Research article
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Perceptions of mental health and barriers to help-seeking among division i women's lacrosse student-athletes

Abstract

Women's lacrosse student-athletes navigate overlapping academic, athletic, interpersonal, and performance demands that may influence psychological well-being and decisions about seeking support. Although mental health among collegiate athletes has received increasing attention, less is known about how NCAA Division I women's lacrosse student-athletes understand mental health and perceive available resources. The purpose of this qualitative study was to explore Division I women's lacrosse student-athletes' perceptions of mental health and perceived barriers to help-seeking. Structured Zoom interviews were conducted with seven NCAA Division I Power 4 women's lacrosse student-athletes, and structural coding was used to organize responses in relation to the research questions. Findings indicated that participants viewed mental health as essential to overall well-being and athletic functioning, although they differed in how they described its relationship with performance. Participants also reported varying awareness of available mental health resources and differing perceptions of whether student-athletes utilized those resources. Stigma, communication, supportive relationships, and team culture emerged as important considerations in participants' descriptions of help-seeking. These findings highlight the distinction between resource availability, awareness, and perceived utilization and suggest that athletic departments should prioritize clear pathways to care, mental health education, supportive team environments, and the normalization of help-seeking.

Keywords: women's lacrosse; student-athlete mental health; help-seeking; mental health resources; team culture

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Introduction

Collegiate student-athletes navigate overlapping academic, athletic, interpersonal, and performance demands that may influence their psychological well-being.[1] Intensive training schedules, pressure to perform, travel obligations, and expectations for success can contribute to stress and make it difficult to manage responsibilities outside of sport.[2–4] Research has identified concerns related to depression, anxiety, eating disorders, and psychological distress among student-athletes, with some studies identifying particular concerns among women.[2,4,5] These findings underscore the importance of understanding mental health as part of the broader collegiate student-athlete experience.

Mental health experiences are also shaped by the environments in which student-athletes train, compete, and seek support. Research has emphasized the importance of belonging, supportive coach-athlete relationships, and cohesive team environments among women student-athletes.[6,7] Supportive environments may foster greater comfort in communicating concerns, whereas disconnected or psychologically unsafe team dynamics may create barriers to doing so.[7] However, the availability of mental health resources does not necessarily mean that student-athletes know how to access them or feel comfortable seeking assistance.[8] Understanding how athletes perceive mental health and available support is therefore important for examining the conditions that may encourage or discourage help-seeking.

Women's lacrosse provides a relevant context for examining these issues. Participation in NCAA women's lacrosse has increased considerably,[9] while much of the sport-specific health literature has focused on physical injury, physiological demands, workload, and wellness.[10–12] More recent scholarship has begun to examine psychological health and wellness among collegiate lacrosse athletes.[13,14] Nevertheless, limited attention has been given to how Division I women's lacrosse student-athletes understand mental health and perceive the resources available to support them. In particular, less is known about how these athletes describe barriers to seeking mental health support within their specific sport context.

Accordingly, the purpose of this qualitative study was to explore NCAA Division I women's lacrosse student-athletes' perceptions of mental health and perceived barriers to help-seeking. The study was guided by the following research questions:

RQ1: What are NCAA Division I women's lacrosse student-athletes' perceptions of mental health?

RQ2: What barriers do NCAA Division I women's lacrosse student-athletes perceive to seeking mental health support?

Literature review

Cognitive behavioral therapy

Cognitive behavioral therapy (CBT) provided the theoretical framework for this study. CBT emphasizes the relationship between thoughts, emotions, and behaviors and the ways individuals interpret and respond to their experiences.[15] Beck[16] identified three levels of cognition: core beliefs, dysfunctional assumptions, and negative automatic thoughts. Core beliefs reflect how individuals view themselves, others, and the world around them, while assumptions and automatic thoughts may influence how they interpret particular situations.[15] These cognitive processes are relevant to understanding how individuals respond to stressful experiences and make decisions about seeking support.

Within collegiate athletics, student-athletes may encounter pressures related to performance, academics, relationships, and expectations for success. How athletes interpret these experiences may influence their emotional responses and the ways they manage stress. For example, beliefs about failure, personal ability, or the importance of appearing strong may shape how an athlete responds to a difficult performance or recognizes a need for assistance. CBT seeks to help individuals recognize patterns of thinking and develop healthier ways of understanding and responding to challenging experiences.[15,16]

For the present study, CBT provided a framework for considering how women's lacrosse student-athletes understand mental health and perceive help-seeking. Beliefs about vulnerability, strength, and asking for help may influence whether athletes recognize a need for support or feel comfortable accessing available resources. The framework also provides a way to consider how athletes interpret difficult experiences and describe their responses to them. The study did not examine a CBT intervention or directly measure cognitive processes; rather, CBT served as a theoretical lens for exploring participants' perceptions of mental health and barriers to seeking support.

Women student-athletes

During the 2024–25 academic year, 242,341 student-athletes competed in NCAA women's championship and emerging sports.[17] This substantial participation underscores the importance of examining women student-athletes' experiences within collegiate athletics. Women student-athletes balance academic expectations with the demands of training, competition, travel, relationships, and other responsibilities associated with college life.[1,7] These overlapping responsibilities make it important to understand women student-athletes not simply as athletes, but as college students whose development occurs across multiple areas of their lives.

Athletic identity and belonging are important components of the women student-athlete experience. Among women's basketball student-athletes, stronger athletic identity has been associated with lower levels of career maturity, with Division I athletes reporting higher athletic identity and lower career maturity than Division II athletes.[18] Similarly, Slaten et al.[19] found that women student-athletes' sense of belonging on campus was connected to their experiences as athletes and members of their teams. Team culture, athletic department culture, campus support, female athlete identity, and individual experiences were identified as important components of belonging. Together, these findings demonstrate the role sport can play in shaping how women student-athletes understand themselves and experience the larger university environment.

Relationships and institutional environments further shape these experiences. In a qualitative study of 12 Division I women student-athletes participating in a women-only leadership academy, Stokowski et al.[20] identified connection, confidence, and professional development as central themes. Participants described the value of connecting with women across sports, sharing experiences, and developing a broader sense of community and support. Although the study did not examine mental health help-seeking, its findings highlight the importance of women-only spaces that provide opportunities for student-athletes to discuss their experiences, develop relationships, and build confidence beyond their individual teams.

Women student-athletes also represent a diverse population whose experiences cannot be understood through gender alone. Ferguson[21] highlighted how race, gender, space, and athletic status intersect within the experiences of Black women student-athletes, particularly within historically White institutions. Similarly, international women student-athletes may navigate personal, interpersonal, and cultural factors as they transition into collegiate athletics in the United States.[22] These studies demonstrate that women student-athletes should not be treated as a uniform population and that differences in identity and institutional context may shape their experiences of belonging and support.

Women's lacrosse

Women's lacrosse has experienced considerable growth within collegiate athletics. Nearly 14,000 women participate in NCAA lacrosse across Divisions I, II, and III, with approximately 4,300 competing at the Division I level.[17] Women's lacrosse also remains a predominantly White sport, with approximately 82% of NCAA women's lacrosse student-athletes identifying as White.[17] The history of women's lacrosse is distinct from the men's game. Although the two sports share a name, they developed separately and continue to differ in their histories, rules, and styles of play.[23]

As participation in women's lacrosse has grown, researchers have increasingly examined the health and physical demands associated with the sport. Injury has received considerable attention, with research documenting concussions, sprains, contusions, lacerations, and other injuries occurring across levels of women's lacrosse.[24] Research has also examined nutrition, energy availability, body composition, physiological demands, training intensity, and workload among collegiate women's lacrosse athletes.[25–27] For example, Zabriskie et al.[27] examined energy status and body composition across a collegiate women's lacrosse season, while Alphin et al.[25] examined the intensity of training drills among Division I women's lacrosse athletes.

More recent research has continued to examine the physical and performance demands of collegiate women's lacrosse. Studies have considered game demands, positional differences, fatigue, external load, and relationships between athlete wellness and workload.[28,26] Kilian et al. for example, found changes in high-intensity efforts across competition, highlighting the physical demands experienced by Division I women's lacrosse athletes. Collectively, this literature has contributed to a greater understanding of the physical preparation, performance, recovery, and injury prevention needs of women's lacrosse athletes. This growing body of research provides an important foundation for examining other dimensions of the collegiate women's lacrosse experience, including psychological well-being and mental health.

Mental health

Mental health research in collegiate athletics has increasingly examined the psychological experiences of student-athletes alongside the physical demands of sport participation. Student-athletes navigate academic responsibilities, training, competition, and relationships with coaches and teammates, all of which may contribute to stress and influence psychological well-being.[2,5] In a systematic scoping review of 159 studies, Kegelaers et al.[29] found that most research examined mental ill-health outcomes, including depression, anxiety, and disordered eating, while fewer studies focused on positive mental health or combined both perspectives. The review also identified a wide range of general and sport-specific factors associated with student-athlete mental health. These findings demonstrate that mental health in collegiate athletics encompasses more than the presence or absence of a mental health disorder and should be considered within the broader context of student-athletes' lives.

Research examining depressive symptoms has established that participation in collegiate sport does not eliminate the possibility of

experiencing mental health concerns. Wolanin et al.[30] examined 465 Division I student-athletes across three consecutive years and found that 23.7% reported clinically relevant depressive symptoms, while 6.3% reported moderate to severe symptoms. Women student-athletes reported clinically relevant depressive symptoms at a higher rate than men student-athletes, 28.5% compared with 17.6%. Although this study was conducted at a single institution, it provided important evidence that depressive symptoms are present among collegiate athletes and that gender differences warrant further examination.

More recent research has continued to examine depression, anxiety, and self-esteem among collegiate student-athletes. Weber et al.[31] surveyed 615 NCAA Division I and II student-athletes and found that 22.3% were at risk for depression, 12.5% were at risk for anxiety, and 8% were at risk for low self-esteem. The authors identified significant differences in state and trait anxiety by sex, as well as associations between female sex and risk for depression and anxiety. However, significant differences in depression or self-esteem were not found across sex, academic status, or sport type. Together, Wolanin et al.[30] and Weber et al.[31] demonstrate the importance of examining mental health concerns among women student-athletes while also showing that findings may vary depending on the outcome being measured.

A systematic review and meta-analysis focused specifically on women student-athletes provides additional insight into the factors associated with mental health. Beisecker et al.[32] reviewed 52 studies involving 13,849 women student-athletes and identified injury, health, and social factors associated with depression, anxiety, and stress. The review also found that identifying as female was a meaningful determinant in a portion of the included studies, although the relationships between individual factors and mental health outcomes were generally small. These findings suggest that women student-athlete mental health is shaped by multiple interacting experiences rather than a single characteristic or circumstance.

Research focused specifically on women's lacrosse has examined psychological and physiological experiences associated with training and competition. Carter et al.[33] followed 15 Division I women's lacrosse athletes across a 12-week competitive season, examining salivary cortisol, subjective wellness, and workload. Wellness and workload changed over the season, while cortisol demonstrated negligible correlations with both measures. The findings suggest that physiological indicators of stress and athletes' perceived wellness do not necessarily correspond, emphasizing the importance of considering subjective experiences when examining the demands of collegiate sport.

Psychological hardiness has also been examined in relation to wellness among Division I women's lacrosse athletes. In an off-season training study, Cooley et al.[34] examined 28 athletes and found that wellness varied across training weeks, with lower wellness scores occurring during periods of increased training demands. Although athletes with above-average hardiness generally reported higher wellness scores, differences between hardiness groups were not statistically significant. The study provides insight into how athletes' perceived wellness may change throughout training and how psychological characteristics may relate to those experiences.

In a separate study, Cooley et al.[34] examined postgame wellness among 17 Division I women's lacrosse athletes following wins and losses. Overall wellness and energy were higher following wins than losses, but psychological hardiness did not significantly distinguish athletes' postgame wellness. These findings suggest that competition outcomes may influence athletes' perceived wellness, while individual differences in hardiness do not necessarily explain those responses. Together, the two studies demonstrate that women's lacrosse athletes' experiences of wellness may fluctuate across training and competition and that these experiences cannot be fully understood through psychological characteristics alone.

Although the lacrosse-specific studies provide important insight into stress, wellness, and psychological hardiness, they do not directly examine how athletes understand mental health within their own experiences. Similarly, the broader prevalence literature identifies the presence of mental health concerns but provides less insight into how Division I women's lacrosse student-athletes interpret and describe those concerns. This distinction supports the need for qualitative research that examines mental health from the perspectives of the athletes themselves.

Barriers to help-seeking

Although college student-athletes may benefit from counseling and other mental health services, research has identified a gap between mental health needs and professional help-seeking.[35] Barriers identified throughout the literature include time constraints, stigma, confidentiality concerns, limited recognition of mental health concerns, negative expectations about counseling, and perceived attitudes of coaches and teammates.[36–39] These barriers suggest that the availability of mental health services alone may not be sufficient to ensure that student-athletes feel able or willing to access support.

Practical barriers are particularly relevant within collegiate athletics because student-athletes must manage academic responsibilities alongside training, competition, travel, and other sport-related obligations. López and Levy[38] identified lack of time as an important barrier to mental health help-seeking among student-athletes. Counseling centers may operate during traditional business hours when student-athletes are attending classes, practices, meetings, or other required activities.[40] Reich et al.[39] similarly identified time, confidentiality concerns, stigma, and counselors' lack of understanding of the specific needs of athletes as barriers to professional help-seeking. These findings demonstrate that having mental health services available on campus does not necessarily mean those services are easily accessible to student-athletes.

Concerns regarding the counseling experience itself may also discourage student-athletes from seeking assistance. Watson[35] found significant differences between student-athletes and nonathletes in attitudes toward help-seeking and expectations of counseling services, suggesting that student-athletes may approach counseling with different expectations than the general student population. Research has also found that collegiate athletes prefer counselors who understand sport and the demands associated with being an athlete.[38,41] Harris and Maher[42] found that some student-athletes reported negative experiences when they sought help because they believed practitioners focused on athletic performance rather than addressing the underlying mental health concerns they were experiencing. Such experiences may influence whether athletes view professional support as useful or appropriate for their needs.

Recognition of the need for professional assistance represents another barrier. Student-athletes may minimize what they are experiencing, fail to recognize symptoms of a mental health concern, or believe that their concerns are not serious enough to warrant professional assistance.[40,43] Bird et al.[40] for example, found that student-athletes differed in how seriously they perceived their concerns, with the belief that help was unnecessary emerging as an attitudinal barrier. Watson[44] similarly identified not believing that counseling was necessary as a frequently reported reason for not

seeking services. These findings suggest that recognizing a need for support is an important part of the help-seeking process.

Mental health literacy may further influence this recognition process. Gulliver et al.[43] identified limited knowledge of mental health symptoms as a barrier to help-seeking among athletes. Research with male college students has also identified an association between lower mental health literacy and greater personal stigma regarding mental health help-seeking.[45] Although the latter study was not specific to athletes, it provides relevant context for understanding how knowledge and stigma may relate to help-seeking. Student-athletes may therefore be aware that mental health resources exist without necessarily possessing the knowledge needed to recognize symptoms, determine when professional assistance may be appropriate, or understand what to expect from counseling.

Among the barriers identified in the literature, stigma appears repeatedly. Hilliard et al.[37] identified concerns about confidentiality, being recognized while accessing services, perceptions that clinicians may not understand the student-athlete lifestyle, and failure to recognize the need for assistance as barriers to help-seeking. Stigma may occur as both public stigma and self-stigma. Public stigma involves the perception that others will negatively evaluate a person for experiencing a mental health concern or seeking treatment, while self-stigma occurs when an individual internalizes these negative beliefs.[46] Within athletics, expectations of strength, perseverance, independence, and mental toughness may conflict with an athlete's perception of what it means to acknowledge a mental health concern or ask for assistance.[37]

Research has further demonstrated the relationship between stigma and attitudes toward professional help. Wahto et al.[47] found that self-stigma mediated the relationship between public stigma and student-athletes' attitudes toward psychological help-seeking. Earlier work also demonstrated that athletes may be evaluated negatively when they seek psychological assistance.[48] However, findings concerning stigma are not uniform across all student-athletes. Barnard[49] found no significant difference between student-athletes and nonathletes in willingness to seek mental health treatment and found that student-athletes perceived less discrimination toward individuals with mental illness. These findings suggest that stigma remains an important consideration but should not be treated as a universal experience across all athletes, teams, or institutional environments.

The attitudes and behaviors of coaches may also influence help-seeking. Coaches occupy influential positions within collegiate athletic environments, and student-athletes may consider how disclosure of a mental health concern could affect the way a coach views their ability to perform. Cutler and Dwyer[36] found that student-athletes were more likely to seek assistance from non-team support personnel than from coaches or other team-related support personnel. Wilkerson et al.[50] similarly found that Black college football student-athletes perceived coaches as viewing athletes who utilized mental health resources as less capable players. Such findings suggest that athletes' perceptions of how coaches might react can become a barrier to disclosure and help-seeking.

Teammates and broader team culture may be equally influential. Gulliver et al.[43] found that athletes were concerned that teammates might perceive them as weak for seeking psychological help. Cutler and Dwyer[36] found a discrepancy in student-athletes' perceptions: participants personally viewed teammates who sought mental health treatment relatively positively but believed other teammates might respond less favorably. This distinction suggests that perceived team norms may influence behavior even when individual athletes personally support help-seeking. An athlete may therefore avoid seeking assistance because of what they believe others think, even when those beliefs do not accurately represent teammates' actual attitudes.

Harris and Maher[42] further demonstrated the importance of athletic culture and team relationships. Division I student-athletes in their focus groups described an environment in which they were expected to remain strong, compete through difficulties, and avoid appearing weak to coaches and teammates. Participants expressed concerns about how mental health disclosure could affect coaches' perceptions of them and, in some cases, their position within the team. Bissett and Tamminen[51] similarly identified concerns surrounding disclosure of psychological distress and the perceived consequences of sharing mental health concerns within sport environments. Together, these findings suggest that help-seeking decisions are not made independently of the athletic context in which student-athletes participate.

At the same time, research with student-athletes who have sought professional assistance demonstrates that athletes recognize potential benefits of treatment. Bird et al.[40] found that help-seeking student-athletes valued mental health professionals' knowledge and experience and believed counseling could provide tools for managing their concerns. Perceived benefits and confidence in navigating the help-seeking process were important components of their experiences. Research with young people has similarly suggested that perceived benefits may influence intentions to engage in mental health help-seeking.[52] Consequently, understanding barriers alone may not fully explain whether a student-athlete seeks assistance; athletes' beliefs about the usefulness of treatment and their confidence in their ability to seek help are also important.

Taken together, the literature demonstrates that barriers to mental health help-seeking among student-athletes operate at multiple levels. Athletes may encounter practical barriers associated with time and access, individual barriers related to mental health literacy and recognition of need, interpersonal barriers involving teammates and coaches, and cultural barriers associated with stigma and expectations of mental toughness. Although these factors have been examined across collegiate athletic populations, less is known about how Division I women's lacrosse student-athletes perceive and experience barriers to mental health help-seeking. Examining these experiences from the perspectives of the athletes themselves may provide greater insight into how individual, interpersonal, and athletic-environment factors influence decisions to seek mental health support.

Methods

Participants and recruitment

Using convenience sampling, seven current NCAA Division I Power 4 women's lacrosse student-athletes from one institution participated in the study. Participants ranged in age from 18 to 22 years and included one freshman, two juniors, and four graduate students. All seven participants identified as White. Participant demographics are presented in Table 1.

Table 1 Participant demographics

Age	Pseudonym	Classification	Race
22	Charlotte	Graduate student	White
18	Sophia	Freshman	White
22	Mia	Graduate student	White
22	Grace	Graduate student	White
21	Sarah	Junior	White
22	Bridgette	Graduate student	White
20	Megan	Junior	White

Participants were recruited through the principal investigator's existing connection to the women's lacrosse program. This approach provided access to student-athletes who could speak directly to the experiences under investigation. Structured interviews were conducted via Zoom to accommodate participants' schedules. During the interviews, the researcher asked participants the same series of questions concerning their perceptions of mental health and barriers to seeking support.

Data analysis

Structural coding was used to organize and analyze the interview data. Structural coding is a question-based approach in which segments of data are assigned codes corresponding to the topics or research questions guiding the study.[53] Because each participant was asked the same structured interview questions, this approach provided a consistent framework for organizing responses by research question and comparing participants' perspectives across interviews.

The analysis focused on identifying similarities and differences in participants' responses while preserving the context of their individual experiences. Responses were examined in relation to the research questions to identify recurring patterns and areas of variation. This approach allowed the researchers to develop an understanding of participants' perceptions of mental health and help-seeking without treating their experiences as uniform. The analysis was intended to describe participants' perspectives rather than quantify the prevalence of particular experiences or establish causal relationships.

Trustworthiness and methodological considerations

A pilot interview was conducted with a former NCAA Division I women's lacrosse student-athlete who had recently graduated. The pilot provided an opportunity to evaluate the interview process and consider the clarity and relevance of the questions before the main study. Pilot studies can help researchers assess the feasibility of research procedures and identify potential problems before full data collection begins.[54]

The principal investigator's background as a collegiate women's lacrosse student-athlete provided familiarity with the athletic environment and experiences relevant to the study. This background may have supported rapport with participants, but it also created the possibility that shared experiences could influence assumptions about mental health and help-seeking. The use of structured interviews helped establish a consistent approach to data collection by ensuring that participants were asked the same questions. This consistency was particularly important given the principal investigator's familiarity with the population and helped keep the interviews focused on participants' own descriptions of their experiences.

Results

The findings were organized into four themes: (a) importance of mental health, (b) mental health and athletic performance, (c) awareness and utilization of mental health resources, and (d) normalization and support. Although participants consistently recognized mental health as important, their responses reflected different experiences with managing mental health, identifying available resources, and seeking support.

Importance of mental health

All seven participants described mental health as an important aspect of the student-athlete experience. Their responses emphasized that mental health concerns were not limited to athletic performance or the demands of competition. Instead, participants described mental health as connected to the many responsibilities and relationships that accompany college life.

Mia explained, "There's just so many different seasons of life that can impact your mental health…breakups, deaths, trouble with friends, trouble at home…". Grace similarly identified "relationships, body image, and stuff like that" as areas outside of sport that could affect mental health. These responses illustrate how participants understood mental health as connected to experiences both within and beyond lacrosse.

Bridgette emphasized the importance of recognizing mental health within the athletic environment, stating, "mental health is extremely important for student athletes, and I think there should be more focus on it. I think it's just as important as practice, film, and lift". Her comparison positioned mental health alongside the routine activities that receive attention in collegiate athletics.

Mental health and athletic performance

Participants described different relationships between mental health and athletic performance. For some, difficulties outside of lacrosse could carry over into practice and influence how they responded to mistakes. Bridgette described this experience as a "snowball effect," explaining, "if you're having a tough day, you could look at your athletic performance, if you're in practice and mess up it can kinda just be like a snowball effect, if you don't have a great way to cope with that". Her response illustrates how an already difficult day could make an athletic mistake more difficult to manage.

Charlotte also reported that mental health affected her performance almost every day. She identified relationships, school, and the demanding lacrosse schedule as factors that could influence her mental health. Together, these responses indicate that some participants experienced mental health and athletic performance as closely connected.

Other participants described ways they had learned to manage this relationship. Megan explained that learning to communicate with teammates, coaches, family, and friends about mental health had helped her athletic performance. Sophia similarly emphasized moving forward after mistakes, describing the importance of being able to "just move on to the next". These responses illustrate differences in how participants described coping with difficult experiences and managing their effects on performance.

Awareness and utilization of mental health resources

All seven participants identified the sport psychologist as a mental health resource available to them. However, their awareness of additional resources varied. Some participants could identify other services, while others indicated that they would need to seek additional information to determine what was available through their universities.

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Mia provided an example of this difference. She reported that she was unaware of other campus resources beyond the sport psychologist and sought therapy off campus. She also indicated that she had not been informed about additional resources available to students. Her experience illustrates that a participant could be receiving mental health support while still having limited awareness of the services available through her university.

Participants also differed in their perceptions of whether student-athletes utilized available resources. Charlotte, Sophia, Mia, and Sarah believed that athletes did utilize mental health resources and described the importance of having trusted individuals available for support. In contrast, Megan perceived that utilization was limited, stating that "not a lot of students utilize the resources". She added, "if they do, they don't really like to talk about it. I think it's because they are embarrassed and feel like they're weak". Bridgette similarly believed that athletes did not utilize resources as much as they could or should.

Grace described utilization as dependent on the way mental health was discussed within a team. She estimated that it was "probably fifty-fifty, depending again on how your team kind of speaks about mental health and if you guys are doing check-ins or just making sure that everyone on the team knows where they can go when they are in need of help". Her response connected resource utilization with communication, team culture, and awareness of available support.

Taken together, these responses demonstrate that participants did not perceive resource utilization in the same way. Their accounts also distinguish between knowing that a resource exists, knowing what additional support is available, and believing that student-athletes feel comfortable seeking help.

Normalization and support

Participants also discussed ways mental health support could become more normalized within the athletic environment. Mia emphasized the importance of reducing stigma surrounding medication by sharing her own experience: "The last thing I'd say is kind of normalizing the importance of medication. I am on antidepressants right now and that I've been on since my freshman year, and they've really helped me get back to baseline". Her response reflected the importance she placed on openly acknowledging treatment as part of mental health care.

Grace suggested that a student organization dedicated to mental health could provide another opportunity for support. She stated that "having a club dedicated to mental health at this school would be a really positive step going forward. This school has such great resources, such great people in the athletic department that would be willing to take on people who brought forth this idea and I think it really helps close the gap between administrators and student-athletes". Her suggestion emphasized the potential value of creating opportunities for student-athletes and athletic department personnel to connect around mental health.

These responses highlight two ways participants described normalization and support: openly acknowledging mental health treatment and creating opportunities for connection. Although the participants offered different perspectives, both accounts emphasized the importance of an environment in which mental health could be discussed and support could be sought.

Overall, the findings illustrate that participants viewed mental health as an important part of their collegiate athletic experience, but did not experience or perceive mental health support in the same way. Their responses highlight differences in coping, resource awareness, and perceived utilization, while also identifying communication and supportive relationships as important aspects of the mental health environment.

Discussion

The purpose of this study was to explore NCAA Division I women's lacrosse student-athletes' perceptions of mental health and perceived barriers to help-seeking. Participants consistently viewed mental health as important, but differed in how they described its relationship with athletic performance, their awareness of available resources, and their perceptions of whether student-athletes utilized those resources. These findings reinforce existing research on student-athlete mental health while extending the literature through a qualitative examination of women's lacrosse student-athletes' experiences.

Mental health as part of the broader student-athlete experience

Participants' descriptions of mental health as connected to relationships, family circumstances, academics, and athletic responsibilities are consistent with research emphasizing the multiple demands experienced by women student-athletes (Santos & Sagas, 2023; Saxe et al., 2022). Mia and Grace described how experiences outside of lacrosse could influence mental health, while Bridgette emphasized that mental health deserved attention comparable to practice, film, and lifting. These findings reinforce the importance of understanding student-athletes as college students whose experiences extend beyond athletic participation.

The findings also align with research suggesting that women student-athlete mental health is associated with multiple interacting factors rather than a single characteristic or circumstance (Beisecker et al., 2024). However, the present study adds a qualitative perspective by illustrating how participants themselves described these overlapping experiences. Rather than identifying the prevalence of a particular mental health concern, the findings show how athletes understood mental health as part of their everyday lives and athletic responsibilities.

This distinction is particularly relevant to the women's lacrosse literature. Previous studies have examined physiological stress, wellness, workload, and psychological hardiness among collegiate women's lacrosse athletes (Carter et al., 2023; Cooley, Grace, et al., 2023; Cooley, Parker, et al., 2023). The present study does not measure those outcomes, but extends this body of work by examining how athletes perceive mental health and describe its relationship with their experiences. Together, these approaches suggest that understanding women's lacrosse student-athletes requires attention to both measurable aspects of wellness and athletes' own interpretations of their mental health.

Mental health and athletic performance

Participants' responses demonstrated that mental health and athletic performance were perceived as interconnected, although the nature of that relationship varied. Bridgette described how a difficult day could create a "snowball effect" during practice, while Charlotte reported that mental health affected her performance almost every day. In contrast, Megan and Sophia described communication and moving forward after mistakes as ways they had learned to manage difficult experiences.

These findings are consistent with the broader literature identifying psychological experiences as relevant to student-athlete

well-being and athletic functioning (Kegelaers et al., 2024). They also complement lacrosse-specific research demonstrating that perceived wellness may fluctuate across training and competition (Carter et al., 2023; Cooley, Grace, et al., 2023; Cooley, Parker, et al., 2023). However, the present findings add an important distinction: participants did not describe mental health as affecting performance in the same way. Some emphasized the carryover of difficulties into sport, while others described strategies that helped them manage those experiences.

This variation suggests that the relationship between mental health and performance should not be understood as uniform across student-athletes. The findings do not establish whether mental health caused changes in performance, but they illustrate how participants perceived that relationship and the role they attributed to coping and communication. This contributes to the literature by emphasizing the importance of examining individual experiences rather than assuming that mental health concerns affect all athletes in the same manner.

Resource availability, awareness, and perceived utilization

The central contribution of the present study concerns the distinction between the availability of mental health resources, awareness of those resources, and perceived utilization. All seven participants identified the sport psychologist as an available resource, yet awareness of additional services varied. Mia, for example, reported seeking therapy off campus while also indicating that she had not been informed about other resources available through her university. Her experience illustrates that an athlete may be receiving mental health support while still having limited knowledge of the broader services available to her.

This finding is consistent with research identifying limited mental health literacy, uncertainty about available services, and practical barriers as factors that may influence help-seeking (Gulliver et al., 2012; López & Levy, 2013; Reich et al., 2021). It also supports the distinction made in previous research between the presence of services and athletes' ability to access or navigate them. However, the present study adds nuance by showing that awareness of one familiar resource does not necessarily indicate awareness of the full range of support available through an institution.

Participants also differed in their perceptions of whether student-athletes utilized mental health resources. Charlotte, Sophia, Mia, and Sarah believed that athletes did utilize available support, while Megan and Bridgette perceived utilization as more limited. Grace suggested that utilization depended partly on how mental health was discussed within the team. These differences are important because they demonstrate that perceptions of help-seeking were not uniform, even within a small sample of women competing in the same sport.

The findings therefore complicate a simple interpretation that student-athletes either use or do not use mental health resources. Instead, they suggest that resource awareness, perceived comfort, and actual help-seeking should be considered as related but distinct dimensions. Because the present study did not measure actual service utilization, the findings cannot establish how frequently athletes used available resources. They do, however, provide insight into how participants understood the conditions that may encourage or discourage help-seeking.

Stigma, team culture, and supportive relationships

Participants' descriptions of embarrassment, weakness, and team communication are consistent with previous research identifying stigma and perceived social expectations as barriers to mental health help-seeking (Hilliard et al., 2022; Wahto et al., 2016). Megan's perception that athletes may avoid discussing resource utilization because they feel embarrassed or weak reflects concerns similar to those identified in the broader student-athlete literature. Grace's response further suggests that the way a team discusses mental health may influence whether athletes feel comfortable seeking support.

These findings also align with research emphasizing the role of coaches, teammates, and athletic culture in shaping help-seeking experiences (Cutler & Dwyer, 2020; Harris & Maher, 2023). Importantly, the present study does not demonstrate that coaches or teammates directly discouraged participants from seeking help. Rather, it illustrates how participants perceived the social environment surrounding mental health and how those perceptions may influence comfort with disclosure and support.

At the same time, the findings should not be interpreted as evidence that stigma is universal among student-athletes. Barnard (2016) found no significant difference between student-athletes and nonathletes in willingness to seek mental health treatment, and the present study similarly revealed variation in participants' perceptions of utilization. Some participants believed athletes were comfortable using resources, while others perceived greater reluctance. This variation reinforces the importance of examining team and institutional context rather than assuming that all student-athletes experience the same barriers.

Participants' suggestions concerning normalization and support further extend this discussion. Mia emphasized the importance of normalizing medication, while Grace suggested a mental health-focused student organization as a way to connect student-athletes and athletic department personnel. These responses are consistent with research emphasizing the importance of supportive relationships and institutional environments in women student-athletes' experiences (Slaten et al., 2020). They also complement Stokowski et al. (2026), who identified connection and community as important outcomes of a women-only leadership academy. Although that study did not examine mental health help-seeking, both studies highlight the value participants placed on opportunities for connection and support beyond their immediate athletic responsibilities.

Contribution to cognitive behavioral theory

Cognitive behavioral therapy provided a framework for understanding how participants' thoughts and beliefs may shape their emotional responses and behaviors (Beck, 1976; Fenn & Byrne, 2013). The present findings are consistent with this framework because participants described different ways of interpreting mental health, responding to difficult experiences, and considering the use of available support. For example, Bridgette's description of a "snowball effect" illustrates how a difficult experience may influence subsequent thoughts and responses during practice, while Sophia's emphasis on moving forward after mistakes reflects a different way of responding to challenging athletic experiences.

The findings also suggest that beliefs about mental health and help-seeking may be relevant to whether athletes feel comfortable accessing support. Megan's perception that athletes may feel embarrassed or weak, for example, is consistent with the idea that beliefs about vulnerability and strength can influence behavior. Similarly, Grace's emphasis on team communication suggests that the social environment may shape how athletes interpret help-seeking and whether they perceive it as acceptable.

The study therefore contributes to the application of CBT within collegiate athletics by illustrating how athletes' perceptions of mental

health, performance, and support may be understood through the relationship between thoughts, emotions, and behaviors. However, the study did not directly measure cognitive processes, identify specific core beliefs, or test a CBT intervention. Consequently, the findings should be understood as consistent with the CBT framework rather than as evidence confirming the theory.

An additional theoretical implication is that individual beliefs should be considered within the athletic environment in which they develop. Participants' responses suggest that perceptions of mental health and help-seeking may be influenced by team communication, trusted relationships, and awareness of institutional resources. Thus, while CBT provides a useful framework for understanding individual interpretations and responses, the findings also highlight the importance of considering the social and institutional context surrounding those cognitions.

Contributions to the literature

The present study contributes to the literature in three primary ways. First, it provides a qualitative examination of mental health perceptions among NCAA Division I women's lacrosse student-athletes, a population for which existing research has more frequently examined physical demands, workload, wellness, and psychological hardiness. Second, it demonstrates that recognizing mental health as important does not necessarily correspond with comprehensive awareness of available resources or uniform perceptions of help-seeking. Third, it highlights variation in how athletes perceive the relationship between mental health and performance and the role of team culture in shaping comfort with support.

These contributions are important because the findings move beyond identifying whether mental health concerns or resources exist. Instead, they illustrate how participants understood mental health within their everyday experiences and how they perceived the conditions surrounding help-seeking. Although the small, racially homogeneous sample limits the transferability of the findings, the study provides a foundation for future research examining how mental health perceptions, resource awareness, and help-seeking experiences may differ across sports, institutions, and student-athlete populations.

Limitations

Several limitations should be considered when interpreting the findings. First, the study included seven NCAA Division I women's lacrosse student-athletes from one Power 4 institution. The convenience sample was small and racially homogeneous, with all participants identifying as White. Consequently, the findings may not reflect the experiences of women's lacrosse student-athletes at other institutions, NCAA divisions, or from different racial and ethnic backgrounds. Given the small, homogeneous convenience sample from a single institution, the findings should be considered preliminary and interpreted as an initial examination of mental health perceptions and help-seeking among Division I women's lacrosse student-athletes.

Second, the study relied on participants' self-reported perceptions and experiences. Although participants discussed mental health resources and their beliefs about whether student-athletes utilized them, the study did not independently verify the availability of institutional services or measure actual service utilization. Therefore, the findings should not be interpreted as evidence of institutional utilization rates or the effectiveness of particular resources.

Finally, the principal investigator's background as a collegiate women's lacrosse student-athlete and existing connection to the program may have influenced the research process. While this familiarity provided access to the population and may have supported rapport, it also created the possibility that shared experiences could shape assumptions or participants' responses. The use of structured interviews provided consistency across participants, but it did not eliminate the potential influence of researcher positionality. These limitations should be considered when interpreting the findings and their transferability to other student-athlete populations.

Future research

Future research should examine mental health perceptions and help-seeking among more diverse samples of women's lacrosse student-athletes. Studies involving multiple institutions, NCAA divisions, and racial and ethnic backgrounds could provide a more comprehensive understanding of how experiences differ across athletic environments. Comparative research across sports may also help identify which experiences are specific to women's lacrosse and which reflect broader patterns in collegiate athletics.

Additional research should distinguish between awareness of mental health resources, willingness to seek support, and actual service utilization. Combining qualitative interviews with institutional service data or other measures of help-seeking could clarify how these dimensions relate to one another. Future studies could also examine how coaches, teammates, and athletic department personnel influence perceptions of mental health and the decision to seek support.

Longitudinal research may be particularly useful for understanding how mental health perceptions and help-seeking change across a student-athlete's collegiate career. Researchers could also evaluate the effectiveness of mental health education, peer-support initiatives, and other efforts intended to normalize help-seeking. Such research would help determine whether these approaches improve awareness, comfort with seeking support, or actual utilization.

Practical implications

The findings suggest several considerations for athletic departments and professionals who support women's lacrosse student-athletes. First, institutions should not assume that awareness of one mental health resource indicates awareness of all available services. Athletic departments may benefit from providing clear, recurring information about available resources, how to access them, and the differences between sport psychology services and other forms of mental health care.

Second, coaches and athletic department personnel should consider how everyday communication may influence the environment surrounding mental health. Participants' responses suggest that regular conversations, opportunities to ask questions, and clear pathways to support may help create an environment in which student-athletes feel more comfortable discussing mental health concerns. These efforts should emphasize that seeking support is compatible with athletic participation and should not be treated as a sign of weakness.

Finally, athletic departments may consider opportunities for student-athletes to connect with peers and personnel around mental health. Participants' suggestions concerning normalization and supportive relationships indicate that student-athletes may value spaces where mental health can be discussed openly. However, these recommendations should be understood as implications drawn from participants' perspectives rather than interventions demonstrated to be effective by the present study.

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Conclusion

This study explored NCAA Division I women's lacrosse student-athletes' perceptions of mental health and perceived barriers to help-seeking. Participants consistently recognized mental health as an important part of their collegiate athletic experience, but their responses demonstrated that mental health was understood and experienced in different ways. Some participants described how difficulties outside of sport could influence athletic performance, while others emphasized communication and coping strategies that helped them manage challenging experiences. These findings reinforce the importance of understanding student-athlete mental health within the broader context of academic, athletic, and interpersonal responsibilities rather than viewing it solely through the lens of athletic performance.

The findings also highlight the importance of distinguishing between the availability of mental health resources, awareness of those resources, and perceived utilization. Although all participants identified the sport psychologist as an available resource, their knowledge of additional services and perceptions of whether student-athletes utilized support varied. Participants also described how embarrassment, perceptions of weakness, team communication, and supportive relationships could influence the environment surrounding help-seeking. These differences suggest that making resources available is only one component of supporting student-athlete mental health. Athletic departments must also consider whether student-athletes understand the support available to them and feel comfortable accessing it when needed.

Although the study was limited to a small, racially homogeneous sample from one institution, it contributes a qualitative perspective to the growing literature on women's lacrosse student-athlete mental health. By examining participants' own descriptions of mental health, performance, and help-seeking, the study extends research that has more frequently focused on physiological stress, wellness, and psychological hardiness. The findings also provide a foundation for future research examining how resource awareness, team culture, and help-seeking experiences may differ across athletic environments. Ultimately, supporting student-athlete mental health requires attention not only to the services institutions provide, but also to how student-athletes understand those services and the conditions that shape their willingness to seek support.

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Conflicts of interest

The author declares that there are no conflicts of interest.

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