The Pressured Player: The College Athlete's Struggle with Mental Health

Raina Desai
THE PRESSURED PLAYER: THE COLLEGE ATHLETE’S STRUGGLE WITH MENTAL HEALTH

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III. Not Time To Throw in the Towel: The Future of Student-Athlete Mental Health

INTRODUCTION

Katie Meyer’s life seemed perfect. Just hours before her death, Katie’s parents Facetimed her and described her as happy and in good spirits, even though she may have had a lot on her plate. Later, Katie was found in her dorm room after taking her own life. Although her parents believed she was the “usual jovial Katie,” it seemed that nobody knew just how deep her torment went. Ultimately, Katie was unable to find the help she needed on campus.

Mental health involves our emotional, psychological, and social well-being and affects the way we think, act, handle stress, and interact with others. For student-athletes, maintaining mental health is especially important because of the stress of balancing school, scholarships, and schedules. Sadly, because student-athletes struggle to balance these commitments, they are at a greater risk for developing anxiety,


2. See id. (discussing Katie’s parents’ description of her on the phone right before her death).


4. See Stump, supra note 1 (discussing Katie’s parents’ description of her right before her death).


7. See College Student-Athlete Health and Well-being, TIMELY MD (Aug. 30, 2021), https://timely.md/blog/student-athlete-mental-health/ [https://perma.cc/CH4G-NQQT] (“Student-athletes are college students, with all the daily life challenges that young adults face. And as college athletes . . . these students carry the hopes and expectations of their campus and community. Their wins and losses are seen by all, questioned by many, and criticized publicly.”); see also Eric Lindberg, Let’s Talk About the Quiet Crisis in College Sports: Mental Health, USC (2021), https://news.usc.edu/trojan-family/college-athlete-mental-health-usc-sports-psychologists/ [https://perma.cc/7878-L5UP] (finding student-athletes face academic pressure, social challenges, and stress from coaches and parents who emphasize performance over personal growth).
depression, eating disorders, and substance abuse problems compared to non-athletes. The COVID-19 pandemic only exasperated student-athletes’ struggle with mental health. Specifically, athletes lost the social connection involved with being on a team. Because social connection relates to relationships with others, it is understandable that student-athletes struggled more with mental illness once social connection decreased during the pandemic. In 2020, the University of North Texas found that more than 20% of 6,000 National Collegiate Athletic Association (NCAA) athletes experienced clinical depression. In another NCAA survey, one in ten of the over 30,000 student-athletes surveyed “were having difficulty functioning because of depression.” These athletes were struggling with issues such as, “housing instability, food insecurity and lack of access to health care and appropriate facilities to maintain their training while gyms were closed.” Alarmingly, only

8. See College Student-Athlete Health and Well-being, supra note 7 (discussing how college athletes are two percent more likely to suffer from severe mental illness compared to regular college students and how they “are at greater risk of substance abuse, social anxiety, and eating disorders” such as anorexia and bulimia); see also Barbara Bickford, The Legal Duty of a College Athletics Department to Athletes with Eating Disorders: A Risk Management Perspective, 10 MARQUETTE U. SPORTS L.J. 87, 88 (1999–2000) (according to NCAA, eating disorders are a serious issue in virtually every sport and disordered eating is a huge issue because of its connection to beauty ideals). The Comment further explains how eating disorders are the “gravest health problem facing female athletes” in particular and provides an in-depth analysis of the different types of eating disorders, id. at 91 (explaining the impact of eating disorders and its connection to athletes’ obsessions with perfecting body image).

9. See Chris Burt, Mental health care support crucial for college athletes, Univ. Bus. (Aug. 20, 2020), https://universitybusiness.com/mental-health-care-support-crucial-for-college-athletes/ [https://perma.cc/R2NN-5RZB] (“Empty stadiums. Abandoned locker rooms. Scrapped schedules. The loss of camaraderie. The potential loss of scholarships. And an uncertain future.”). The article discusses how athletes are already balancing practice, games, and celebrations, but now have to add the difficult effects of the pandemic to their plates, id. (discussing the stress of adding the pandemic to the mix). The sense of loss these athletes have felt during the pandemic will require more support for them to “express and process their feelings,” id. (discussing the need for mental health support now more than ever because of pandemic).

10. See Ana Soares et al., Mental Health and Social Connectedness During COVID-19 Pandemic: An Analysis of Sports and E-Sports Players, FRONTIERS IN PSYCH. (May 25, 2022), (Numerous studies done found that in the beginning of Covid-19, team-sport athletes were more anxious and exhibited depressive symptoms most likely because of social isolation). The pandemic harmed student-athletes’ mental health because social connection is vital to maintaining good mental health, id. (discussing importance of social connection for mental health).

11. See id. (Social connection is “connecting to a specific group or person and to the generalized ability to connect” within a social society).


14. See id. (explaining difficult reality for many student-athletes during pandemic).
10% of college athletes sought out mental health support even though 85% of college students struggled with stress during the pandemic.\(^{15}\) Unsurprisingly, student-athletes were struggling with mental illness at increased rates given the sudden end to their seasons and the looming sense of dread over an uncertain future.\(^{16}\) These statistics make it even more imperative that mental health initiatives are implemented and strengthened by the NCAA and universities to protect athletes—even in a post-pandemic world.\(^{17}\)

This Comment discusses the mental health issues that student-athletes face and further discusses the importance of addressing these issues to eliminate the stigma surrounding mental illness.\(^{18}\) Section I provides an overview of NCAA mental health policies, athlete mental health issues, and proposed federal legislation.\(^{19}\) Section II then provides an analysis of organizations’ remedial measures for more mental healthcare for student-athletes and how the federal government can step in under the Interstate Commerce Clause.\(^{20}\) Section III finally concludes by discussing the future of mental health within collegiate student athletics.\(^{21}\)

**I. THE ANXIOUS ATHLETE: BACKGROUND ON NCAA POLICIES AND ADDRESSING THE PSYCHOLOGICAL AND SEXUAL ABUSE STUDENT-ATHLETES FACE**

**A. Play Ball: An Overview of NCAA Mental Health Policies**

The NCAA has partnered with several of the leading mental-health organizations across the country to create and develop the *Interassociation Consensus Document: Best Practices for Understanding and Supporting Student-Athlete Mental Wellness*, which provides recommendations to university athletic departments “for supporting and

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16. See id. (“Empty stadiums. Abandoned locker rooms. Scrapped schedules. The loss of camaraderie. The potential loss of scholarships. And an uncertain future.”). The author discusses how these students have trained hard for most of their lives and it is devastating that it has been taken from them, *id.* (discussing negative impact of pandemic for student-athletes).

17. For further discussion of NCAA mental health resources, *see infra* notes 22–43 and accompanying text.

18. For further discussion of how student-athletes are struggling with their mental health and the stigma, *see infra* notes 44–85 and accompanying text.

19. For further discussion of NCAA policies, athletes’ struggles, and legislation *see infra* notes 26–123 and accompanying text.

20. For further discussion of the effectiveness of NCAA policies and how the federal government can step in, *see infra* notes 118–61 and accompanying text.

21. For further discussion of the future of mental health and collegiate student-athletes, *see infra* notes 162–96 and accompanying text.
promoting student-athlete mental health.” The NCAA has addressed the importance of mental health for young adults including student-athletes. The organization understands that a collaborative process between campus and community resources is the best way to serve athletes’ mental well-being. The NCAA has identified its ideal “Best Practices” which are split into four components.

1. “Clinical Licensure of Practitioners”

The NCAA has identified the athletic trainer as the first point of contact for a student with mental health concerns. The team physician should provide holistic physical and mental care and management for the athlete. However, if a student-athlete requires a formal evaluation, the team physician should make a referral to a licensed practitioner. It is important that the practitioner is easily accessible to athletes; the NCAA


23. See id. (“Emerging adulthood is an important and sometimes difficult developmental period . . . The sport environment has both risk and protective factors for mental health disorders . . . Mental and physical health are inextricably linked . . . Mental health is a key component of student-athlete wellness.”); see also AP, ACC, Big Ten, Pac-12 launch mental health initiative, USA TODAY (Nov. 30, 2021, 12:41 AM), https://www.usatoday.com/story/sports/ncaab/2021/11/29/acc-big-ten-pac-12-launch-mental-health-initiative/49453415/ [https://perma.cc/YM3L-8KA5] (explaining the ACC, Big Ten, and Pac-12’s new alliance to raise awareness of mental health with student-athletes). The purpose of the alliance is to share best mental health practices across the forty-one universities and three conferences, id. (identifying purpose of alliance); see also Maureen A. Weston, The Anxious Athlete: Mental Health and Sports’ Duty and Advantage to Protect, 13 HARV. SPORTS & ENT. L.J. 1, 49 (2021) (describing NCAA’s guidebook on mind, body, and sports following suicide of two student-athletes in 2018). The guidebook serves as an important resource for athletes and schools because it includes personal stories of students and identifies factors impacting student-athlete mental health, id. (discussing the importance of NCAA guidebook for athletes).

24. See Interassociation Consensus Document: Mental Health Best Practices, supra note 22 (engaging and integrating campus and community resources is the best way to serve student-athletes and their mental health).

25. See id. at 4 (breaking down the consensus into four key components).

26. See id. at 5 (providing the name of first key component).

27. See id. (explaining how “evaluation and treatment” of students should be coordinated through the primary athletic health care providers which are the athletic trainer and team physician).

28. See id. (explaining how the team doctor oversees and coordinates different aspects of student’s overall health including both physical and mental health).

29. See id. (discussing the qualifications of licensed practitioners in providing mental health services and conducting formal evaluations and treatments for student-athletes). Registered dietitians should also be included for athletes with eating disorders, id. (identifying licensed practitioners—including dietitians—who should evaluate student-athletes).
recommends that the practitioner is provided with office space on or near campus.³⁰ Lastly, the NCAA “Best Practices” recommends each school to establish an interdisciplinary team consisting of the athletic trainer, team physician, psychologists, social workers, and others, whose combined role is to support student-athlete mental health.³¹

2. “Procedures for Identification and Referral of Student-Athletes to Qualified Practitioners”³²

University athletic departments are suggested to have procedures for the “management of emergency mental health situations” and “routine mental health referral.”³³ The NCAA provides a list of considerations and suggestions for schools as they develop protocols for emergency and non-emergency situations.³⁴ The NCAA also advocates that schools are transparent with students and families about these protocols and encourages the use of handbooks and websites to maintain open communication.³⁵

³⁰ See id. at 6 (“[T]his practitioner should be easily accessible to student-athletes, which includes being accessible through establishment of a self-referral process. Ensuring that all student-athletes receive mental health care . . . may require hiring relevant personnel, or helping support the dedicated service of an on-campus practitioner . . .”).

³¹ See id. at 5 (providing a list of interdisciplinary team members that each school should have and explaining how each team member has their own role in supporting athletes’ mental health); see also Brian Gearity & Whitney Moore, National Strength and Conditioning Association’s Endorsement of the National Collegiate Athletic Association Sport Science Institute’s “Mental Health Best Practices: Inter-Association Consensus Document: Best Practices for Understanding and Supporting Student-Athlete Mental Wellness,” 39 Nat’l. STRENGTH AND CONDITIONING J. 1, 2 (2017) (finding CSCS (Certified Strength and Conditioning Specialists) spend many hours per week with student-athletes and need to understand and support mental health besides athlete performance).

³² See Interassociation Consensus Document: Mental Health Best Practices, supra note 22, at 8 (providing the name of second key component).

³³ See Brian Hainline, An introduction to Mind, Body, and Sport, NCAA, https://www.ncaa.org/sports/2014/11/3/an-introduction-to-mind-body-and-sport.aspx [https://perma.cc/Q7WE-2AG7] (last visited Oct. 27, 2022) (discussing the various chapters of NCAA’s best practices including “the role and perspective of sports medicine staff in identification and referral”); see also Gearity & Moore, supra note 31 (discussing the important role of primary athletic providers because of substantial interaction with student-athletes); see also Interassociation Consensus Document: Mental Health Best Practices, supra note 22 (explaining that athletic departments should work with licensed practitioners and sports medicine personnel in developing written protocols for emergency and non-emergency mental health situations).

³⁴ See Interassociation Consensus Document: Mental Health Best Practices, supra note 22, at 6 (listing suggestions including contacting trained on-call counselor, training coaches and staff on identifying symptoms of mental health crisis and identifying cultural differences of student-athletes to better create protocols that support those differences).

³⁵ See id. (encouraging transparency between athletes and parents about protocols and providing communication through handbooks, websites, and more).
3. “Pre-Participation Mental Health Screening”

The primary athletic providers and licensed practitioners should implement pre-participation screening questionnaires to be able to identify at-risk student-athletes. The NCAA recommends including a series of nine specific questions in the survey but recognizes that these are just a starting point. It is important to note that these screening questionnaires should not be the sole tool for screening mental illness.

4. “Health-Promoting Environments That Support Mental Well-Being and Resilience”

Lastly, student-athletes should be supported by an environment that normalizes seeking care. Being open to communication about mental health shows a university’s commitment to the health and wellness of its students. To provide this care, it is important that primary athletic health care providers and practitioners meet annually to stay updated on mental health protocols and to communicate information to students and coaches.

36. See id. (providing the name of third key component).

37. See Hainline, supra note 33 (discussing the various chapters of NCAA’s best practices including an overview of clinical diagnoses). These clinical diagnoses address various student-athlete mental wellness issues such as depression, anxiety, eating disorders, and gambling addiction. See also Interassociation Consensus Document: Mental Health Best Practices, supra note 22 (“The decision about what screening questionnaire approach will be used should be made in consultation with the primary athletics health care providers and the licensed practitioners who are qualified to provide mental health services to student-athletes.”).

38. See Interassociation Consensus Document: Mental Health Best Practices, supra note 22, at 28 (identifying “yes” to any of the nine questions in Appendix F should lead to discussion between athlete and member of the provider team). These questions include “I often have trouble sleeping” and “I struggle with being confident.” Id. (listing questionnaire questions from appendix).

39. See id. at 27 (noting screening tools should be incorporated into the holistic pre-participation evaluation).

40. See id. at 12 (providing the name of fourth key component).

41. See id. (explaining importance of supporting student mental health by encouraging experiences of “personal growth, self-acceptance, autonomy, and positive relations with others”); see Hainline, supra note 33 (introducing the NCAA best practices and impact of mental illness on minority groups and cultural pressures).

42. See Interassociation Consensus Document: Mental Health Best Practices, supra note 22, at 12 (“The way we communicate about mental health can demonstrate our commitment to inclusion and wellness, and our support of all student-athletes . . .”).

43. See id. (recommending that the team meet annually to discuss school’s mental health protocols and “should have the explicit endorsement of the team coaches because coaches help foster a culture about the importance of seeking mental health care when needed”). Because coaches have frequent interactions with student-athletes, they can help identify athletes who need mental health resources, can normalize care seeking, and support “mental well-being and resilience,” id. (discussing importance of coach’s role for struggling student-athletes).
B. Hitting Below the Belt: Male Athletes’ Struggles with Mental Health

Men’s mental health is often overlooked. The stigma surrounding mental health affects men more because of the deeply engrained cultural concept that they must always be “macho” and “tough.” Thus, male athletes are often less aware of their mental health and more reluctant to share these issues with friends and family. Men are also less likely to seek out mental health resources and support, despite experiencing higher suicide rates than women. Male and female athletes commonly experience depressive symptoms. Specifically, depressive symptoms decrease athletes’ focus and motivation while also creating intrusive thoughts and fear of failure. For men, in particular, these depressive symptoms lead to overtraining which in turn affects hormone levels, the immune system, and performance. It is also common for student-athletes to struggle with disordered eating. Athletes are constantly pressured to be physically perfect and to maintain an ideal body shape. For male athletes—especially young male athletes—59% are dissatisfied with their body with 19% of male athletes having an eating disorder. Lastly, men are more likely than women to resort to alcohol as a means of handling mental health symptoms.

Although men’s mental health has been stigmatized, male athletes are still encouraged to seek help. The stigma surrounding mental health makes people believe that mental toughness and mental health are rivals. However, with proper support and the use of resources, mental

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45. See id. (discussing the stigma surrounding mental health, especially for men).

46. See id. (discussing the effects of stigma for male athletes).

47. See id. (identifying that suicide rates for men are three point seven times higher than for women).

48. See id. (discussing the depressive symptoms of male and female athletes).

49. See id. (discussing the impact of depressive symptoms on mental health).

50. See id. (explaining that overtraining is excessive exercise without enough recovery).


52. See id. (discussing the reasons for eating disorders).

53. See id. (sharing statistics surrounding eating disorders of male athletes); see also Knudsen, supra note 44 (sharing statistics on male athlete eating disorders).

54. See Knudsen, supra note 44 (discussing the prevalence of substance abuse among male athletes).

55. See Souter et al., supra note 51 (discussing the stigma for male athletes about mental health and encouraging them to seek help and resources).

56. See id. at 5–6 (discussing mental toughness).
toughness can be a positive indicator of mental health. Attacking the stigma through increased education and awareness will allow male athletes to gain a “greater sense of emotional wellbeing.”

C. Hitting Below the Belt Part 2: Female Athletes’ Struggles with Mental Health

In 1972, the federal government passed Title IX, which states, “[n]o person . . . on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program.” Society viewed this as a monumental measure because it promised gender equality in sports programs across the country. However, even after all the progress made following the passage of Title IX, gender-based harassment and discrimination still exists. Gender-based harassment and discrimination have a significant effect on women’s mental health. Specifically, female athletes suffer from depression and anxiety at higher rates than male athletes. Further, social media has had a negative effect on body image and a female athlete’s innate nature to strive for perfection. Fortunately, several organizations are working to create a safer environment for women in sports. For example, the Women’s Sports Foundation (WSF) was

57. See id. (discussing how mental toughness is a positive indicator of mental health because athletes are better able to address their needs and feel more confident and in control).
58. See generally id. (discussing the goal for mental health and male athletes to help them combat mental illness).
60. See Kathleen M. Pike, Title IX is About More than Sports, GLOB. MENTAL HEALTH PROGRAMS (Apr. 14, 2017), https://kathypikephd.com/five-on-friday/title-ix-is-about-more-than-sports/ ("There is no doubt that Title IX was a watershed moment in U.S. history . . . majority of colleges and universities around the country had become coed, bringing gender equality to classrooms and sports programs and everything in between.").
61. See id. (explaining that the more women experience harassment and discrimination, the more they feel depressed and anxious and increase their use of drugs and alcohol).
62. See id. (explaining how women tend to suffer from self-blame, low self-esteem, anger, disgust, and lower life satisfaction).
63. See Christina P. Herrero et al., The psychology of the female athlete: how mental health and wellness mediate sports performance injury and recovery, 6 Annals of Joint 1, 3 (2021) (discussing mental health statistics of female athletes compared to male athletes).
64. See id. (discussing the negative effects of social media as a source of body dissatisfaction); see also Devi Jag, There’s a mental health crisis in college sports. I know it firsthand, WASH. POST (Apr. 29, 2022, 12:07 PM), https://www.washingtonpost.com/lifestyle/2022/04/29/mental-health-crisis-college-sports/ (discussing women athletes’ struggle with perfectionism and tendency to fear judgment). Female athletes “tend to magnify their mistakes and shortcomings, and feel relieved instead of joyful when they succeed,” id. (discussing female athletes’ self-image struggles).
established in 1974 to advocate equality for women and girls in sports. WSF provides funding and research on gender disparity and offers resources on participation, leadership, body image, and more. Additionally, Champion Women is a nonprofit organization that provides legal support to women athletes. This organization conducts research on the implementation of Title IX in educational institutions, provides petitions to end sexual abuse in sports, and contains numerous other resources for athletes. Lastly, SafeSport is a nonprofit organization committed to creating a safe community for athletes. The organization has numerous training courses and outreach initiatives for athletes, families, and coaches. SafeSport also has a webpage for reporting abuse. Although organizations like SafeSport have made positive strides toward creating a safe and equal environment for athletes, there is still more work to do. For example, many athletes feel that SafeSport initiatives do not do enough to eliminate microaggressions and discrimination surrounding race, gender, and sexuality. Through education, advocacy, and community engagement, SafeSport can better promote a culture of equity and inclusion. Recommendations include coaching seminars, the use of pronouns when introducing oneself, and the use of social media to advocate for minority groups.

See Girl Serving Programs, supra note 65 (discussing the history of WSF).
See id. (discussing the purpose of WSF).
See Champion Women: Advocacy for Girls and Women in Sport, supra note 65 (discussing the background of Champion Women).
See id. (discussing the purpose of Champion Women).
See Training and Education, supra note 65 (quoting the mission for athletes is to “work and learn together free of emotional, physical and sexual abuse and misconduct”).
See id. (identifying numerous resources on website).
See id. (identifying the webpage to report abuse).
See Joseph Gurgis et al., ‘Safe Sport Is Not For Everyone’: Equity-Deserving Athletes’ Perspectives of, Experiences and Recommendations for Safe Sport, FRONTIERS IN PSYCH. (Mar. 7, 2022), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8934877/ (discussing a research study of black, white, gay, queer, male, and female athletes and their experiences with SafeSport).
See id. (discussing discrimination faced by athletes on teams).
See id. (noting how SafeSport can improve).
See id. (sharing athletes’ recommendations).
D. Hitting Below the Belt Part 3: Transgender Athletes’ Struggles with Mental Health

The Biden administration has recently proposed new rules to add to Title IX that would prohibit harassment and discrimination based on gender identity and sexual orientation. This proposal is in response to several states passing laws that target transgender student-athletes. Transgender athletes should be included in Title IX because of the disproportionate level of harassment they face, which can severely affect their mental health. In general, transgender people are at an increased risk for substance abuse, depression, anxiety, post-traumatic stress disorder, and eating disorders. Currently, the NCAA requires transgender athletes to regularly report testosterone levels and provide additional documentation that demonstrates they are meeting certain standards to compete in their sport. Although the NCAA is striving for inclusiveness and fairness in all sports, there is still a great deal of opposition to transgender athletes’ participation in collegiate sports, which undoubtedly has a negative impact on trans-athletes’ mental health.


78. See id. (identifying the twenty states that have passed laws that restrict transgender student involvement in sports); see also Melissa Block, Idaho’s Transgender Sports Ban Faces A Major Legal Hurdle, NPR (May 3, 2021, 7:36 PM), https://www.npr.org/2021/05/03/991987280/idos-transgender-sports-ban-faces-a-major-legal-hurdle [https://perma.cc/UJ76-LAKW] (Alabama, Arkansas, Idaho, Mississippi, Tennessee, and West Virginia have signed bills that essentially ban transgender females from competing on teams that align with the gender they identify with). Currently, Idaho’s law calling for an invasive and humiliating process of female sex verification is being questioned in Heckox v. Little where the plaintiff is a transgender female track and cross-country player at Boise State University, id. (discussing an Idaho case brought by a transgender athlete).

79. See Brink, supra note 77 (“[T]rans athletes have reported facing a disproportionate level of bullying and harassment compared to their cisgender peers.”); see also Understanding The Mental Health of Transgender Athletes, Better Help (Jan. 19, 2023), https://www.betterhelp.com/advice/general/understanding-the-mental-health-of-transgender-athletes/ [https://perma.cc/B89Q-XAGE] (“Transgender athletes often face several distinct barriers that cisgender counterparts may not.”).

80. See Understanding The Mental Health of Transgender Athletes, supra note 79 (listing numerous mental health issues that transgender people face a heightened risk of). Specifically, transgender people are more likely to experience heightened PTSD because of previous trauma from “intimate partner violence or adverse childhood experiences,” id. (discussing the PTSD triggers of transgender people).

81. See Brink, supra note 77 (explaining new NCAA guidance that will be fully implemented in August 2023).

82. See id. (explaining the NCAA’s commitment to an inclusive and fair environment for athletes and discussing state bills targeting trans-athletes). The states that have proposed or already introduced these bills are harming the mental health of student-athletes through their
Athlete Ally is a nonprofit organization that promotes trans-athletes’ rights. It is a large organization that advocates for equality within sports regardless of sexual orientation or gender identity. Athlete Ally educates sports governing bodies, teams, and athletes on inclusion and works with the NCAA to create policies that are inclusive of trans-athletes.

E. Out of Left Field? NCAA Faces Numerous Lawsuits

The psychological and sexual abuse faced by student-athletes is a prevalent issue across universities in the country. In 2020, Wichita State’s men’s basketball coach, Gregg Marshall, was paid $7.75 million to resign after he was investigated for player abuse. Multiple players accused Marshall of verbal and physical abuse including punching a player in the back and making racially derogatory remarks. Furthermore, this past March, the University of San Francisco’s baseball coach, Nino Giarratano, was fired for sexually abusive behavior after plaintiffs filed a class action against him. The plaintiffs alleged that Giarratano created an “intolerable sexualized environment for over 22 years.” Giarratano allegedly gave players sex toys, discussed sexual fantasies with players, and retaliated against players who refused to “participate in the sexualized atmosphere.” The athletes experienced invasive techniques to verify sex and the humiliation that comes with targeting a certain group of students. See Block, supra note 78 (discussing the invasive process of sex verification).


84. See id. (discussing the purpose of organization).

85. See id. (discussing how the organization is working towards creating an inclusive environment).

86. For further discussion of player abuse, see infra notes 87–108 and accompanying text.


88. See id. (describing the allegations as “downright awful” such as when Marshall put his hands around a staffer’s neck and was accused of racial verbal abuse by a Native American player).

89. See Aaron Tolentino, 12 former USF baseball players file lawsuit against coaches, school, NCAA for alleged abuse, KRON 4 (July 15, 2022, 7:11 PM), https://www.kron4.com/news/bay-area/12-former-usf-baseball-players-file-lawsuit-against-coaches-school-ncaa-for-alleged-sexual-abuse/ [https://perma.cc/G3M5-8KTU] (discussing the class action lawsuit by former USF baseball players against the head coach and associate head coach).


91. See id. (listing the allegations).
severe emotional distress from the abuse.92 Many considered suicide.93 Further, in 2020, Erin Aldrich and two other female track athletes filed suit against their former coach, John Rembao, for sexual abuse.94 Aldrich alleged that Rembao began grooming her when she was a junior in high school and that Rembao initiated a sexual relationship with her when she was in college; it was not until later that Aldrich realized she was a victim of abuse.95 The resultant stress caused her to be hospitalized.96

Unfortunately, sexual abuse of players at the hands of coaches is a common occurrence that stems from the close relationships formed between the two.97 Coaches play an integral role in training and protecting athletes and often become their source of dependency because of the incredible amount of stress and scrutiny athletes have to perform.98 Coaches also “set the social and cultural environment” and are “primary gatekeepers in regard to attitudes and beliefs that most heavily influence mental health service utilization among their student-athletes.”99 Because

92. See id. ("… wielded their power to subject their players to recurring sexual harassment and psychological abuse resulting in emotional distress…").
93. See id. ("… resulting in emotional distress so severe that multiple players contemplated suicide.").
94. See Aldrich v. NCAA, 484 F. Supp. 3d 779, 784–87 (N.D. Cal. 2020) (describing allegations made by three former female track players at University of Texas in Austin); see Paula Lavigne, NCAA sued by 7 women for failure to protect in alleged sexual assaults, ESPN (Apr. 29, 2020), https://www.espn.com/college-sports/story/_/id/29114869/ncaa-sued-7-women-failure-protect-alleged-sexual-assaults [https://perma.cc/TG7F-TXVC] (listing other sexual abuse lawsuits filed by female athletes against universities and NCAA for failing to protect them and not taking action against perpetrators).
95. See Aldrich, 484 F. Supp. 3d at 785 (describing Aldrich only later discovered her abuse while watching documentary on boys sexually abused by Michael Jackson). The plaintiffs allege that Rembao would inappropriately touch and massage them, make sexual remarks, call them at night, and would invite them over his house to engage in sexual activity, id. at 784–87 (discussing the horrifying allegations made against Rembao).
96. See id. at 785 (stating Aldrich’s hospitalization after her realization).
98. See id. ("Coaches undoubtedly perform a key function in the training, promotion, and safeguarding of athletes."). The author discusses the negative dependencies that form within this relationship, id. (discussing the power imbalances and negative dependencies formed within coach-athlete relationships).
of this intense relationship, it can be easy to exploit that trust. The power imbalance between these two roles can create a relationship of dominance and submissiveness. “Sexual grooming” is a process in which a perpetrator, usually in a position of power, “gains a person’s or organization’s trust with the intent to be sexually abusive.” In a sports context, abusive coaches use the trust to create friendships and build upon their personal relations with athletes to then engage in sexual activities.

Additionally, college athletics have had trouble addressing emotional abuse because of the unclear standards for what constitutes abusive coaching. Where does one draw the line between tough coaching and straight abuse? A clearer definition may be when a coach uses an athlete’s identity to fuel their criticism of the player’s performance. Emotional abuse only aggravates athletes’ mental health struggles. Abusive coaching can also lead to revoked scholarships which leave a student’s tuition, food, and housing completely in the hands of the controlling coach. Undoubtedly, this would have a severe impact on the athlete’s mental health.

100. See Gaedicke et al., supra note 97 (discussing the misuse of trust that occurs once a boundary is crossed in a relationship).

101. See id. (explaining how coaches take on an authoritarian role by ignoring the needs of players and relying on sexual harassment and abuse to qualify their power).


103. See id. (explaining the “grooming” process); see also Aldrich v. NCAA, 484 F. Supp. 3d 779, 784–87 (N.D. Cal. 2020) (describing Rembao grooming girls through conversations and compliments that turned into sexual abuse).


105. See id. (asking this question and identifying researcher’s findings of certain “tells” and patterns of behavior that indicates abuse). Behaviors like belittling, humiliating and isolating are only a few indicators of abuse, id. (listing some indicators of coaching abuse).


107. See id. (explaining how abuse aggravates athletes’ existing feelings of anxiety, insecurity, and depression). Abusive coaching can also lead to controlling behaviors such as eating disorders and self-harm, id. (explaining the consequences of abuse coaching).

108. See id. (explaining how coaches have the power to revoke scholarships and how an athlete’s lack of control makes it easy for coaches to control basically everything including scholarships, room and board, and playing time).

109. See id. (discussing how removing scholarships threatens athletes with negative consequences for reporting abusive coaching).
F. The Ball is in Your Court: Potential Federal Legislation

In a March 2022 virtual panel discussion on inequities within the NCAA, Senators Chris Murphy, Richard Blumenthal, and Cory Booker addressed the issue of student-athlete mental health. In December 2020, the senators introduced federal legislation that would create a bill of rights for student-athletes. The College Athletes Bill of Rights would include health and safety standards and fair compensation where schools are required to share revenues with athletes. The senators believed that college athletes’ mental health is “fundamentally a civil rights and economic rights issue” warranting federal intervention. The proposed bill focused on empowering these athletes by providing them with the tools they will need to protect their health, safety, and economic rights. It also calls out the NCAA for only protecting compensation for an athlete’s name, image, and likeness rather than focusing on protecting the athletes themselves.

110. See Dean Golembeski, College Athletes’ Mental Health Concerns Draw Congressional Attention, BEST COLLEGES (Apr. 5, 2022), https://www.bestcolleges.com/news/2022/04/04/ncaa-college-athletes-mental-health-safety-congress/ [https://perma.cc/4JS-VFZE] (discussing three democratic senators’ virtual panel on NCAA and student-athlete mental health where students were invited to speak on their experiences, including previous UMass tennis player, Brittany Collins).


112. See id. (listing rights and protections as “fair and equitable compensation,” enforcing “evidence-based health, safety, and wellness standards,” improving “educational outcomes and opportunities,” providing “comprehensive health care coverage and support with sport-related injuries,” enforcing “accountability across college sports,” and providing for “an oversight panel that gives athletes a real voice”). The proposed legislation would include holding coaches accountable for abusive decision-making, providing financial assistance for athletes, and requiring schools to release detailed annual public reporting on their programs and revenues, id. (listing protections and opportunities for student-athletes in Democrats’ proposed legislation).

113. See Golembeski, supra note 110 (quoting Senator Murphy on importance of student-athlete mental health).

114. See id. (calling the NCAA an exploitative industry that ignores student-athlete health and injuries); see also Booker, Senators Announce College Athletes Bill of Rights, supra note 111 (discussing that proposed legislation will not only provide for fair and equitable compensation for students but also create enforceable standards of care).

115. See Golembeski, supra note 110 (“... the NCAA needs to do more to help athletes than just allowing them to cash in on their name, image, and likeness ... college athletes called on the NCAA to prioritize their health and safety.”); see also Booker, Senators Announce College Athletes Bill of Rights, supra note 111 (discussing $14 billion industry of college athletics where NCAA profits off “literal blood, sweat, and tears of student athletes” and how there should be fair compensation for athletes to market and profit off their name, image, and likeness). There are many restrictions on athletes profiting off their NIL and the proposed legislation would give them autonomy to determine their NIL agreements while also protecting their mental health, id. (explaining NIL protections within proposed legislation).
Furthermore, the National Labor Relations Board (NLRB) recently published a memo that reflects their favorable position that student-athletes at private universities should be considered employees under federal labor law.\(^{116}\) If officially declared, this would afford student-athletes the right to numerous protections, including the right to unionize.\(^{117}\) For private school athletes, this would mean progress toward the fight for mental health change at their institutions.\(^{118}\) However, the NLRB’s position does not seem to extend to student-athletes at public institutions.\(^{119}\) Therefore, many student-athletes will most likely remain reliant on the NCAA to address their mental health struggles for the foreseeable future.\(^{120}\)

The federal government’s last “hail mary” play to regulate student-athlete mental health resources is through the Interstate Commerce Clause.\(^{121}\) Since Congress has the ability to regulate individuals in interstate commerce and any economic activities that may potentially impact interstate commerce, it is possible that NCAA mental health resources could fall within these controlled activities.\(^{122}\) Thus, if sport organizations, proposed federal legislation, and the NLRB are not successful in their movements towards promoting and protecting student-athletes’ mental health, Congress could potentially intervene through its Interstate Commerce power.\(^{123}\)

II. THE STRESSED SPORTSMAN: NCAA IMPROVEMENT AND THE INTERSTATE COMMERCE CLAUSE

This Section analyzes remedial measures that can be implemented to protect student-athletes’ mental health.\(^{124}\) Subsection A discusses


\(^{117}\) See id. (discussing the implications of change).

\(^{118}\) See Jayce Born, National Protection of Student-Athlete Mental Health: The Case for Federal Regulation over the National Collegiate Athletic Association, 92 IND. L. J. 1221, 1233 (2017) (discussing the NLRB’s positive change for private student-athletes).

\(^{119}\) See id. (discussing the gap it creates for public student-athletes).

\(^{120}\) See id. at 1234 (explaining that more needs to be done at federal level to create positive mental health change for all student-athletes).

\(^{121}\) For further discussion of how Congress can use its commerce power to regulate mental health resources, see infra notes 151–61 and accompanying text.

\(^{122}\) For further discussion of the activities Congress can regulate, see infra notes 152–58 and accompanying text.

\(^{123}\) For further discussion of the Interstate Commerce Clause as the strongest solution for regulation of student-athlete mental health resources, see infra notes 190–96 and accompanying text.

\(^{124}\) For further discussion of remedial measures, see infra notes 128–61 and accompanying text.
measures the NCAA and other organizations have taken and how these measures may be improved. Subsection B discusses how the federal government can step in through the Interstate Commerce Clause. Finally, the last Section concludes by discussing the future of mental health within collegiate student athletics.

A. Dropped the Ball: NCAA and Organizations Must Step Up Their Game

Although the NCAA recently instituted concussion protocols in light of litigation and social awareness surrounding athlete concussion-based deaths, the organization refuses to tackle mental health with the same passion. Student-athletes surveyed on the prevalence of mental health issues and NCAA effectiveness identified that female athletes were not aware of any NCAA resources despite the fact that they are “nearly twice as likely as men to develop depression, anxiety, and eating disorders.” Additionally, 10% to 15% of NCAA athletes require counseling to address severe psychological issues. These alarming statistics indicate that the NCAA must approach mental health just as aggressively as it does concussions. The self-declared mission of the NCAA is “protecting student athletes and providing a safe environment for...
them.”

Although the NCAA has many resources and services on student-athlete mental health, further research is necessary to actually verify the effectiveness of these “Best Practices.”

Furthermore, although SafeSport serves as an advocate for equality and inclusion and is a positive resource for training and best practices, it still has room for improvement. SafeSport (the Protecting Young Victims from Sexual Abuse and Safe Sport Authorization Act) has the authority to address abuse and misconduct within the U.S. Olympics and Paralympics. Given SafeSport’s limited authority to just those two organizations, it is clear why the NCAA may not be utilizing SafeSport resources or enforcing their reporting requirements. A solution to bolstering mental health resources is to allow SafeSport to partner with the NCAA and other collegiate sports organizations in changing and developing better mental health policies and initiatives for student-athletes.

Although the NCAA has had a slow start in addressing the mental health crisis, many universities have taken the lead. For example, the

132. See Born, supra note 118, at 1224 (quoting the NCAA mission statement).
134. See Reid, supra note 136 (discussing how NCAA does not enforce sanctions for abuse). This indicates that SafeSport should work with or have more authority over NCAA to ensure player safety and mental health.
135. See Training and Education, supra note 65 (discussing the history of SafeSport and how it has oversight authority over the U.S. Olympic & Paralympic Committee).
136. See id. (discussing SafeSport’s authority over the Olympics and Paralympics but nothing about the collegiate level); see also Understanding Mandatory Reporting Obligations for NCAA Coaches: Title IX & SafeSport, GLOB. SPORTS ADVOC., https://www.globalsportsadvocates.com/blog/mandatory-reporter-obligations-for-ncaa-coaches.cfm [https://perma.cc/Z9EB-PH3F] (last visited Oct. 27, 2022) (discussing SafeSport’s only requirement for NCAA coaches is to report sexual abuse and this requirement only applies to coaches who are members of a National Governing Body under the USOPC); see also Scott Reid, Why aren’t college coaches subject to SafeSport bans for sexual misconduct?, DAILY BULLETIN (Jan. 22, 2020, 2:07 PM), https://www.dailybulletin.com/2020/01/22/why-arent-college-coaches-subject-to-safesport-bans-for-sexual-misconduct/ [https://perma.cc/4J2J-Z3K5] (discussing how the NCAA does not enforce “SafeSport and NGB sanctions for sexual and physical abuse for coaches or athletes”). This indicates that if the NCAA is not even required to enforce abuse, then it will not use nor require SafeSport training and education, id. (discussing NCAA lack of enforcement for SafeSport sanctions).
137. See Reid, supra note 136 (discussing how NCAA does not enforce sanctions for abuse). This indicates that SafeSport should work with or have more authority over NCAA to ensure player safety and mental health.
138. See Linda, supra note 7 (discussing the USC’s strides in addressing mental health); see also Hank Kurtz Jr. & Erica Hunzinger, College athletes push mental health to the forefront,
University of Southern California (USC) has a team of sport psychologists who are dedicated to helping student-athletes thrive. The sports psychologists provide individual therapy sessions, educate coaches and players on mental health and substance abuse, and respond to suicidal crises. The team identified ‘performance-based identity’ as the root of the problem—i.e., if “you aren’t achieving, you don’t perceive yourself to have value . . . [t]hen when you do achieve something, it may be experienced as relief more than joy.” The stable mental health support that USC has provided for its student-athletes has resulted in students feeling better, improving their performance, and quashing the stigma surrounding mental health.

B. Reach Your Goal: How the Federal Government Can Step In

1. Get the Ball Rolling: Democrats’ Bill Needs Improvement

Although the College Athletes Bill of Rights, as proposed, is a positive step towards reform, it is too broad—the proposed legislation encompasses multiple aspects of student-athletes’ lives and does not adequately address mental health issues. While it seeks to improve athletes’ health and safety, it focuses more on the educational and economic opportunities for students. Specifically, the bill calls for more educational resources for athletes to earn their degrees as well as the ability for them to profit off their games.
legislation that also solely focuses on addressing mental health.\textsuperscript{146} This would break the mental health stigma and provide more resources for suffering student-athletes.\textsuperscript{147}

Additionally, the bill’s lack of timeliness presents potential flaws.\textsuperscript{148} Notably, it has already been almost two years since the bill was proposed.\textsuperscript{149} Due to the difficulty of passing laws in a bipartisan system, perhaps a more effective solution for federal oversight of student-athlete mental health is through the Interstate Commerce Clause.\textsuperscript{150}

2. Hail Mary: The Interstate Commerce Clause

Article 1, Section 8, Clause 3 of the U.S. Constitution gives Congress the power to “regulate commerce . . . among the several states” under the Interstate Commerce Clause.\textsuperscript{151} The U.S. Supreme Court has gradually expanded the meaning of the commerce power to define the types of activities that Congress may regulate.\textsuperscript{152} Today, “Congress can (1) regulate the “channels of interstate commerce (2) regulate and protect the instrumentalities of interstate commerce, or persons or things in interstate commerce . . . and (3) regulate economic or commercial activities that ”substantially affect interstate commerce.”\textsuperscript{153}

Given the constantly evolving “tests” of the commerce power, it may seem difficult to envision how the federal government could regulate NCAA student-athlete mental health resources.\textsuperscript{154} However, the NCAA

\textsuperscript{146} See Born, supra note 118, at 1224 (stating student-athletes “deserve an aggressive approach to providing greater mental health resources”).

\textsuperscript{147} See id. (discussing the importance of providing more mental health resources to student-athletes); see also Lindberg, supra note 7 (discussing the stigma of mental health).

\textsuperscript{148} See Booker, Senators Announce College Athletes Bill of Rights, supra note 111 (showing the proposed bill was made two years ago).


\textsuperscript{150} See Good Question: Why Is It So Hard To Pass A Law?, CBS NEWS MINN. (June 23, 2016, 10:56 PM), https://www.cbsnews.com/minnesota/news/good-question-passing-bills/ [https://perma.cc/X33G-JYCK] (describing Congress as a graveyard because of the extreme difficulty of passing laws in a partisan system); see also Born, supra note 118 (introducing possible solution for federal regulation through Interstate Commerce Clause).

\textsuperscript{151} See U.S. CONST. art. 1, § 3, cl. 1 (quoting the Interstate Commerce Clause).

\textsuperscript{152} See Born, supra note 118, at 1241 (discussing the evolution of Commerce Clause jurisprudence).

\textsuperscript{153} See id. (quoting three circumstances of the Commerce Clause test where Congress has power); see also United States v. Lopez, 514 U.S. 549, 558–59 (1995) (listing three categories where Congress may regulate interstate commerce).

\textsuperscript{154} See Born, supra note 118, at 1241 (questioning how the NCAA mental health resources could fall under commerce power due to rapidly changing development of the Commerce Clause “tests”).
runs its own business. In fact, college athletics is a $14 billion industry. As such, it is apparent that an industry that profits off the success of individuals who cross state lines to compete, would undoubtedly fall under the Commerce Clause. Further, university athletic departments and the NCAA could also be considered “instruments of interstate commerce” within the meaning of the “test.” By using this power, Congress can promptly pass regulatory legislation that has enforcement over all states and organizations—including the NCAA. This would be an extremely fruitful and inexpensive means of initiating change. Thus, Congress should use its Interstate Commerce power to oversee and regulate NCAA mental health resources for athletes.

III. NOT TIME TO THROW IN THE TOWEL: THE FUTURE OF STUDENT-ATHLETE MENTAL HEALTH

This Comment recognizes the lack of protective action toward the student-athlete mental health crisis. The NCAA—as the leading organization in college athletics—must create stronger guidelines and standards for schools to follow. Furthermore, the federal government should utilize the Interstate Commerce Clause to regulate mental health initiatives. In the meantime, it is vital that campuses make mental health resources accessible for student-athletes, implement pre-participation screenings to monitor at-risk athletes, and openly debunk

155. See id. (“The NCAA is often said to be running its own business.”).
156. See Booker, Senators Announce College Athletes Bill of Rights, supra note 111 (discussing how student-athletes are fueling the $14 billion industry of college athletics).
157. See Born, supra note 118, at 1242 (discussing how the NCAA could fall under federal regulation because of athletes crossing state lines and the amount of revenue schools are making off of them).
158. See id. (fitting the NCAA, athletic departments, and athletes into the three component “test” of the Interstate Commerce Clause).
159. See id. at 1237 (discussing how Congress can use broad authority of commerce power to past “swift-acting legislation in the public interest”).
160. See id. (discussing how this as an efficient and cost-saving way to create change and would cause minimal disruption to the NCAA).
161. See id. at 1242 (concluding that Congress using its commerce power to enforce student-athlete mental health regulations on the NCAA and colleges will not violate federalism nor the Constitution).
162. See Gonzalez, supra note 129 (providing statistics on student-athletes’ perceptions of and attitudes towards the NCAA resources). Forty-nine percent of those surveyed felt that the NCAA was not providing enough resources for student-athletes to treat their mental health issues, id. (identifying statistics on how athletes felt about the NCAA resources).
163. See Born, supra note 118, at 1224 (stating that students “deserve an aggressive approach to providing greater mental health resources” from the NCAA and they can no longer wait).
164. See id. at 1237 (considering how Congress could regulate student-athlete mental health resources through the Interstate Commerce Clause).
the stigma so that student-athletes feel comfortable opening up about their mental health.165

The NCAA has admitted that there is a mental health epidemic.166 On the surface, it seems the best approach is to leave initiatives to the NCAA because of its mission statement and the research and recommendations of its Sport Science Institute.167 However, if its movement to implement mental health initiatives is anything like its handling of concussion protocols, there may not be any effective solutions to the crisis anytime soon.168 In fact, Mary Wilfert, Associate Director for the Sport Science Institute, declared that mental health intervention “cannot come out of the national office” because the NCAA is “not a medical organization.”169 Clearly, the NCAA has more work to do.170

Although the NCAA provides some guides and educational tools for students and schools, it lacks stringent training for athletic departments.171 Training coaches and trainers in addressing mental health concerns are essential because of the close relationship between trainers and athletes.172 Athletic trainers serve as “confidants, motivators, encouragers, and even friends,” and there is a unique level of trust that is built between trainers and athletes.173 Accordingly, given their important role, it is essential that these athletic trainers quickly catch any mental

165. See Interassociation Consensus Document: Mental Health Best Practices, supra note 22 (providing the NCAA’s guide of recommendations to athletic departments “for supporting and promoting student-athlete mental health”); see also Lindberg, supra note 7 (sharing USC student-athletes’ stories on struggles with mental health and a sport psychologists’ strategy for fighting the stigma).

166. See Interassociation Consensus Document: Mental Health Best Practices, supra note 22 (providing the NCAA’s recommendation guide for addressing student-athlete mental health). This guide as well as the other resources on the NCAA’s website indicates that the NCAA understands there is a student-athlete mental health issue, id. (identifying numerous mental health resources the NCAA provides).

167. See Born, supra note 118, at 1231–33 (discussing why NCAA would be the best organization to take lead because of its role in college athletics and its resources).

168. See id. (discussing the NCAA’s reluctance to take serious action on mental health is a serious downfall and students cannot wait around for litigation to kick NCAA into action).

169. See id. at 1232 (quoting Associate Director’s opinion on NCAA’s role in student-athlete mental health).

170. See id. at 1231 (calling NCAA to action).

171. See id. at 1242–43 (discussing need for more education and training in college athletics).

172. See Rachel Sharpe, Solving the mental health puzzle, NCAA, https://www.ncaa.org/sports/2014/9/23/solving-the-mental-health-puzzle.aspx [https://perma.cc/6UMH-FXWE] (last visited Sept. 6, 2022) (discussing the close relationship formed between athletes and coaches that “leads to a unique level of trust”). Locker rooms are a place of “comfort and camaraderie” where athletes can let their guards down for a moment, id. (explaining the relationship formation and vulnerability of athletes).

173. See id. (quoting language of relationship formed between trainer and athlete).
health issues with athletes. To adequately assist the NCAA, collegiate schools should follow the NCAA’s Best Practices guide. However, this is only the bare minimum and schools should also follow the lead of other institutions like USC. This includes developing and training a team of sports psychologists in providing therapy sessions and educating coaches and players on mental health.

Moreover, the NCAA suggests using pre-participation screening questionnaires to better identify at-risk student-athletes by proposing the use of nine specific questions. However, these questionnaires leave great discretion to athletic departments which can create an inadequate and ineffective screening process across the board. A better solution is to enforce pre-participation biannual or triannual screening across campuses to ensure that all athletes’ mental health concerns are being caught. This is especially important because athletes tend to ignore their mental health concerns.

Finally, mental health screening should be combined with mental health education for athletes, families, and athletic departments because of the stigma surrounding mental health. Athletes constantly struggle

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174. See id. (discussing how those dedicated to student-athlete wellness must “keep our eyes and ears open for conversations or changes in behavior suggesting that a deeper mental or emotional issue may be present”).

175. See Interassociation Consensus Document: Mental Health Best Practices, supra note 22, at 6 (“[T]his practitioner should be easily accessible to student-athletes, which includes being accessible through establishment of a self-referral process. Ensuring that all student-athletes receive mental health care . . . may require hiring relevant personnel, or helping support the dedicated service of an on-campus practitioner . . . .”).

176. See Lindberg, supra note 7 (discussing USC’s success in addressing mental health concerns).

177. See id. (listing USC’s current initiatives).

178. See Interassociation Consensus Document: Mental Health Best Practices, supra note 22 (discussing that primary athletic providers and licensed practitioners should implement pre-participation screening questionnaires).

179. See id. (discussing that providers should implement screening of their choice).

180. See Emily Kroshus, Variability in Institutional Screening Practices Related to Collegiate Student-Athlete Mental Health, NAT’L LIBR. OF MED. (May 5, 2016), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5013708/ (identifying fewer than half of U.S. colleges have written plans for identifying mental health concerns of student-athletes). A 2005 study found that pre-participation screening varied widely among NCAA institutions with only thirty-two percent of schools requiring returning athletes to complete a questionnaire, id. (arguing that more investigation needs to be done into whether institutions follow up with student-athletes who have a positive screen for mental illness).

181. See Lindberg, supra note 7 (discussing the stigma of mental health and student-athletes’ reluctance to speak out about their issues).

182. See Athletes and Mental Health: Breaking the Stigma, CLEVELAND CLINIC (Aug. 10, 2021), https://health.clevelandclinic.org/mental-health-in-athletes/ (discussing the stigma of mental health and the idea that you cannot be tough if you ask for help). The author shares that parents should keep an eye out on their children by listening with
with performance-based anxiety and their physical health usually takes precedence over their mental health.\textsuperscript{183} Athletic departments and coaches must be aware of all the ways players are struggling—mentally and physically.\textsuperscript{184} Once the stigma is eliminated and all those involved are educated more, teams and families can become better resources for struggling student-athletes.\textsuperscript{185}

Just three months after the tragic suicide of their daughter, Katie Meyer’s parents have proposed a new policy at Stanford that could save other students’ lives.\textsuperscript{186} ‘Katie’s Save’ would allow students to opt into a program that notifies an advocate if they are struggling with mental health or physical injury.\textsuperscript{187} College students—especially student-athletes—juggle numerous responsibilities and may feel like they can handle everything on their own.\textsuperscript{188} However, like Katie, student-athletes could benefit from extra support.\textsuperscript{189} Furthermore, to ensure the protection of the lives of student-athletes, the NCAA and colleges need to provide more resources and enforce more standards for athletic departments to follow.\textsuperscript{190} Mental illness is not disappearing anytime soon, and especially for student-athletes who are balancing numerous responsibilities, the issue will only become more prevalent unless stricter measures are taken.\textsuperscript{191} While the NCAA has created guides and procedures, they still had a slow start.\textsuperscript{192} Perhaps, the proposed federal legislation can be

\textsuperscript{183} See Andrea Nguyen, \textit{Stigma Surrounding Mental Health in College Athletics}, \textbf{THE OBERLIN REV.} (Apr. 22, 2022), \url{https://oberlinreview.org/26787/sports/stigma-surrounding-mental-health-in-college-athletics/} (reasoning why athletes struggle and how their mental health is being ignored because of focus on their physical bodies).

\textsuperscript{184} See \textit{Lindberg, supra note 7} (discussing the importance of collaboration within an athletic department to better address mental health concerns).

\textsuperscript{185} See id. (sharing stories of student-athletes who struggled with mental health but who came out the other side because of athletic department’s focus on breaking stigma).

\textsuperscript{186} See \textit{Bonagura, supra note 5} (discussing the ‘Katie’s Save’ policy).

\textsuperscript{187} See id. (explaining how the program would allow students to choose whom their advocate is to notify in times of crisis).

\textsuperscript{188} See id. (discussing Katie’s mom’s thoughts on the struggles of college students).

\textsuperscript{189} See \textit{id.} (discussing Katie’s parents’ belief that a program like ‘Katie’s Save’ could have saved their daughter’s life).

\textsuperscript{190} See \textit{Born, supra note 118}, at 1243 (discussing the need for NCAA to do more and how federal legislation should focus on education and training for trainers, coaches, and student-athletes).

\textsuperscript{191} See \textit{Lindberg, supra note 7} (discussing the numerous responsibilities of college athletes and the seriousness of addressing their mental health concerns).

\textsuperscript{192} See \textit{Born, supra note 118}, at 1224, 1242 (stating the NCAA acknowledges mental health crisis but cannot wait for litigation because students “deserve an aggressive approach to providing greater mental health resources.”).
pushed through Congress.\textsuperscript{193} The Interstate Commerce Clause may be an even stronger solution.\textsuperscript{194} By regulating resources through the commerce power, Congress can create uniformity and increase support across all athletic departments in the way they address and treat athletes’ mental health.\textsuperscript{195} Together, all of the resources, organizations, and people who care about student-athletes can show them that mental illness is a contender they can face as a team.\textsuperscript{196}

\textsuperscript{193} See Booker, Senators Announce College Athletes Bill of Rights, supra note 111 (discussing the senators’ proposed legislation); but see Good Question: Why Is It So Hard To Pass A Law?, supra note 150 (describing Congress as a graveyard because of extreme difficulty in passing laws in partisan system).

\textsuperscript{194} See Born, supra note 118, at 1242 (discussing how the NCAA could fall under federal government regulation because of athletes crossing state lines and the amount of revenue schools are making off of them). Athletic departments and the NCAA could be considered “instruments of interstate commerce” and as such, Congress could have a strong chance at using its commerce power to regulate the NCAA’s mental health resources for athletes, \textit{id.} (explaining how the NCAA could fall under Congress’s commerce power based on the “test”).

\textsuperscript{195} See \textit{id.} at 1245 (discussing how the use of the commerce power on regulating mental health resources will create uniformity at a minimum cost to the NCAA).

\textsuperscript{196} See \textit{id.} (discussing how the use of the commerce power and increasing support and change from the NCAA and organizations will show student-athletes that they are not alone in the battle against mental illness).