessional collaboration (Newman et al., 2019). In fact, when an interprofessional team with distinct mental performance and mental health professionals does exist, those within NCAA athletic departments (e.g., athletic directors, athletic trainers) have recognized the differences between services and expressed value for each type of service (see Eckenrod, 2019; Zakrajsek et al., 2018). Thus, by the time of publication, there may be more athletic departments with providers.

Professional Characteristics of Service Providers

In the current study, 45 (45.4%) of the 99 total professionals identified held CMPC status, and more specifically within the 46 FBS athletic departments, 31 (41%) of 75 professionals held CMPC status. Since Hayden and colleagues' (2013) study, the number of professionals with CMPC status working within FBS athletic departments has indeed doubled from just 16 certified professionals. Additionally, in the current study, more than half of the 23 MPCs ($n = 14$, 60.1%) and 56 LSPPs ($n = 31$, 55.3%) had achieved this credential. What might be inferred from these findings is that CMPC has been increasingly marketed and/or publicly recognized, and because of this, NCAA D1 university athletic departments may be including CMPC as a requirement within position announcements for LSPPs and MPCs. However, recent job postings have included CMPC as a preference while simultaneously acknowledging that the position is for full time mental health support. Once again, there is likely some confusion as to the necessary qualifications and training to fulfill each role and future research should explore this trend.

Along with CMPC status, we also sought to identify the number of professionals holding licensure to deliver mental health services. In the current study, 76 (76.7%) of the 99 professionals were licensed in mental

health; of which 56 were identified as LSPPs (56.5%) and 20 (20.2%) were identified as MHPs. The number of licensed professionals identified in the current study is comparable to Beasley and colleagues' (2019) who identified a total of 83 licensed mental health providers working in NCAA D1 athletic departments. None of the MPCs in the current study were licensed in mental health. This finding makes sense given that a licensure is not required to obtain CMPC status and be considered competent in delivering mental performance services.

Gaps in the Literature

Terminal Degree

New to the literature was an analysis of the professionals' terminal degree. It is important to keep in mind that the terminal degree to achieve CMPC status or licensure (e.g., licensed social worker, licensed professional counselor) is a master's degree while a PhD or PsyD is the terminal degree needed to be a licensed psychologist. Across all professionals, a PhD was the most common terminal degree ($n = 71$, 74.7%) with nine (9.1%) professionals—6 MPCs, 2 MHPs, and 1 LSPP—holding a master's degree. This finding, along with chi-square analyses, reveals a hiring distribution more in favor of a PhD compared to a PsyD or master's degree. Whereas most mental health professionals in Beasley's and colleagues' (2019) study (57 out of 83) also held a PhD, 26 mental health professional's terminal degree was a master's degree. Despite the lower number of professionals with a master's degree in the current study, it is still encouraging that athletic departments have hired such individuals. Not only should mental performance and mental health professionals with a master's degree continue to seek employment opportunities in these positions, but organizations such as AASP should continue to inform employers—like NCAA D1 athletic departments— and clients that a master's degree meets the qualification standards, along with CMPC or licensure, to competently deliver mental performance and mental health services. Holding licensure or CMPC status not only guarantees a basic foundation of competency, but ensures that professionals must maintain their status by means of continued education.

Gender of Service Providers

As noted, the gender of the practitioner appears to be an attribute student-athletes consider when seeking services (Lubker et al., 2012, Woolway & Harwood, 2020). Understanding the current opportunities for each gender is also important in terms of equity of opportunity. However, previous research has not reported the gender

of the professionals when examining the state of sport psychology services. In the current study, more females ($n = 57$, 57.6%) than males ($n = 42$, 42.4%) were identified as delivering services in NCAA D1 athletic departments, however this finding was not significant. More specifically, females made up the majority of professionals providing mental health services—whether that be as an LSPP ($n = 33$, 58.9%) or MHP ($n = 14$, 70%)—whereas males ($n = 13$, 56.5%) made up the majority of MPCs. While these findings do mirror the ratio of more female to male mental health providers in the general work force (Bureau of Labor Statistics, 2019), they also seem to indicate that in the NCAA D1 setting there is a relatively equal hiring in the number of female and male applied practitioners. These findings should be encouraging for two reasons. First, student-athletes may feel more comfortable seeking services when different genders are available, and as Woolway and Harwood (2020) reported, if the professional is their same gender. Second, and for professionals wanting to work in this setting, there appears to be equity in employment opportunities. What may be of additional importance in equity, diversity, and inclusion, and as a suggestion for future researchers, is to continue to examine demographic information (e.g., race, ethnicity) related to professionals delivering mental performance and mental health services within NCAA D1 athletic departments.

Limitations

The present study focused on providing a comprehensive understanding of mental performance and mental health services in NCAA D1 athletic departments. To do this, we used content analysis methodology as it was thought to provide a more accurate assessment of the state of mental performance and mental health services across all NCAA D1 athletic departments. This method addressed some of the limitations of survey methodology used in previous research, such as low response rates (Wilson et al, 2006). However, limitations of content analysis methodology include the reliance on public data and information such as that found on athletic department websites. For example, an MPC, MHP, or LSPP may have been employed by the athletic department but not listed on the athletic department webpage. In addition to the researchers relying on information found through internet searches, there was a potential to misidentify the types of services being delivered by a professional. The non-invasive, observational methodology did not allow for universities or professionals to be contacted. However, the main attempt to mitigate this misidentification was by having two coders separately

analyze the publicly available data. Despite separate analysis, a high inter-rater agreement was still achieved. One major suggestion moving forward is to establish a public database of this information that is readily available to researchers and consumers. By having access to up-to-date information, researchers, consumers, and sport psychology professionals may better and more easily understand what student-athlete needs are being addressed and what areas can be improved.

Conclusion

In conclusion, there appears to be continued growth in the number of mental performance and mental health providers working in the NCAA D1 setting, with licensure and/or CMPC becoming more commonplace. Yet it is also important to recognize that many NCAA D1 athletic departments, especially FCS and non-Power 5 FBS institutions, were and still are without service providers. This has also been the first study to clearly delineate between service providers, and the findings suggest that student-athletes have more, but still limited, access to LSPPs, MPCs, and MHPs than previously reported. Lastly, and with regard to recent legislation and our findings, we strongly recommend that NCAA D1 athletic directors and administrators hire a team of providers to meet the complex psychological needs of all student-athletes. In this manner, each professional can continue to specialize within their field of practice and best serve the student-athlete and athletic department.

Footnote

¹ For more details about CPMC® standards, see the Association for Applied Sport Psychology website. <https://appliedsportpsych.org/certification/>

ORCID

Matthew Jones

 <https://orcid.org/0000-0002-1470-2295>

Rebecca Zakrajsek

 <https://orcid.org/0000-0003-1213-4826>

Morgan Eckenrod

 <https://orcid.org/0000-0001-5577-1636>

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