

A Rationalist Policy Analysis of the Youth Mental Health Crisis: Addressing the Mental Health
of California's Student Athletes

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Executive Summary

California and the United States as a whole are facing a rising youth mental health crisis. The proportion of high school students reporting persistent symptoms of mental illness has risen over 11% in a little over a decade. At the same time, suicidal behaviors have climbed an alarming 44%, even preceding the COVID-19 Pandemic. With nearly 900,000 students participating in high school sports in California, sports are an area for potential added stress and mental health issues to occur. This problem poses the question of, “How can the state address the mental health of student athletes?” To answer this question, this report uses Weimer and Vining’s (1999) Rationalist Policy Analysis Model to compare three different policy alternatives that could help address the mental health of student athletes. From this policy analysis, this report proposes one policy solution that best fits the criteria, and that is feasible.

The literature review shows a worsening youth mental health crisis, with growing numbers of children experiencing a mental or behavioral disorder, and suicide ideation rising alarmingly among high school students. The findings reveal effective strategies to address the mental health of student athletes, who are uniquely experiencing mental distress with the added pressures of athletic performance and environment. Based on the findings, the report recommends a policy solution requiring mental health training for high school coaches, which proves to be an equitable and cost-efficient solution to address a portion of the youth mental health crisis.

Introduction and Background

The growing youth mental health crisis is exposing deep gaps in early intervention and community support. There is an especially alarming rise in suicides and disconnection among California's young men and boys (Executive Department, State of California, 2025). With nearly one in four men under 30 years old reporting that they have no close friends, young men are more disconnected from school, work, and relationships than ever before. Young women and girls also face mental health challenges. Studies show that female athletes experience elevated risks of depression and anxiety, along with body image concerns and eating disorders (Nebraska Medicine, 2025). Women of color and LGBTQIA+ athletes face additional risks for stress and mental health challenges due to discrimination, limited representation, and systemic barriers to advancement (Nebraska Medicine, 2025). Student athletes face the pressures of both sports and academics. Common mental health challenges often emerge within student athletes due to balancing academic pressure, athletic expectations, social identity, and developmental stress (Werner, 2023). As mental health issues become more prevalent in younger populations, what approaches best enhance the emotional and psychological health and well-being of student-athletes?

Coaches can play a role in supporting athletes' mental health, but many are unsure what to do and are concerned that they may unintentionally engage in behaviors that negatively impact athletes' mental well-being. Nearly 30 million U.S. children and teens participate in some form of organized sports, yet coaches rarely get training on how to meet the social-emotional or mental health needs of their student-athletes (Will, 2024). In the U.S, only one in five coaches is highly confident in their abilities to help kids with mental health issues (Ohio State University,

National Coach Survey, 2025). Teenagers in California are struggling with severe and ongoing mental health issues. According to a 2023 health psychology research study, more than half of high school student athletes reported feeling at least moderately stressed, and 91% of student-athletes reported some level of stress (Gwyther et al., 2023). Referring to student athletes, education-based athletics participation in California has reached a historic all-time high, surpassing the previous record set in 2020, according to the latest California Interscholastic Federation (CIF) Sports Participation Survey. Even though there are over 800,000 high school athletes in California, coaches rarely get training on how to meet the social-emotional or mental health needs of their student-athletes.

The purpose of this report is to examine the gaps in training and resources of coaches. It will also develop a policy solution to address the rising mental health issues our student-athletes face. The analytical framework this report is rooted in is Weimer and Vining's (1999) policy analysis: concepts and practice. Through this approach, this report will draw policy alternatives for California policymakers and the Legislature. A policy solution is presented as a recommendation to policymakers and the California Legislature to address the mental health crisis student athletes are facing. This recommendation will address the gap in coaches' training for high school sports and provide coaches with the tools to help student athletes, while also educating them in positive coaching practices. It meshes worlds that have not yet been combined, including education, sports, and health. As work has been done in these spaces by many organizations, state laws have not been adapted.

Literature Review

Mental Health of Youth and Student Athletes

The youth mental health crisis has been on the rise in the U.S and continues to be an ongoing issue among adolescents. According to the 2022 National Healthcare Quality and Disparities Report, nearly 20% of children and young people ages 3-17 in the United States have a mental, emotional, developmental, or behavioral disorder, and suicidal behaviors among high school students increased more than 40%. There are alarming rates of suicide and suicide ideation, especially among high school students. From 2009 to 2019, suicidal behaviors among high school students increased by a startling 44%, with 16% of that accounting for suicide plans (Agency for Healthcare Research and Quality (US), 2022). Furthermore, using data from 43,093 adults in the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), it is tested whether two underlying dimensions can explain gender differences when it comes to mental health (Eaton et al. 2012). The authors describe the two underlying dimensions as internalizing or externalizing disorders: internalizing mood and anxiety disorders, and externalizing being antisocial and substance use. The prevalence of these two underlying factors was represented through women showing higher rates for all internalizing disorders and men showing higher rates for all externalizing disorders (Eaton et al. 2012). This study reveals the prevalent difference between genders when it comes to mental health disorders, but regardless, the significance of mental health issues affecting the population overall is pressing.

A growing body of research shows that student athletes are navigating a complex and uneven mental health landscape shaped by the pressures of sport-identity and broader adolescent well-being in general. Recent NCAA findings indicate that while overall reports of anxiety,

sadness, and overwhelm have improved since the pandemic, mental health concerns remain elevated, especially among women, BIPOC, and LGBTQ+ athletes. They continue to report the highest levels of distress (Radford, 2023). Studies within athletes focus specifically on female athletes, highlighting additional vulnerabilities, including but not limited to burnout, perfectionism, body-image pressures, and gender-based inequities that compound emotional strain, despite rising visibility and success in women's sports (Nebraska Medicine, 2025). These patterns mirror national adolescent mental health trends within the CDC study, documenting a sustained crisis shown by increasing rates of poor mental health and the importance of strong school and community connections. This ties into coaches' roles within the community and how they can have a significant effect on the mental health of their student athletes. In California, a statewide executive order from Governor Gavin Newsom acknowledges the alarming rise in suicide and disconnection among young men and boys (Governor Gavin Newsom, 2025).

Coaches' Preparedness for Student Athletes' Mental Health

Further research demonstrates that coaches occupy a critical yet often under-resourced role in supporting the mental health of student-athletes, who face increasing pressures across academic, athletic, and developmental atmospheres. National guidance from the National Federation of State High School Associations (NFHS) highlights that coaches are frequently the first adults who observe early signs of distress, such as mood changes, withdrawal, or decline, yet many lack formal training to recognize or respond to these signs effectively (Uszaki, 2024). Mental Health First Aid similarly reveals that while coaches are uniquely positioned to notice behavioral shifts and foster supportive team environments, most have not received structured training in mental health literacy, trauma-informed crisis response, or referral pathways (Rourke, 2025). This gap is reflected in the Aspen Institute's National Coach Survey, which finds

that although coaches overwhelmingly believe mental health is part of their responsibility, a majority report feeling underprepared and expressing a need for clearer protocols, professional development, and institutional support (Butcher and Bates, 2022).

The unaddressed mental health stigma in sports further complicates the potential support system a coach can offer. Currently in California, the closest training coaches receive to mental health training is sports psychology (CIF Bylaws, 2025). Sports psychology is a branch of sports medicine and psychology that applies mental strategies and techniques to enhance an athlete's performance, motivation, and well-being (Faulkner University, 2023). While this does support student athletes in their playing performance and addresses mental blocks, it does not assist student athletes in their overall well-being when it comes to their mental health specifically. Without guidance, coaches may miss opportunities for early intervention, positive reinforcement, or, at worst, even contribute to harm.

High School Coaches' Roles in the Communities and in the Lives of Student Athletes, and their Role in Mental Health

High school coaches play a tremendous role not only in athletic development but also in the broader social and emotional lives of the student athletes they serve. Coaches often spend significant time with young athletes and are present during high-pressure moments. This allows them to see how athletes handle stress, failure, and maybe someone athletes trust to discuss personal aspects of their lives with. Research demonstrates that adolescents frequently view coaches as trusted adults who shape their sense of belonging, motivation, and identity. They emphasize that coaches are frequently the first adult athletes turn to when they begin struggling with mental health issues (Bisset et al., 2020). Furthermore, in the study, athletes often viewed their coach as a dependable adult who played a key role in supporting their overall well-being

(Bisset et al., 2020). Similarly, the Sports Psychologist reveals that coaches' day-to-day interactions, communication styles, and relational behaviors significantly affect athletes' stress levels and coping mechanisms. Coaching behaviors that emphasized listening, empathy, and open communication were linked to reduced levels of anxiety among athletes (Bates and McShan, 2025). Additionally, negative or authoritarian coaching approaches were linked to increased stress, greater fear of failure, and emotional disengagement among athletes. (Bates and McShan, 2025).

In a study conducted in China, 556 athletes (44.60% female) were recruited from professional training teams in the Xinjiang and Shanxi provinces of China as the study sample. The study aimed to investigate the relationship among coach leadership behavior, the coach-athlete relationship, psychological fatigue, and the athlete's performance (Liu et al., 2025). The study included coaches' perspectives, including “coaches expressed a desire for clearer protocols and school-level support when responding to athlete distress” (Liu et al., 2025). In high school, “high school coaches described themselves as mentors, role models, and sometimes parental figures in the lives of their athletes” (Liu et al., 2025). All these studies suggest that coaches are pillars in the community and play important roles in athletes' lives but lack the resources to assist them in the struggles they may be going through, either contributed by sports or other factors in their lives.

Current Laws Affecting Coaching Requirements, and What Other States Have Done

Recent scholarships and policy developments show a rapidly evolving landscape of laws governing high school coaching requirements, particularly as states respond to growing concerns about athlete safety, well-being, and mental health. In a 2025 analysis, it is found that coaching standards across the United States are highly fragmented, with many states relying on outdated

or inconsistent certification systems (Bates et al., 2025). These systems and training do not reflect the modern expectations of coaches in the grand scheme. Coaches are not only sports trainers, but they are mentors, educators, and front-line observers of student-athlete wellbeing. When provided with training, it has been proven to help coaches on all fronts. Participants of the College of Social Work at Ohio State University's study reveal the biggest takeaway from improving and adding mental health training was learning how to frame these difficult conversations with student-athletes (Bates et al., 2025). The fragmentation in policy has pushed other states to adopt more comprehensive training as requirements for coaches.

The state of Ohio was the first state in the country to mandate mental health and crisis intervention training for all school coaches. Through House Bill 33, Ohio's budget bill, the new law means every coach in Ohio will need to take a student mental health training course when they renew what's known as their pupil-activity program permit (Hauser, 2023). Ohio's Department of Behavioral Health was tasked through this law to manage the approvals for all mental health trainings under the State Board of Education, Pupil-Activity (Coaching) Permits (Ohio Department of Behavioral Health, 2023). Reporting on this law shows its significance already. By requiring mental health training as a condition of employment and coaching credentials, Ohio has reframed coaching and emphasized the coach's role in the youth development of these student athletes (Hauser, 2023). Recognizing distress, supporting early intervention, and contributing to safer and more positive school athletic environments are all ways in which integrating mental health literacy can and has helped improve student-athletes' environments.

As of March 2026, no other states have put coaches' mental health training requirements into law, but other states and organizations have been working within the positive coaching space

and have been pushing for training such as mental health to be required of coaches. California, for example, started the 25x25 coaches' challenge. This movement was led by Governor Gavin Newsom and First Partner Jennifer Siebel Newsom, in partnership with the Susan Crown Exchange's Million Coaches Challenge and the Governor's Advisory Council on Physical Fitness and Mental Well-being. This initiative aimed to train 25,000 coaches in positive youth coaching across California by the end of 2025 (Governor Gavin Newsom, 2024). Furthermore, organizations such as the Susan Crown Exchange, the Positive Coaching Alliance, and the Center for Healing and Justice Through Sport, who have led the movement in youth development and mental health training within sports, have all commended California for its joint effort with them to improve coaching tactics, with the goal that this effort will help guarantee that countless young athletes participate in sports environments that support their physical, emotional, and mental health (Million Coaches Challenge, 2024). These developments emphasize a broader national shift toward integrating mental health literacy and broader behavioral health tactics into coaching requirements, proving that effective coaching extends beyond sport-specific training.

Analytical Framework: Rationalist Model in Policy Analysis

Primary Policy Objective

This report uses policy analysis to address the mental health of student athletes. The purpose of this analysis is to present the policy recommendation that best meets the evaluation criteria in the analysis and that would help address the rising mental health crisis of student athletes.

Guiding Analytical Framework: Rationalist Model

Policy analysis is a professional practice centered on providing client-oriented, evidence-based, and value-informed advice to policymakers (Weimer and Vining, 1999). Using tools such as market and government failure, building models to predict expected outcomes, and evaluating alternatives using criteria, policy analysis can frame issues for policymakers. Weimer and Vining emphasize that policy analysis includes honesty about uncertainty, and a good analysis does not mean there won't be uncertainty. This approach is inherently ethical and relational, holding three core professional values, those being: analytical integrity, responsibility to the client, and adherence to one's own conception of the good of society (Weimer and Vining, 1999).

This report uses the eight steps of the rationality model, divided into problem analysis and solution analysis. The Problem Analysis portion is the first three steps within this Rationalist Model (Weimer and Vining, 1999, p.343). The first step within problem analysis is understanding the problem. This includes assessing symptoms, framing the problem, and modeling casual relationships. Secondly, choosing and explaining the goals and constraints in terms of trying to solve the problem, with a goal usually arising during analysis. The third step is selecting a solution method, where analytical tools are chosen that are appropriate to the

problem. The last five steps make up the solution analysis portion of the Rationalist Model.

Choosing impact categories for goals, specifying policy alternatives, predicting impacts, valuing impacts, and assessing and making recommendations.

Components of Policy Analysis

The key components of this rationalist model include defining the problem addressed in this report, the criteria for evaluating the problem, identifying alternatives, evaluating those alternatives, and making a policy recommendation based on the evaluation of alternatives.

Problem definition

The problem definition identifies and clearly articulates the problem that needs to be addressed.

How to improve student-athletes' mental health is the problem being addressed within this policy analysis.

Criteria

Establishing criteria is used to evaluate the potential effectiveness of the policy alternatives. The criteria established within this policy analysis include economic efficiency, equity, and administrative feasibility. These three criteria will evaluate policy alternatives that address mental health challenges among student-athletes. Economic efficiency refers to whether it will cost the state any money and how much, as well as the cost for other stakeholders involved. The criteria of equity would be addressing whether the policy is equitable for all student-athletes, involving all communities in California. Lastly, addressing mental health always comes with an administrative burden, as it includes more paperwork, more steps through the schools and school districts, and involves confidentiality in some cases. This analysis will

address which alternative produces the least amount of administrative burden and at what capacity.

Identification and Evaluation of Alternatives

Generating a range of possible policy options or alternatives to address the problem, as there may be multiple policy solutions for even one problem at hand. Providing multiple policy alternatives allows the best policy to be chosen based on the criteria by which they are evaluated. It also allows for innovative and diverse solutions to be brought forward. The policy alternatives are evaluated using various tools to predict their outcomes and impacts. The first policy alternative in this policy analysis will be the solution to this policy report. The policy requires mental health training and substance use disorder training (behavioral health) as part of the coaching credentials and condition of employment for high school coaches in California. The second alternative that will be identified and evaluated is annual mental health check-ins or screenings for student athletes. The third policy alternative is mental health professionals or a mental health professional on the athletic department staff.

Recommendation

Lastly is the recommendation component. Providing a reasoned recommendation based on the evaluation of the policy alternatives. These recommendations justify the choice of the recommended policy alternative and why the others are not the best choice compared to it. The three policy alternatives stated in the previous paragraph will be evaluated to ultimately provide a recommendation for policymakers in California to help address student-athletes' mental health.

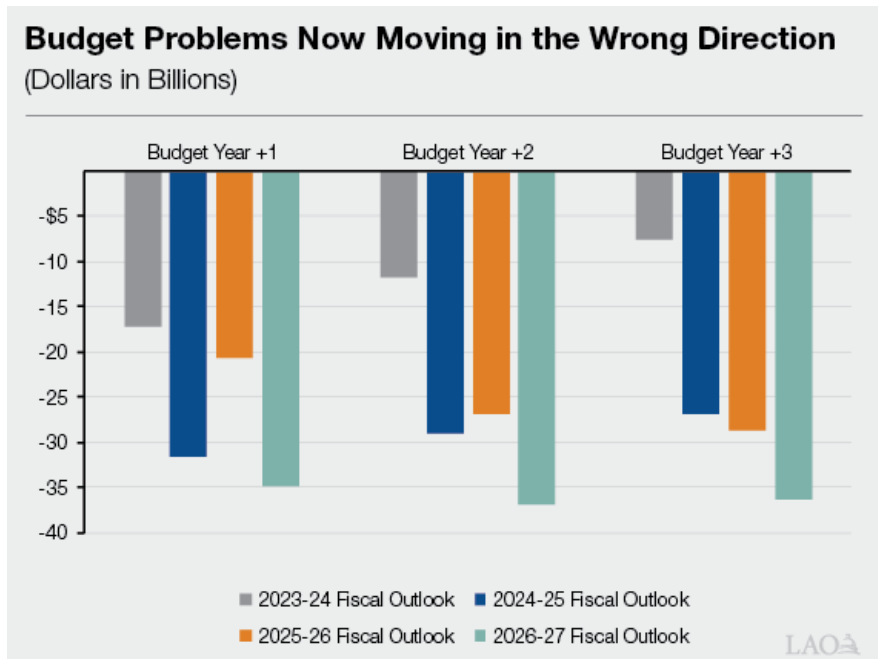
Findings Through Rationalist Policy Analysis Outline

Criteria

Economic Efficiency

Economic efficiency is a criterion concerned with maximizing social welfare by allocating resources so that benefits are achieved at the lowest cost possible (Liquiti, 2023). The optimal distribution of resources to maximize net societal benefits, ensuring goods and services are produced at a low cost, is how it applies to policy. This implies that a policy's benefits outweigh its costs, which are measured by cost-benefit analysis. The State of California currently faces a \$18 billion budget deficit, and the Legislative Analyst's Office (LAO) predicts it could grow to about \$35 billion annually as spending continues to outstrip revenue growth (Legislative Analyst's Office, 2025). The Governor's 2026-27 budget proposal protects existing programs but avoids new investments (California Budget and Policy Center, 2026). Figure 1 visualizes the budget deficit in the fiscal years of 2023-2025 and the projected budget deficit in the current and out years, 2026-2027. As shown, there will not be much, if any, money to spend on expensive policies. Economic efficiency within the three policy alternatives will be measured based on the current climate of California's budget.

Figure 1: CA Structural Deficits



1

Equity

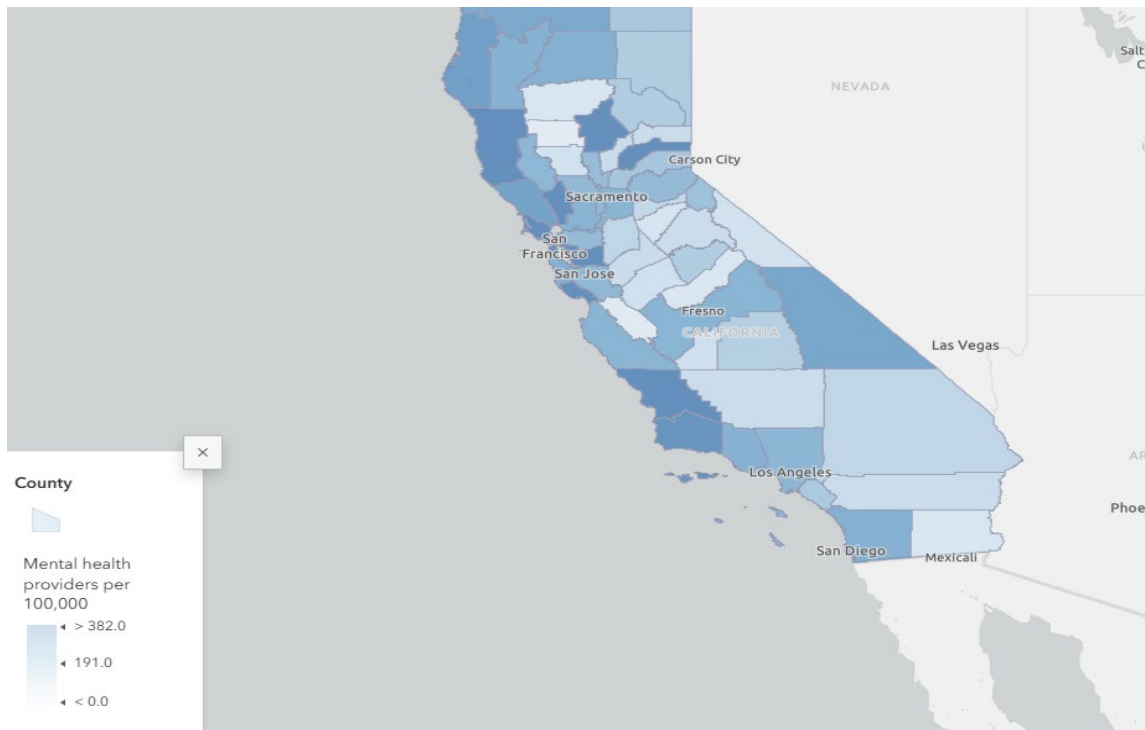
Equity serves as a guiding standard that directs health and social science work toward a shared future in which all people, and all forms of life, can live with dignity and fully develop their potential, free from systemic disadvantages tied to social, economic, geographic, or environmental conditions (Plamondon and Sharam, 2024). These factors will be assessed within the criterion of equity for the policy alternative. The state of California contains 26 rural counties, which is almost half the counties in the entire state (California Rural Counties Task Force, 2026). Rural communities in California have significantly less access to mental health resources compared to urban areas. Rural and less populated areas, especially Northern

¹ Figure 1: CA Structural Deficits The 2026-27 Budget: California's Fiscal Outlook. (2025, November 19). California Legislative Analyst's Office. <https://lao.ca.gov/Publications/Report/5091?>

California, have far fewer mental health providers than urban regions like Los Angeles, San Diego, and San Francisco (ArcGIS, 2024). As Figure 2 shows, the counties with the highest mental health providers tend to have larger populations and more diversified economies.

Although mental illness prevalence is similar in rural and urban areas, rural residents receive treatment far less often (Morales et al., 2024). Furthermore, research suggests that among those who live in rural communities, racial and ethnic minorities experience significant disparities. Rural suicide rates have doubled those of metropolitan areas, ²in which the age groups that have been particularly affected are early adolescents aged 10-14 and adults aged 25-34 (Morales et al., 2024). Equity in this policy analysis is being measured by the accessibility of mental health services and is represented by geographical and social factors.

Figure 2: Mental Health Providers in CA (2024)



² Figure 2: Mental Health Providers in CA (2024) Mental Health Access Gaps in California. (2024, August 21). ArcGIS StoryMaps; Esri. <https://storymaps.arcgis.com/stories/246ce0a5186942ee9c3200800c31acf7?>

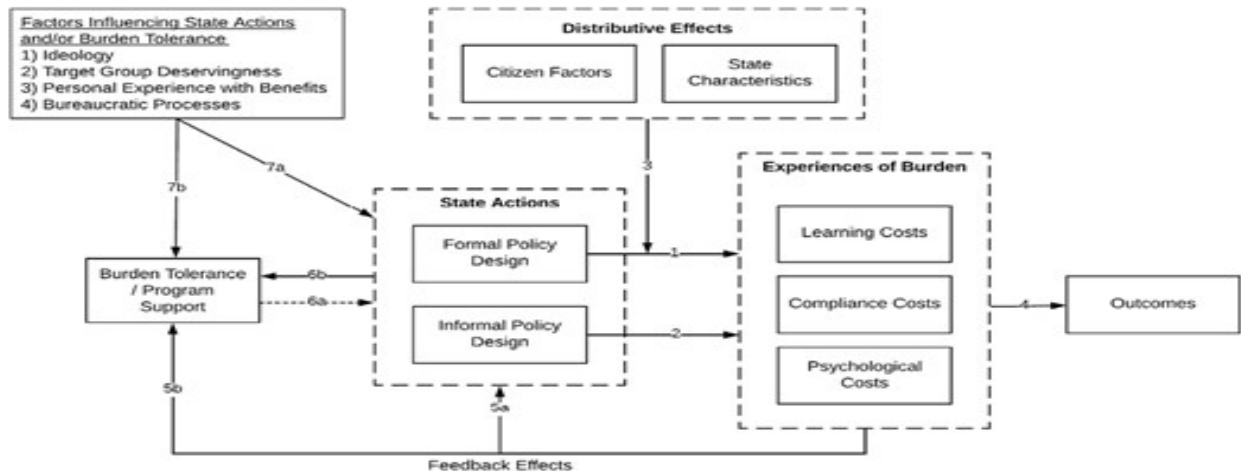
Administrative burden

Administrative burden has many definitions and affects different groups of people. Administrative burden generally refers to the cost people face when interacting with the state (Halling and Baekgaard, 2023). The costs of this burden can prevent people from receiving benefits they are eligible for. According to Moynihan and Herd, administrative burden has three costs (learning, compliance, and psychological), and these are frictions that citizens experience when they seek public service. Compliance costs involve time, effort, confusion, paperwork, and documentation. Psychological costs consist of stress, frustration, anxiety, and sense of stigma due to barriers of access and benefits (Moynihan and Herd, 2023). When applying administrative burden to mental health, it addresses both barriers to accessing mental health services for those with mental health illnesses and those who will be faced with the compliance costs due to this policy. In the case of this report, access to services of mental health professionals once referred is one of the criteria being measured within administrative burden. Secondly, the administrative burden that is placed on those who the policy alternative will be affecting will be experiencing the most administrative burden; therefore, those who will be working directly with the state based on the policy in order to improve the mental health of student athletes in California.

Consequently, burden is a design variable in modern policy. Figure 3 displays how policy can intentionally or unintentionally cause administrative burden and is created by policy design choices. When assessing this criterion within the three policy alternatives, burden tolerance will be to reveal the degree to which policy makers, administrators, and citizens would be willing to accept, and which of the three provides the lowest amount. Burden tolerance refers to individual's willingness to accept, endure, or comply with administrative burdens because they believe the burdens are legitimate, necessary, or justified (Halling, et al., 2024). This report will

assess their perspectives hypothetically based on how they will be affected by the alternative policy.

Figure 3: Extended Model of Causal Claims



3

Policy Alternatives

Annual Mental Health Screenings for All Student-Athletes

Annual mental screenings for all high school student athletes are a way the state could address the rising mental health crisis of its youth and, even more so, its student-athletes. This alternative offers a proactive, evidence-based approach to identifying emerging concerns before they escalate into a crisis. Integrating a brief, validated mental health screening is a way schools can normalize help-seeking, ensure early detection, and create a healthier athletic and academic environment.

³ Figure 3: Extended Model of Causal Claims Halling, A., & Bækgaard, M. (2023). Administrative Burden in Citizen-State Interactions: A Systematic Literature Review. *Journal of Public Administration Research and Theory*, 34(2). <https://doi.org/10.1093/jopart/muad023>

Other states already require mental health screenings for all K-12 students. Illinois passed Senate Bill 1560 in 2025, which mandated universal, free, annual mental health screenings for all public schools in the state for students in grades 3-12, beginning in the 2027-28 school year (ILGA, 2025). This measure would not cost the school districts any money directly, but it will be fully funded through the state. The state has been tasked to develop screening procedures for school faculty, so long as the state has the funds to do so (Illinois State Board of Education, 2026).

Connecting to sports, the NCAA, as of 2024, also requires that every student-athlete receive a validated mental health screen at least once per year. The NCAA, in consultation with its Mental Health Advisory Group, released a new edition of Mental Health Best Practices, which required NCAA institutions' student-athletes to receive a screening for psychological distress, using a validated screening tool at least once annually. This requirement also prefaces that those conducting these screenings and mental health evaluations must be licensed professionals (American Council on Education, 2024). The Center for Collegiate Mental Health (CCMH) recommends screening for mental health symptoms and disorders as one way to identify student-athletes who may benefit and provides a recommendation for use of the Counseling Center Assessment for Psychological Symptoms (CCAPS-Screen). The CCAPS-Screen is an all-in-one screening instrument that assesses eight of the most common areas of distress experienced by college students and varsity athletes.

When evaluating the economic efficiency of mandated mental health screenings for high school student athletes, this policy alternative can be economically efficient, depending on how it is implemented. On the efficiency upside, annual screenings function as a low-cost preventative investment that reduces the need for expensive downstream interventions such as crisis response

and emergency medical care. This policy can be considered as reducing waste due to its shifting spending from expensive late-stage treatment to early detection, where interventions are much cheaper. However, the policy requires licensed mental health providers to oversee screening. If there are provider shortages, this can also drive-up wages or force schools to contract with external clinicians, all of which raise implementation costs. Following the Illinois model, school district staff are those who would be trained to conduct the screenings. The policy is economically efficient if following this model, as it would not require hiring providers and would refer students out to resources and providers to assist with mental illness. If done the way the NCAA is enforcing, this would require providers to conduct the screenings, costing the school districts money for extra staff.

Now considering equity within this policy alternative highlights its potential to reduce disparities in access and identification. Universal screenings may help counteract the pattern of mental health concerns among student athletes that go unnoticed or misinterpreted as behavioral issues. By making screening required, the policy reduces reliance on coach perception, self-disclosure, or negative experiences with mental health systems. It also gives access to the first step of preventative care for student athletes who may not be able to afford or have access to mental health care. On the other hand, this policy presents significant equity risks. Connecting to economic efficiency, there may be provider shortages. Schools with fewer resources, often low-income or rural, may struggle to hire licensed providers to oversee screening. Rural and under-resourced communities are very susceptible to having provider shortages, which again not only drives up the costs for schools, but also leaves these communities disproportionately left out, resulting in inequitable implementation across districts.

Mandating mental health screenings for all student-athletes can reduce some administrative burden through compliance costs for families and athletes. This policy may reduce the amount of complicated paperwork for those who need to seek further outside resources. It also verifies, reducing the possibility of having to advocate for themselves within the health system. For schools, a single annual process can streamline documentation and reduce the administrative burden of case-by-case identification. This policy alternatively introduces significant administrative burdens, especially for schools with limited capacity. Having to hire or contract licensed mental health providers is an extra step that the school districts have to go through, interacting with the counties. Furthermore, training staff and integrating screening systems add more burden onto already overextended staff. Low-income or rural districts may not have the capacity to adopt this new system.

Workload and time regulations for high school student athletes

Workload and time regulations on practices for high school student athletes would create a healthier balance between athletics and academics and leave students time for their social activities. This policy alternative would set limits on practice hours, competition schedules, and training demands. Research has found that student athletes facing long training hours, grueling competition schedules, and constant pressure to perform can lead to increased stress, anxiety, and other mental health issues (Saarinen et al., 2025). Relieving some of these conditions that student athletes face could prevent mental health issues from arising. By establishing these boundaries, schools and coaches can reduce burnout and protect students' mental health. This policy would create mandatory rest or study days, create caps on weekly practice hours, and impose restrictions on early morning or late evening practices. In California, the governing body for high school sports is the California Interscholastic Federation (CIF). Within their current bylaws,

teams are not permitted to practice more than 18 hours per week, with no more than four hours in any single day. Within this policy, these rules can be applied to competitive sports leagues, as well as schools that are not participants in CIF.

This policy alternative is economically efficient for a few different reasons. Regulating workload during athletics is a preventative investment. The National Strength and Conditioning Association (NCSA) research shows that 1.5 million high school and college athletes are injured annually due to excessive fatigue and overtraining (Gazzano and Gabbett, 2016). Reducing overuse injuries means lower medical expenses and less time lost from school. As a result, this can enhance both athletic and academic performance. Downsides to this policy alternative, within economic efficiency, may include operational costs for schools. This would be due to the need for more administrative oversight or monitoring systems to track athletic workloads and time.

Considering equity, setting limits on practice hours, and mandating rest or study days helps protect students who are most vulnerable to burnout and academic strain. This can be particularly low-income students of color and first-generation athletes who may feel heightened pressure or who might lack access to academic support (Amaranto, 2025). Equity challenges are also presented within this policy, as schools with greater resources, for example, more coaches, flexible scheduling, and larger facilities, are in a better position to comply with these regulations. Under-sourced schools and districts may struggle to monitor hours or have trouble finding time and space within the regulations for all sports teams. This creates more inequity as more affluent school districts can benefit from the protection while others suffer. Athletes who rely on sports for college access or scholarships may also be unintentionally disadvantaged as a result of these

workload limits. Students from low-income backgrounds lose skill development time if they cannot afford to participate in club sports.

Evaluating workload and time regulations for high-school athletes, this policy has a high administrative burden, especially during implementation. Through this policy, schools must track practice hours and enforce rest days. The same applies to competitive club organizations. Coaches must do the same thing or comply with the regulations, which schools and clubs have to track as well. This may also require reporting to the state to ensure that schools and clubs are complying with these regulations. Conversely, the administrative burden can be reduced over the long term by standardizing expectations and procedures, eliminating other administrative burdens, such as injury reports and academic consequences.

Required Mental Health training for high school coaches

Lastly, there is a policy alternative to require mental health training for high school coaches in California. Coaches often spend significant time with young athletes. Coaches are present during high-pressure moments, can see how athletes handle stress and failure, and may be someone whom athletes trust to discuss their lives. This proximity means coaches are often the first to notice when students are struggling and can play an incredibly powerful role in shaping a sense of belonging and resilience. Without guidance, coaches may miss opportunities for early intervention, positive reinforcement, or, at worst, even contribute to harm (Whitley and Massey, 2026). The unaddressed mental health stigma in sports further complicates the potential support system a coach can offer. Student-athletes may fear being perceived as weak or losing playing time, and coaches worry about team performance, recruitment, or unintentionally making a situation worse. Existing law does not require California's youth coaches to complete training

on supporting the mental health needs of their young athletes. This policy would equip coaches with the tools to recognize signs and help them refer their athletes to resources.

Economic efficiency within this policy alternative has its pros and cons. Training coaches in mental health literacy and early identification can have economic efficiency in the long term, as it can significantly reduce expenditure later on, such as emergency services, absenteeism, academic failure, and athletic dropout. Over time, early detection and referral can reduce liability and exposure for schools by demonstrating preventative care. This holds financial value in a state like California that is in a budget deficit. Furthermore, the training atmosphere already exists for mental health and positive coaching tactics, as this has been a rising priority in the United States. This provides even more economic efficiency, as training does not have to be developed and is available at low or no cost. On the other hand, this policy does pose some economic efficiency challenges. Since coaches are primarily stipend or volunteer, if the cost falls on coaches, this could deter them from wanting to coach. If the cost falls on the school districts, this can put strain on the under-resourced or rural districts.

The requirement for mental health training for coaches helps ensure that every student athlete, regardless of race, income, or identity, has a trained adult to recognize and respond appropriately. Standardizing training reduces reliance on individual coach experience, personal beliefs, or biases. Some equity challenges also face this policy. Coaches in affluent districts may have access to more training and resources for referrals, while coaches in rural or low-income areas may only be able to receive the minimum content or have trouble referring students to resources. These coaches in rural or low-income districts and communities are more likely to be volunteers, which may be burdensome in terms of financial or time commitment to the training.

Evaluating this requirement based on administrative burden, this policy does raise administrative burden for coaches and school districts. Completing another training course adds more time and paperwork to coaches' jobs when having to take this training every two years. School districts also have to verify that coaches took the training as part of their credentials and employment. This may also reduce some administrative burden in the long term as it creates a consistent and certified way of identifying and responding to student-athlete mental health concerns. This overtime can reduce liability for the school and create more effective coordination between athletic staff and student support services. While this does add a bit more burden onto school districts and coaches, this does not create a new system for either party and only adds additional work to the already existing system. Coaches already complete health and safety training as part of their employment and coaching credentials.

Recommended Policy Solution: Mandated Mental Health Training for High School Coaches

The goal of this report is to provide a policy solution that is realistically feasible with the current state of California's budgetary constraints, while also still providing an equitable service to ultimately improve the mental well-being of high school student athletes. Among the alternatives considered in the rational policy analysis, the following policy solution offers the strongest balance of feasibility, equity, and impact. This section outlines the recommended policy of mandated mental health training for high school coaches designed to address the rising youth mental health crisis. Overall, this policy solution satisfies the criteria in the policy analysis and addresses the mental health of California's student-athletes.

Supporting Evaluative Criteria

Cost Efficiency

The degree to which this policy solution satisfies the criterion of cost efficiency is assessed by the cost to the state or school districts of mandating training for high school coaches. Out of the three policy alternatives, this policy solution remains the most cost-efficient for the state and school districts. The average cost of mental health trainings based on Ohio's approved trainings, referred to in the literature review, is around \$22-\$29 (Ohio Department of Behavioral Health). As many high school coaches are teachers who volunteer after school hours, this training requirement wouldn't apply to them. California currently requires several forms of youth behavioral-health training for teachers, including youth mental health first aid. Not only does this cover coaches who are also teachers, but additionally, school districts already have behavioral

health training established and can be provided for coaches as well, lowering costs even more for the state and preventing coaches from having to pay out of pocket.

If school districts are not able to pay for training, the cost falls on the coaches. As this is not ideal, the mental health training atmosphere is very large, and there are numerous trainings out there that are at very low cost, or even free resources. The National Federation of State High School Associations (NFHS) provides an optional recommended mental health and suicide prevention course. This course is offered online for coaches, parents, and students and comes at no cost (NFHS Learning Center). Based on the trainings Ohio has approved, plus the large training atmosphere that already exists for coaches' mental health training, this policy solution is economically efficient. Furthermore, unlike mandating mental health screenings for all student athletes, this policy solution does not require a clinical provider to be involved directly within the policy itself. This saves the district money in the long term as it would not cost the district to pay for extra staff. Furthermore, conducting screenings annually may cause a large influx of students needing mental help at one time, rather than being referred throughout the year when signs or symptoms are recognized by coaches.

Feasibility and Administrative Burden

In California, Education Code section 49428.1, all school districts, county offices of education, and charter schools serving grades seventh through twelve must adopt a behavioral-health referral protocol (California Department of Education, 2025). Because this referral process is already being put in place, this alleviates the compliance costs being put on both the administrative workers in school districts and the families having to go through the process themselves. This policy solution does not reinvent the wheel with new procedures for school administrators, as there is already a system in place for coaches' credentials for trainings that are

already required by the state for coaches to take in the terms of their employment. As there is already a system in place, adding to coaching credentials and training will not add to the administrative burden. As stated in the policy analysis, this policy solution does add time and more paperwork for coaches, but not requiring training comes at the risk of coaches missing warning signs of mental distress or even contributing to it further.

Although this policy introduces some short-term compliance costs, these burdens are outweighed by the long-term efficiencies. Long-term efficiencies can be gained when coaches are equipped to recognize concerns early and follow clear referral pathways. Open guidelines for training reduce workload for coaches as they are not required to have specific training and are given a variety of choices that meet the criteria. The policy solution reduces liability and decreases the reactive administrative burden that schools face when issues may escalate. This policy ultimately offers a manageable and administratively efficient path to improving the mental health of California's youth.

Enhancing Equity

To advance equity across California's high school athletic programs, this policy addresses disproportionate access to care across communities. A statewide training requirement would ensure that every student, regardless of school funding or geography, has at least one adult in their athletic environment who can recognize warning signs, respond with culturally responsive care, and connect them to the appropriate support that they need. By reducing reliance on individual coach experience and personal beliefs, this policy solution requires preparedness and helps prevent the pattern of inequity, where the most vulnerable students usually receive the least support. Requiring coaches to receive mental health training only expands the tools they can use to help their student-athletes thrive. Providing them with these tools allows coaches to detect

warning signs early on and much more often than conducting annual mental health screenings. Creating a set of approved mental health trainings that coaches can take that meets the requirement standardizes training throughout the state, making it more equitable for districts and coaches that may not have equal resources to others. This ensures that coaches receive the same level of training throughout the state. As many coaches are teachers as well, they would be exempt from this requirement, as they already are required to take mandatory behavioral and mental health trainings as part of employment for being a teacher, making it even more equitable for school districts that can't afford experienced coaches and have to rely on teaching staff (California Department of Education, 2026).

How this Policy Solution Addresses the Mental Health of Student Athletes

Coaches play a key role in shaping team environments that normalize mental health conversations, reduce stigma around the topic, and even encourage athletes to seek support. By fostering this supportive culture, coaches can help prevent problems before they escalate by increasing athletes' willingness to reach out for help when they face mental health challenges (Bissett et al., 2020). Requiring mental health training for coaches directly strengthens the support system surrounding student athletes. This training would equip coaches with the skills to recognize a dangerous or potentially life-threatening situation and know how to respond safely. A recent study conducted by LiFEsports at The Ohio State University examined how their implementation of requiring similar training for high school coaches has affected student athletes' mental health. Athletes with trained coaches reported many positive changes, including more discussions on life skills, autonomy-supportive climates, and feeling a greater sense of belonging. They also reported notable changes in routines, such as frequent wellness check-ins (Bates et al., 2026). These reports prove the success this policy solution can have in California

and the improvements it can have for the mental health of student athletes. This policy reduces preventable crises, strengthens referral pathways, and creates more consistent and stigma-free environments where mental health can be normalized.

Implementation

Implementation of this policy solution would be to establish the required criteria that high school coaches' training should include on age-appropriate and context-relevant mental health and substance use disorder practices. Other parts of the criteria that could and should be included are suicide risk and prevention, crisis de-escalation, mental distress, anxiety, depression, self-harm, substance use disorder and eating disorders. These are all very common mental and behavioral health challenges that teenagers face. Through this criterion, the state can approve trainings that qualify under these criteria for coaches to take. The training would have to be repeated every two years as part of high school coaches' condition of employment. Since coaches are the school district's employees, the school districts would be in charge of tracking the training certifications. The implementation of mandating mental health training for high school coaches is simple and fits into an already existing system by just adding another training requirement for these coaches.

Conclusion

The mental health of student athletes has emerged through this report as a public concern that is a large portion of our youth mental health crisis. The literature revealed that student athletes face unique pressures at the intersection of sport, school, identity, and development as a whole. This pressure falls unevenly across lines of race, income, and gender. At the same time, coaches remain among the most influential adults in these students' daily lives, uniquely positioned to notice early warning signs of mental distress. High school coaches frequently lack the training and guidance needed to respond properly and effectively. This report used Weimer and Vining's (1999) rationalist policy analysis model to compare different policy alternatives that address improving the mental health of student athletes in California. The policy analysis evaluated the alternatives through the perspective of equity, administrative burden, and efficiency, making it clear that requiring mental health training for high school coaches is both feasible and impactful. This policy solution ensures that, regardless of school resources or background, every student athlete in the state has at least one trained, trusted adult who can recognize distress and connect them to the proper resources.

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