Behavioral Health Integration Within Division I Collegiate Athletics
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Objectives
- Estimate the current state of behavioral health (BH) integration of NCAA Division I athletic training rooms using the Substance Abuse and Mental Health Services Administration’s (SAMHSA) standard framework.
- Compare NCAA best practice guidelines with survey results.
- Identify gaps in core components required for integration.

Background
- A prospective cohort study found that 21% of NCAA Division I student-athletes had depressive symptoms.
- About 10-15% of student-athletes experience serious psychological issues.
- Student-athletes have BH issues and, therefore, need access to BH care.
- The National Collegiate Athletic Association (NCAA) recommends integration of BH into the medical care of student-athletes.
- The fidelity to which providers are assessing and treating BH issues among student-athletes is uncertain.

Methods
- Web-based survey sent to head athletic trainers of all 366 NCAA Division I colleges with 36% response rate.
- Survey responses coded into quantitative data based on the SAMHSA standard levels of integrated healthcare.
- Data recoded and analyzed using descriptive and frequency statistics through SPSS™.

Results

Location of Behavioral Health Provider

<table>
<thead>
<tr>
<th>Offsite</th>
<th>Onsite (In Athletic Training Room)</th>
</tr>
</thead>
<tbody>
<tr>
<td>79.4% (n= 104)</td>
<td>20.6% (n= 27)</td>
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</table>

Integration Items from Survey

<table>
<thead>
<tr>
<th>Integration Items from Survey</th>
<th>Average Levela</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location of BHP onsiteb</td>
<td>1.34</td>
</tr>
<tr>
<td>BHP documentationc</td>
<td>1.04</td>
</tr>
<tr>
<td>Communication to ATCd</td>
<td>3.00</td>
</tr>
<tr>
<td>Funding for the BHPe</td>
<td>2.50</td>
</tr>
<tr>
<td>Use of assessmentsf</td>
<td>1.64</td>
</tr>
</tbody>
</table>

a. Levels reported based on SAMHSA Levels of Integration: 1=Coordinate Care; 2=Co-Located Care; 3=Integrated Care
b. Place of practice for BHP(s)
c. If BHP documents in the same medical chart as physicians
   d. Type of feedback BHP gives ATC about athlete’s care
   e. Who funds the BHP
   f. Degree to which athletic trainers use BH screening tools to assess student-athletes

Attitudes Toward Student-Athlete Behavioral Health Care

- BH is important in the care of student-athletes
- BH and physical health are equally important to address in student-athletes’ care

Discussion
- Majority of head ATCs report no onsite behavioral health services offered.
- Of those BHPs that are onsite, very few document in a shared health record.
- Two elements of integration that occur in NCAA Division I programs meet or exceed the level 2 recommendation set by NCAA guidelines: 1) the type of feedback the BHP gives athletic trainers and 2) who funds the BHP.

Limitations
- Self-report surveys are at risk for varying interpretation of questions and response bias by respondents.
- Qualitative analysis and coding were completed by one individual.

Conclusions
- ATCs believe that BH care is just as important to address as physical health in student-athletes.
- There is a need and opportunity for increased integration in collegiate healthcare settings.
- Future research can focus on how BH integration impacts the care of the student-athletes.

References