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Disparities in Suicide and Mental Health among Student Athletes of Ethnic and Racial Marginalized Communities compared to their White Non-Latinx Counterparts

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The present paper reviews literature examining trends among suicide, suicidal ideation, and mental illness rates in ethnic and racial marginalized communities’ student-athletes. While the rates of suicide amongst student athlete populations are lower than rates of suicide seen in the general student populations, there remains a discrepancy amongst rates of suicide in student athletes with those identifying with racial and ethnic minority backgrounds endorsing higher rates of suicidal ideation. Data from the existing literature consisted of White, Black, Hispanic/Latinx, Asian/ Pacific Islander, Multiracial, and Native American student-athletes. Studies suggest that ethnic and racially marginalized students are more susceptible to suicide, depression, and other mental health concerns compared to their White counterparts. Across the literature, White student athletes appeared to have more social and academic support from fellow classmates, university administration and professors, and staff within their athletic departments. Student athletes who did not identify as White endorsed higher rates of loneliness, felt ethnically and racially underrepresented within their athletic department, and endorsed lack of appropriate medical treatment for injuries by athletic department medical staff. Additionally, non-White student athletes receive less peer support and must balance additional stressors such as discrimination in contrast to their White/non-Latinx peers. Recommendations for athletic departments and mental health providers supporting student athletes who identify as racial and ethnic minorities are discussed.
Suicide is a growing epidemic in the United States. Over the past 20 years the rates of suicide have increased over 30%. Impacting all demographics including race, socioeconomics, gender identification, and sexual orientation (CDC, 2023). However, another demographic has shown concerning increases in suicide and suicidal ideation, student athletes. A recent study revealed that one out of ten collegiate athletes reported considering suicide or suicidal ideation within the past year. Moreover, suicide is the fourth leading cause of death among student-athletes in the National Collegiate Association (NCAA) (Tran, 2021).

Within the student athlete community, the most at risk to suicide are athletes in ethnic and racially marginalized communities. This population is typically neglected when research is conducted among collegiate athletes. Ethnic and racial diversity account for 34% of the NCAA student-athletes. This population is steadily growing as it has increased 6% since 2011 (Ballesteros & Tran, 2020). In 2015 an ACHA-NCHA-II survey indicated that mental health needs among racial and ethnic minorities including Asian American, Hispanic Latin X, and Black student athletes was 78%.

Although in the general population White males have the highest risk for suicide, the student athlete population does not reflect this finding (AFSP, 2023; Tran, 2021). Rates of suicide attempts in athletes are lowest among White non-Latinx student-athletes with just under 1%. Contrarily 5.3% of Native American student athletes have attempted suicide (Tran, 2021). In addition, a 9-year study conducted by the NCAA revealed that the rate of suicide in White student athletes was .87/100,000, while Black student athletes were 1.22/100,000 (Rao et al., 2015). Previous research has indicated that student athletes participate in many preventative behaviors for suicide such as exercise, community, and sense of purpose (Tran, 2021). However, rates of suicide among Hispanic/Latinx, and Black students were similar to their non-athlete
peers, and Asian/Pacific Islander suicide rates were higher than Asian/Pacific Island non-athletes (Tran, 2021).

*Ethnic and Racial Diversity and Mental health in athlete populations*

In addition to suicide, rates of mental illness have been a large problem among collegiate student-athletes as studies reveal that 25% of student athletes have reported severe symptoms of depression, and almost 50% have reported feeling anxiety (Tran, 2021). Comparatively, rates of depression have appeared to be greater among multiracial and Asian/Pacific Islander student athletes than White student-athletes (Tran, 2021). The stigma related to mental health care and culture among athletes to underutilize mental health resources has only exacerbated this issue. The historical environment of masculine pride within athletics specifically in male sports has created a culture among athletes to be less inclined to receiving mental health care. Student athletes seeking out and receiving mental health services are seen as weak to themselves and among their teammates (Tran, 2022). This trend is even more prevalent for student athletes who belong to an ethnic or racial marginalized community. Only around 10% of all student athletes with anxiety or depression have sought out mental health services (Bird et al., 2020). Similar to student athletes, ethnic and racial minority students underutilize mental health services. Student athletes identifying with ethnic or racial diversity fit both criteria putting them at higher risk for underutilizing mental health services (Ballesteros et al., 2020).

*Impact of community and support on mental health for athletes*

Lack of outside support has been a recent commonality among student athletes, specifically for non-White athletes, potentially being an impact for declined mental health. Research has indicated that around 50% of student athletes don’t feel that their non-athlete peers support them. In addition, qualitative questioning among 370 student athletes revealed that over
40% has experienced peers indicating that they lack intelligence (Tran et al., 2023). However, these trends appear to be even more heightened among Black student-athletes compared to White student-athletes. A separate study indicates that Black non-student athletes were viewed as smarter than Black student athletes. In addition, a survey rating intelligence revealed that the common conception students have is Black athleticism is due to genetics, while White athleticism is account of hard work and intelligence (Tran et al., 2023). Black student athletes primarily football players at predominately white institutions felt labeled and academically inferior (Cooper et al., 2017). Although it is believed that student athletes are less prone to suicide due to contributing factors such as community (Anchuri et al., 2020), a decline in peer support could directly counteract such factor. Trainers and team doctors have also expressed racial bias towards Black student athletes. They are less likely to prescribe Black student athletes with the proper medication under the notion that they have a greater tolerance towards pain, and Black students being more inclined to abuse substances (Druckman et al., 2018).

Ethnic and racially diverse student athletes face additional stressors compared to White non-Latinx student athletes. Stressors include underrepresentation of their own race in leadership, administration, and role models in addition to holding a minority status (Tran, 2021). Racism and discrimination, however, are the most significant stressor that non-White student athletes go through. Academic success for White student athletes was widely accepted, while Black student athletes (predominately male) were overly praised for performing well (Cooper et al., 2017). In addition, over 40% of Black student-athletes felt that race has negatively affected their treatment in class, compared to only 8.9% of White student-athletes (Tran et al., 2023). Along with Black student-athletes, multiracial and Asian/Pacific islander athletes fall victim to
racism, stereotypes, and restrictions due to race (Tran, 2021). Increased stressors have a positive correlation with declining mental health (Sternthal et al., 2011).

**Recommendations for athletic departments and athlete serving communities.**

Although disparity in mental health among ethnic and racial minority students has amplified in recent years preventative measures can be taken to combat this issue. Faculty and staff interacting with student athletes must be aware of the position and significance they hold. Athletic trainers and team doctors can combat biases and discrimination through diversity trainings, particularly ones catered towards treating athletes (Marra et al., 2010). Diversity trainings among the student body could bring attention to discrimination and out casting in which many non-white athletes encounter (Tran et al., 2023). In addition, simple health screenings testing for warning signs of suicide or poor mental health could be a useful preventative measure (Tran, 2021).

Awareness of mental health and underutilization of mental health services within the athletic community may be helpful in changing attitudes and behaviors towards receiving mental health. (Ballesteros & Tran, 2020). Although analysis’ have revealed around 11% of ethnic and racial minority student athletes have used mental health services, when asked in a survey around 50% expressed a willingness to try (Ballesteros & Tran, 2020). Bringing attention to the benefits and availability of services provided to athletes could increase utilization rates.

**Conclusion**

Suicide, suicidal ideation, depression, and mental health are serious matters. Although previous studies have implied that student athletes are less at risk for experiencing these issues due to their status and sense of community, recent research have shown that this isn’t entirely the case (Tran, 2021 & Anchuri et al., 2020). Specifically non-White student athletes who experience
the combination of athletic pressures and the stressors of being a minority are much more susceptible to mental health concerns. Discrimination both in the classroom and in athletics increase the risk of mental illnesses, and suicide/suicidal ideation for racial and ethnic marginalized groups.

*Checklist of recommendations to approach Disparities*

◊ Educating coaching and training staff on the suicide statistics among athletes, especially those within marginalized communities

◊ Educating athletic staff and school’s mental health centers on the rates underutilization of counseling services

◊ Educating athletic staff on diversity, and provide proper diversity training

◊ Working with the university community as a whole to target diversity training, and promote inclusion and anti-discrimination among ethnicity and race

◊ Informing athletes of the risks for suicide among athletes within marginalized communities

◊ Providing resources in common areas such as gyms, locker rooms and training rooms on statistics and resources for mental health
References


