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# Mental Health Promotion Practices in Dual Career Organizations

Dual Careers for Mental Health (DC4MH)



## Dual Careers for Mental Health (WP2):

### Mental Health Promotion practices in Dual Career Organizations

This document contains the report for the **second work package** of the **Dual Careers for Mental Health** project. Within this work package, we aimed to collect detailed insights into the different strategies used to promote and safeguard mental health within **eight organizations**: i.e.

1. Centre d'Alt Rendiment de Sant Cugat; Barcelona, Spain
2. Royal Sporting Club Anderlecht, Brussels, Belgium
3. Gimnazija Siska; Ljubljana, Slovenia
4. Swedish School of Sport and Health Sciences (GIH) in collaboration with Swedish Sport Confederation; Sweden
5. Team Danmark, Brøndby, Denmark
6. the Italian Rugby Federation, Italy
7. the WHO Collaborating Centre for Research and Training in Mental Health and Service Evaluation; University of Verona, Italy
8. Vrije Universiteit Brussel, Brussels, Belgium.

The research partners in Belgium, Spain, Sweden, Slovenia (VUB, UAB, HU and UL) assisted their applied partners (RSCA, CAR, SSC and GS) with the execution of WP2. In Italy, UNIVR conducted two cases, one in the WHO Collaboration Centre and one in the Italian Rugby Federation (FIR). Considering Team Denmark's double role (i.e. applied and research), they conducted their own case study.

To collect all relevant information, all partners completed a template and also provided **any additional relevant documents** (e.g., mission statement, monitoring instruments, tools, ...) to further clarify the different adopted strategies. Consortium members completed sections of the documents themselves and obtained additional informing using (in)formal interviews, focus groups, and document analysis. In total, 46 stakeholders from different backgrounds (e.g. psychologists, sport scientists, coaches, team managers, HR directors, medical services, dual career coordinators, directors, pedagogues) were involved. Data collection took place between January 18 – February 15<sup>th</sup>, 2022.

By interviewing those stakeholders, we not only raised the awareness about mental health and dual career practices in the interviewees, but also impacted the consortium (the interviewers) by gaining in-depth knowledge about good and poor practices for mental health promotion in their own organizations.

The **outputs for WP2 include**:

- a **detailed case report (i.e. this document)**
- a **visual one-page summary per case**
- a **PPT presentation per case**
- an **Excel file** was developed that contains information across all 8 cases.

## CASE REPORTS

Each case report consists of **5 parts**, including:

- Data collection information
- Mental health structures & organization
- Mental health screening & monitoring
- Mental health literacy
- Preventive & resilience building strategies

Please note that throughout this document we refer to different types of professionals. For clarity and consistency, we used the following definitions previously agreed upon within the DC4MH consortium:

- **Mental coach:** has no OR limited formal education in psychology (e.g., background in movement sciences, business). Works primarily around basic mental skills training or lifestyle management and can thus indirectly influence positive mental health.
- **Sport psychologist:** has formal education (Master's or Doctorate's degree) in psychology (not necessarily clinical psychology) AND verified contextual knowledge/experience in sports. Works primarily around performance enhancement and promotion of well-being (i.e., promotion of positive mental health). Can also play a role in detection of early signs of mental ill-health and referral, but not treatment of (sub)clinical mental health issues.
- **Clinical sport psychologist:** has formal education (Master's or Doctorate's degree) in clinical psychology AND verified contextual knowledge/experience in sports. Works primarily around detection and treatment of (sub)clinical mental health issues as well as promotion of positive mental health.
- **Mental health professional:** includes clinical sport psychologist as well as sport psychiatrist or physicians with specific expertise in clinical mental health issues AND verified contextual knowledge/experience in sports. Works primarily around detection and treatment of (sub)clinical mental health issues as well as promotion of positive mental health.

Please also note that within the document we report **general strategies** to promote mental health across the four domains (e.g., also apply to non-athlete students or non-student athletes), as well as any strategies which are designed to be **dual career specific** (i.e., specifically designed for student-athletes and taking into account the demands of the DC environment).

## Case report 1:

### Centre d'Alt Rendiment de Sant Cugat (CAR); Barcelona, Spain

#### Data collection information

Please specify the **experts** who provided information to fill in this document:

- Expert within the organisation, included within the DC4MH consortium**
- Expert within the organisation, not included within the DC4MH consortium**
- Expert outside the organisation**
- Other...

*If other, please clarify*

Please provide the number of experts involved and their function.

Different agents that take part in the different services that conform the High-Performance Centre of Catalonia.

-Sport Psychology department (2):

-1 Sport Psychologist.

-1 Clinical Sport Psychologist.

-Clinical Psychology (1):

-1 Clinical Psychologist.

-Academic Area (3):

-3 Mental Coach

- 1 Educational Psychologist
- 1 Organizational Psychologist
- 1 Sport Science

-Tutors (4) à Mental coach. They are all former athletes from CAR

-Medical Services (1):

-1 Mental health professional, physicians

Please clarify through which **sources** you gathered the information to fill in this document:

- Document analysis**
- Focus groups**
- Individual interviews**
- Informal interviews/conversations**
- Pre-existing knowledge**
- Other...

*If other, please clarify*

*Please describe any further relevant information regarding your data collection procedure for this work package.*

A member of the institution and part of the consortium performed all the interviews, data analysis is the result of shared meetings between members of the research group and the members of the institution that take part in the consortium.

*Please clarify in relation to which **population(s)** the MH promotion strategies and tools outlined in this document are targeted:*

**X Student-athletes**

Non-athlete students

**X Non-student athletes**

**X DC athletes in sport and work**

Clinical population

Other...

*If other, please clarify*

*Please describe any further relevant information regarding the population your organisation required to interpret the findings from WP2.*

The High-Performance Sports Centre of Catalonia (CAR) is an elite sport and education entity, which falls on the category of public sports centre, according to the taxonomy of Dual Career Development Environments in Spain (Mejías et al., 2021). Both minor and adult athletes and student-athletes from Olympic and Paralympic sports take profit of the different resources that the institution provides. Athletes have different types of scholarships (i.e., full, mix, or training). Those who have full scholarship do not only train and study at CAR (or universities nearby) but they also live there in the residence.

## Mental health structures & organization

<p>Does your organization explicitly adopt a specific <b>'mental health model or philosophy'</b>?</p> <p><i>e.g. biomedical model; biopsychosocial model; single continuum model; dual continuum model</i></p>	<p>Although the organization does not explicitly adopt a mental health philosophy or model, after the analysis we can find that the mental health dual continuum model is present in the general work philosophy of the CAR. This general philosophy is fundamentally a philosophy of prevention where the entire structure takes care. In this model, it is the athlete who is at the center of the scene and all the agents work collaboratively to provide the necessary resources so that the athlete can autonomously manage their needs. The main objective is to ensure that the athlete 'can be' in the center and enjoys being there (see Figure "Sport Psychology"). That is why, through communication and generating an environment of trust, all the departments and services that conform the center come together with the common goal of promoting well-being in the athlete. This philosophy can be synthesized in the following four actions: (a) prevent, (b) communicate, (c) act and (d) normalize.</p> <p>DC specific? At a specific CD level, this preventive philosophy is maintained with a dual continuum mental health model. The structure of the center, which includes an Athlete Assistance Service (SAE), CAR High School and a tutoring service in the residence where athletes live and coexist, helps, and monitors the dual career trajectories of athletes so that they develop their personal life in balance.</p>
<p>Does your organization have a formal <b>'mental health policy document'</b>? If yes, please describe the core elements of this document*</p> <p><i>*Please include this document as attachment, if possible</i></p>	<p>General description: The mental health policy is expressed in the mission, vision, and values of the organization. Also, in the Psychological Department Workflow (Initial evaluation of all athletes who enter the institution and flowchart as found) there is an explanation of the procedures and values of the service.</p> <p>DC specific? Protocol for the Protection of Children and Adolescents- CAR Sant Cugat (2017)</p>
<p>Who holds the <b>prime responsibility</b> to promote and safeguard mental health within your organisation?</p> <p><i>What is their role within the organisation? What is their (educational) background?</i></p>	<p>General description: The prime responsibility for promoting wellness and safeguarding mental health rests with the center's management team. The management team is conformed by a group of professionals belonging to different areas of knowledge (i.e., Social Education, Psychology and Sports Sciences).</p> <p>DC specific? Although the prime responsibility for promoting wellness rests with the management team, the different agents of the environment are aware of the important role that they play in order to achieve the common goal of promoting well-being and safeguarding mental health.</p>

<p>To which extent is there (in)formally established <b>interdisciplinary cooperation</b> regarding mental health related topics <b>within the organization</b>?</p>	<p>General description:  Formal interdisciplinary cooperation is established within the organization. All the departments (i.e., sports, education, international relations and new developments and science, medicine, and technology) and their services (e.g., psychology, medical services, etc.) work together with the common goal of accompanying athletes towards well-being.</p> <p>DC specific?  Academic area and sports area work together and coordinate which professional works with each specific case to avoid overlapping between professionals.  There are periodic meetings between the different departments to take care of the well-being of the student-athletes. (e.g. the CAR high school meets monthly with medical services, and quarterly with the CAR coordination).  In addition, the CAR philosophy promotes communication between its workers to take care of the well-being of its athletes, hence fostering interdisciplinary cooperation.</p>
<p>To which extent is there (in)formally established <b>interdisciplinary cooperation</b> regarding mental health related topics <b>with professionals from outside the organization</b>?</p>	<p>General description:  Formal interdisciplinary cooperation with professionals from outside the organization is established. Both preventive and intervention actions are carried out in a coordinated manner with professionals outside the organization (e.g., UAB and EAP, psychiatry or services specialized in treatment of specific mental illness).</p> <p>DC specific?  The Athlete Assistance Service (SAE) and the CAR high school manage formal coordination, cooperation, and referral channels with professionals outside the center (e.g., pedagogical teams, universities, TutorEsport).</p>
<p>Is there something you would do/want differently regarding the way mental health support is organised within your organisation?</p>	<p>General description:  Currently, after two years of living with a pandemic, there is an urgent need to recover spaces for face-to-face interaction with the different agents that integrate the organization.</p> <p>DC specific?  From an academic perspective, there is a need to have more hours to address extracurricular topics that facilitate the approach of tools that promote mental health.  Have a written institutional protocol with more established steps that reflect the CAR philosophy.  Have more mental health professionals (e.g., clinical psychologists, clinical sports psychologists).</p>

## Mental health screening & monitoring

<p>Can you describe how you try to <b>monitor mental health/well-being</b> and/or <b>detect early warning signs</b> for mental health issues within your organisation? *</p> <p><i>Clinical (intake) interviews? Mental health surveys? Formal or informal meetings with a professional?</i></p> <p><i>How frequently are these strategies used?</i></p> <p><i>*Please include any relevant documents as attachment, if possible</i></p>	<p>General description: In order to monitor mental health/well-being and detect early warning signs of mental health issues, all the departments work closely and are in constant communication. Some departments follow a formal and structured procedure (e.g., psychology department) and others an informal procedure (e.g., tutors). Although the specific formal procedures vary according to the department and the area of knowledge, all areas share the need to carry out an initial evaluation when an athlete first enters the center. This procedure is repeated at the beginning of each season and facilitates the detection of potential areas of work. All the departments share observation, formal/informal interviews, and meetings as some of the principal strategies to detect early signs of mental health issues. Psychology department also uses mental health surveys to establish a better diagnosis.</p> <p>DC specific? Monitoring is carried out mainly through closeness on a day-to-day basis with the athlete and with the involvement of all workers (e.g. teachers, administrators, reception staff) in the care of student-athletes. Screening questionnaires specifically for CD population are not used. It is worth mentioning that for some specific population (i.e., athletes that live at CAR) the role of the tutors is especially relevant since they observe closely any small or big alteration in the routine that can indicate a potential mental health issue. Since one of the main issues is time management and coping with the stress of a Dual Career, another relevant agent in the detection of early signs of mental health issues are the Dual Career support providers.</p>
<p>What is the <b>procedure</b> once you received early warning signs for mental health issues? Next steps?</p>	<p>General description: Regardless of the department that detects the first signs, the first action taken is communication. In the case of departments conformed by professionals who do not belong to the field of Psychology, communication occurs in the first instance intra-service (e.g., tutors). After carrying out an exhaustive observation of the case, communication between services is decided. In the case of departments integrated by professionals in the field of Psychology, after detection, a procedure of greater information search is initiated, which may be done by a series of interviews with different agents or observations. Then it is determined if the case can be addressed from the CAR or if it requires some type of external referral. The center's philosophy is to maintain the person in CAR's environment and from there, work in coordination with professionals outside the environment (if needed). It is understood that each case must be determined individually.</p>



	<p>DC specific?  For athletes who are in the CAR high school, there is an informal protocol, where the case is reviewed by the CAR teaching and managerial team who review the actions to be taken (i.e., internal management, referral, follow-up).</p>
<p>How would you <b>follow up</b> on athletes who displayed signs of mental health issues?</p>	<p>General description:  If the case was taken on by the service team, internal follow-up is carried out and if there is coordinated work with other departments, coordinated follow-up is carried out with the interdisciplinary team. Valuing in a joint and coordinated manner.</p> <p>DC specific?  Each case is seen independently, its follow-up will depend on the actions taken by the departments, services and professionals involved.</p>
<p>Is there something you would do/want differently regarding the screening and monitoring of mental health issues within your organisation?</p>	<p>General description:  - Prevention work can be improved, not understood from the intervention but from the educational process. Provide more resources or coping tools.  -Promote face-to-face contact with the athletes and the different professionals of the Center.  -Facilitate interaction and generate group dynamics for greater integration and socialization.</p> <p>DC specific?  -Facilitate communication with coaches, work in an integrated way between academic and sport environment.</p>

## Mental health literacy

<p>To which extent are there strategies in place to <b>reduce</b> mental health <b>stigma</b> within your organisation?*</p> <p><i>Social media?</i> <i>Physical media?</i> <i>Testimonials?</i></p> <p><i>*Please include any relevant documents as attachment, if possible</i></p>	<p>General description: There are no strategies exclusively aimed at reducing the stigma of mental health, every day work is done for the normalization of mental health and the potential problems that can arise.</p> <p>DC specific? Educational interventions are developed for CAR high school student-athletes within the framework of the academic establishment. There is no strategy exclusively to reduce the stigma for student-athletes who study outside the center.</p>
<p>To which extent are there strategies in place to <b>improve knowledge of mental health problems and causes</b>?*</p> <p><i>Social media?</i> <i>Physical media?</i> <i>Testimonials?</i></p> <p><i>*Please include any relevant documents as attachment, if possible</i></p>	<p>General description: DC specific? The strategies to improve knowledge of mental health problems and causes are done by promoting self-knowledge, from the tutorial action plan. From an academic perspective, hours of curricular schedule are devoted to preventive and psychoeducational work on mental health. For example, the "mental health day" is capitalized to carry out various actions around this theme.</p>
<p>To which extent are there strategies in place to <b>improve knowledge of potential help-seeking strategies</b>?*</p> <p><i>Social media?</i> <i>Physical media?</i> <i>Testimonials?</i></p> <p><i>*Please include any relevant documents as attachment, if possible</i></p>	<p>General description: No specific actions are in place to improve knowledge of potential help-seeking strategies, but we believe that the disposition of the services that CAR provides being all five minutes away from each other (i.e., one of the main characteristics of the Center) and having the 'open door' policy (i.e., all the services have the disposition to receive athletes at any moment) , facilitate the opportunity of help seeking attitudes in athletes.</p> <p>DC specific? Given that it was detected that the main problem is time and stress management, teachers, tutors, etc. were trained to obtain skills to be better DC supporters.</p>
<p>Is there something you would do/want differently regarding the improvement of mental health literacy within your organisation?</p>	<p>General description: It would be important to work on mental health from a more psychoeducational perspective (e.g., healthy eating) and prepare the different professionals to be able to raise awareness and prevent mental health issues while promoting well-being.</p> <p>DC specific? Provide more tools to the faculty and try to make the team of teachers more stable and permanent.</p>

## Resilience-building

<p>Which, if any, proactive <b>strategies to promote resilience and well-being</b> are used in your organisation?*</p> <p><i>In which format are such strategies offered?</i></p> <p><i>Who offers such strategies?</i></p> <p><i>How many sessions?</i></p> <p><i>How frequently?</i></p> <p><i>Formal or ad-hoc?</i></p> <p><i>*Please include any relevant documents as attachment, if possible</i></p>	<p>General description: No proactive strategies are done in order to promote resilience and well-being, the everyday working environment and philosophy of the center is united by the common goal of promoting well-being. The staff tries to be an indirect model of resilience and promotion of well-being.</p> <p>DC specific? No targeted interventions are done in order to promote resilience in dual career population. Within the student-athletes that studies in the CAR high school intervenes through day-to-day experiential learning.</p> <p>The proactive strategies of the center are directed from the structural design of its philosophy which is understood by its workers by the common goal of promoting resilience and wellbeing in the everyday working environment.</p>
<p>Can you describe in more detail the <b>content</b> of the strategies to promote resilience and well-being?</p> <p><i>Specific skills/competencies addressed?</i></p> <p><i>*Please include any relevant documents as attachment, if possible</i></p>	<p>General description: The Psychology department works specifically on performance optimization and performance stability.</p> <p>As well as the following objectives:</p> <ul style="list-style-type: none"> <li>• Optimize performance</li> <li>• Self-knowledge of one's own level</li> <li>• Establishment of improvement priorities and operational work objectives</li> <li>• Use of resources</li> <li>• Awareness of what has been achieved (progression) and how</li> <li>• Demonstrate/stabilize performance</li> <li>• Awareness of the need for psychological adjustment</li> <li>• Familiarization and mastery of psychological adjustment resources</li> <li>• Effective application of resources in a competitive situation</li> </ul> <p>DC specific? In the tutorial action plan, resilience is address as a competence to be developed, but no specific content is developed.</p> <p>The high school, SAE and tutors of CAR works through experiential learning to teach resilience to its student-athletes. For this reason, the content is not specifically developed.</p>
<p>Can you describe in more detail the <b>background</b> of the strategies to promote resilience and well-being?</p> <p><i>Informed by specific frameworks (e.g., ACT, CBT, MST)?</i></p>	<p>General description: Sport psychologist work from two specific frameworks: ACT and CBT.</p> <p>DC specific? The CAR high school team has teachers and administrative staff who works mostly through experiential learning to teach resilience to its students.</p>

<p><i>Evidence-based?*</i></p> <p><i>*Please include any relevant publications related to the adopted strategies</i></p>	
<p>Is there something you would do/want differently regarding the use of proactive strategies to promote resilience and well-being within your organisation?</p>	<p>General description: Improve the work done with families of the Center.</p> <p>DC specific? Have a shared preventive strategy that develops coping tools to all student-athletes</p>

## Case report 2:

### Royal Sporting Club Anderlecht (RSCA); Brussels, Belgium

#### Data collection information

Please specify the **experts** who provided information to fill in this document:

- Expert within the organisation, included within the DC4MH consortium
- Expert within the organisation, not included within the DC4MH consortium
- Expert outside the organisation
- Other...

Please provide the number of experts involved and their function.

-Number and function of experts involved:

- 1 youth admin
- 3 youth educational experts
- 5 youth coaches
- 2 teammanagers
- 1 HR manager

Please clarify through which **sources** you gathered the information to fill in this document:

- Document analysis
- Focus groups
- Individual interviews
- Informal interviews/conversations
- Pre-existing knowledge
- Other...

*If other, please clarify*

Please describe any further relevant information regarding your data collection procedure for this work package.

-Data collection procedures WP1:

- Invite PSD (intern communication platform) with official purpose and info
- Personal invite with link to questionnaire
- Monitoring submissions
- Follow-up by educational department
- Individual help if needed

- Data collection WP2:

- Informal communication with internal experts
- Formal interview by JK & KDB with educational experts

Please clarify in relation to which **population(s)** the MH promotion strategies and tools outlined in this document are targeted:

- Student-athletes
- Non-athlete students
- Non-student athletes
- DC athletes in sport and work
- Clinical population
- Other...

*If other, please clarify*

Some general principles apply for RSCA staff

Please describe any further relevant information regarding the population your organisation required to interpret the findings from WP2.

*-e.g. age (minor/adult); type of sport; Olympic/Paralympic; ethnic/cultural background; in-house accommodation; only sport/only education/combined; ...*

- SPORT: soccer
- RSCA youth boys: age category U15-U16-U18-U21 and some first team players all under the age of 21
- RSCA girls first team
- Some of them are in the international/Olympic squad U17-U19-U21-A
- We have a lot of different ethnical backgrounds: majority Belgian, Congolese and Moroccan
- They all combine their soccer with secondary school
- 10 % already left school and is either studying at university or either focused only on their sport

## Mental health structures & organization

<p>Does your organization explicitly adopt a specific <b>'mental health model or philosophy'</b>?</p> <p><i>e.g. biomedical model; biopsychosocial model; single continuum model; dual continuum model</i></p>	<p>General description:</p> <p>Our prevention policy is based on the "dynamic risk management system", as provided for by the <a href="#">Belgian well-being regulations</a>.</p> <p>No specific MH model of philosophy is adhered.</p> <p>All psychological support is grounded within the high-performance attitudes model (see attachement). Performance focused!</p>
<p>Does your organization have a formal <b>'mental health policy document'</b>? If yes, please describe the core elements of this document*</p> <p><i>*Please include this document as attachment, if possible</i></p>	<p>General description:</p> <p>As required by law, we have included in our labour regulations both a separate section (pp. 29-34) on the prevention of psychosocial risks and a specific annex (pp. 113-120) on the informal and formal procedures for reporting transgressive behaviour (violence, bullying, sexual harassment).</p> <p>In addition, we have a specific reporting point where both staff and players (children/parents of children) can report transgressive behaviour. This is also explicitly included in the contracts of youth players.</p> <p>DC specific?</p> <p>A behavioral code places central importance to well-being, holistic development, and tolerance of others. (Not MH specific policy document).</p>
<p>Who holds the <b>prime responsibility</b> to promote and safeguard mental health within your organisation?</p> <p><i>What is their role within the organisation? What is their (educational) background?</i></p>	<p>General description:</p> <p>Legally, the primary responsibility lies with the employer (board/senior management), supported by the HR department. Outside line management, the prevention policy in the company is also shaped by the prevention advisor (internal), the confidential advisor (internal) and the prevention advisor responsible for psychosocial aspects (external, part of Attentia, our external prevention service).</p>
<p>To which extent is there (in)formally established <b>interdisciplinary cooperation</b> regarding mental health related topics <b>within the organization</b>?</p>	<p>General description:</p> <p>No, at the level of specific psychological expertise, the (external) prevention advisor competent for psycho-social aspects is called upon.</p>

	<p>DC specific?</p> <p>Coaches and teachers form the first line to detect changes in mood or well-being. Educated in high-performance attitudes by sport psychologist</p> <ul style="list-style-type: none"> <li>• Educational experts have daily informal contact with all players. Will follow up when specific signals are received (e.g., during daily interdisciplinary meetings with coaches).</li> <li>• 1 day/week a sport psychologist is available for workshops and/or individual meetings</li> </ul>
<p>To which extent is there (in)formally established <b>interdisciplinary cooperation</b> regarding mental health related topics <b>with professionals from outside the organization?</b></p>	<p>General description:</p> <p>Yes, through Attentia (cfr. Answer to previous question)</p> <p>DC specific?</p> <p>Formal partnership with 8 schools: our Clinical sport psychologist provides a training for coaches, teachers and educational dept to recognize and detect the first signs of mental health issues. They become our first line MH Support providers.</p>
<p>Is there something you would do/want differently regarding the way mental health support is organised within your organisation?</p>	<p>General description:</p> <p>We do not have the necessary know-how internally to organise the mental health support differently. We still need to fall back on the support and advice from the external prevention advisor competent for psychosocial aspects.</p> <p>DC specific?</p> <ul style="list-style-type: none"> <li>• Availability of a sport psychologist for more than 1 day/week</li> </ul>



## Mental health screening & monitoring

<p>Can you describe how you try to <b>monitor mental health/well-being</b> and/or <b>detect early warning signs</b> for mental health issues within your organisation?*</p> <p><i>Clinical (intake) interviews? Mental health surveys? Formal or informal meetings with a professional?</i></p> <p><i>How frequently are these strategies used?</i></p> <p><i>*Please include any relevant documents as attachment, if possible</i></p>	<p>DC specific?</p> <ul style="list-style-type: none"> <li>• RPE: daily questionnaires</li> <li>• Informal conversations</li> <li>• Evaluation /observation performances</li> <li>• body language</li> <li>• Input partnerschools,</li> <li>• coordinators</li> </ul> <ul style="list-style-type: none"> <li>• Social media is sometimes used to informally gauge how athletes are doing outside the club</li> </ul>
<p>What is the <b>procedure</b> once you received early warning signs for mental health issues? Next steps?</p>	<p>DC specific?</p> <ul style="list-style-type: none"> <li>• In case of suspected sub-clinical issues, a trajectory with the sport psychologist will be offered</li> <li>• In case of suspected clinical issues, advice will be given to seek out clinical psychologist (own responsibility)</li> <li>• No financial or tangible support is provided for trajectory with clinical psychologist</li> </ul>
<p>How would you <b>follow up</b> on athletes who displayed signs of mental health issues?</p>	<p>DC specific?</p> <ul style="list-style-type: none"> <li>• Individual re-integration trajectories are offered for athletes who temporarily dropped out due to clinical issues. Focus on catching up physically &amp; technically (e.g., individual training sessions with coach)</li> </ul>
<p>Is there something you would do/want differently regarding the screening and monitoring of mental health issues within your organisation?</p>	<p>/</p>

## Mental health literacy

<p>To which extent are there strategies in place to <b>reduce</b> mental health <b>stigma</b> within your organisation?*</p> <p><i>Social media?</i> <i>Physical media?</i> <i>Testimonials?</i></p> <p><i>*Please include any relevant documents as attachment, if possible</i></p>	<p>DC specific?</p> <ul style="list-style-type: none"> <li>Public cases of mental health issues in famous athletes are sometimes discussed informally</li> </ul>
<p>To which extent are there strategies in place to <b>improve knowledge of mental health problems and causes</b>?*</p> <p><i>Social media?</i> <i>Physical media?</i> <i>Testimonials?</i></p> <p><i>*Please include any relevant documents as attachment, if possible</i></p>	<p>DC specific?</p> <ul style="list-style-type: none"> <li>Lifestyle interventions are offered on topics such as sleep or nutrition</li> </ul>
<p>To which extent are there strategies in place to <b>improve knowledge of potential help-seeking strategies</b>?*</p> <p><i>Social media?</i> <i>Physical media?</i> <i>Testimonials?</i></p> <p><i>*Please include any relevant documents as attachment, if possible</i></p>	<p>/</p>
<p>Is there something you would do/want differently regarding the improvement of mental health literacy within your organisation?</p>	<p>DC specific?</p> <ul style="list-style-type: none"> <li>Stigma is still very much perceived within the football culture.</li> <li>Cultural differences often compound stigma</li> <li>Need for more parent coaching &amp; involvement</li> </ul>

## Resilience-building

<p>Which, if any, proactive <b>strategies to promote resilience and well-being</b> are used in your organisation?*</p> <p><i>In which format are such strategies offered? Who offers such strategies? How many sessions? How frequently? Formal or ad-hoc?</i></p> <p><i>*Please include any relevant documents as attachment, if possible</i></p>	<p>General description:</p> <ul style="list-style-type: none"> <li>• Workshops are offered according to the mindset model (approx. 4 workshops/year)</li> </ul>
<p>Can you describe in more detail the <b>content</b> of the strategies to promote resilience and well-being?</p> <p><i>Specific skills/competencies addressed?</i></p> <p><i>*Please include any relevant documents as attachment, if possible</i></p>	<p>General description:</p> <ul style="list-style-type: none"> <li>• 8 mindsets (motivation, leadership, coachability, innovation, resilience, energy management, enjoyment) (see attachment)</li> </ul>
<p>Can you describe in more detail the <b>background</b> of the strategies to promote resilience and well-being?</p> <p><i>Informed by specific frameworks (e.g., ACT, CBT, MST)? Evidence-based?*</i></p> <p><i>*Please include any relevant publications related to the adopted strategies</i></p>	<p>DC specific?</p> <ul style="list-style-type: none"> <li>• No specific scientific background for mindsets model. Partially based on literature review. (see attachment)</li> </ul>
<p>Is there something you would do/want differently regarding the use of proactive strategies to promote resilience and well-being within your organisation?</p>	<p>/</p>

## Case report 3:

### Gimnazija Siska; Ljubljana, Slovenia

#### Data collection information

Please specify the **experts** who provided information to fill in this document:

- Expert within the organisation, included within the DC4MH consortium**
- Expert within the organisation, not included within the DC4MH consortium**
- Expert outside the organisation**
- Other...**

Please provide the number of experts involved and their function.

1. Pedagogic coordinator (1; within the organization, included within the DC4MH consortium)
2. Sport coordinator (1; within the organization, not included within the DC4MH consortium)
3. Sport psychologist (1; outside of organization, collaborates with the organization)
4. School counselor (1; within the organization, not included within the DC4MH consortium)

Please clarify through which **sources** you gathered the information to fill in this document:

- Document analysis**
- Focus groups**
- Individual interviews**
- Informal interviews/conversations**
- Pre-existing knowledge**
- Other...**

*If other, please clarify*

Two additional focus groups with gymnasium's students: one with dual career athletes, one with students.

Please describe any further relevant information regarding your data collection procedure for this work package.

Data collection procedures: Data for this case study was gathered through documents analysis (mainly the documents about the gymnasium Šiška which are available online on the school's website). In addition to this, informal interviews with the school headmaster and the colleagues included within the DC4MH consortium were done on several occasions during school visits. The majority of the data for this case study derives from four individual interviews were done (altogether 4.5 hours of audio material) and two focus groups with students.

Please clarify in relation to which **population(s)** the MH promotion strategies and tools outlined in this document are targeted:

**Student-athletes**

**Non-athlete students**

Non-student athletes

DC athletes in sport and work

Clinical population

Other...

Please describe any further relevant information regarding the population your organisation required to interpret the findings from WP2.

*-e.g. age (minor/adult); type of sport; Olympic/Paralympic; ethnic/cultural background; in-house accommodation; only sport/only education/combined; ...*

The population the MH promotion strategies and tools outlined in this document are targeted are **students**, enrolled in Gymnasium Šiška. Their age is between **15 and 19 years**.

The school has 571 students, of which **82,7% are student athletes** (combining sport and education). The majority of student athletes are in sport departments (347 student athletes), while the others are placed in general departments (125 student athletes) together with other non-athlete students.

Students athletes come **from individual and team sports**. Most of them are settled in their primary home settings (living together with their family), some of them are settled from Monday to Friday in the students' dormitory that is right next to the school.

Ethnic/cultural background: large majority of students are **Slovene**.

## Mental health structures & organization

<p>Does your organization explicitly adopt a specific <b>'mental health model or philosophy'</b>?</p> <p><i>e.g. biomedical model; biopsychosocial model; single continuum model; dual continuum model</i></p>	<p>General description: Although not explicitly specified in any document, the school adopts <b>biopsychosocial model</b> in terms of their students health. Statements from different experts who participated in this case study suggest they see different factors which play a significant role in health and disease of their students. The school tries to tackle these factors by using different approaches, e.g.: (a) biological: healthy meals prepared in the school kitchen, sport activities; (b) psychological: mental health activities, psychological counselling; (c) social: social activities for better class connection, humanitarian activities.</p> <p>DC specific? <b>Preventive model</b> - adopting strategies that aim to reduce the incidence of mental health disorders.</p>
<p>Does your organization have a formal <b>'mental health policy document'</b>? If yes, please describe the core elements of this document*</p> <p><i>*Please include this document as attachment, if possible</i></p>	<p>General description: No such 'mental health policy document' exists. However, all experts involved in this case study agree that such a document would be very beneficial. Why? If the aim of achieving and supporting the greater mental health of students would be clearly documented, the implementation of different strategies and activities into the school program would be easier. The common problem in this current state without such mental health policy document is that there is no time specifically devoted for such mental health activities within the school program as well as no staff paid for such work.</p> <p>DC specific?</p>
<p>Who holds the <b>prime responsibility</b> to promote and safeguard mental health within your organisation?</p> <p><i>What is their role within the organisation? What is their (educational) background?</i></p>	<p>General description: For all students, this prime responsibility goes to the <b>school counsellor</b> (educational background: pedagogy), however very important are the (class) teachers who usually respond first when they notice any warning signs of mental health issues with their students.</p> <p>DC specific? <b>Sport psychologist</b> (educational background: psychology) as well as school sport coordinators (educational background: physical education) who work as dual career managers coordinating between student athletes, coaches, teachers, and external experts (sport psychologist, physiotherapist).</p>
<p>To which extent is there (in)formally established <b>interdisciplinary cooperation</b> regarding mental health related topics <b>within the organization</b>?</p>	<p>General description: There is an informally established close cooperation between <b>school teachers</b> (especially class teachers or form masters) <b>and school counsellor</b>, particularly when it comes to dealing with mental health problems of individual students. In general, all school staff (or some of the teachers) cooperates when it comes to special days or activities regarding mental health (e.g., 'digital stress free' day).</p>

	<p>DC specific? <b>Sport coordinators cooperate with school counsellor and other teachers</b> when trying to adapt each student's school obligations with their sport schedule, in order to avoid too much workload.</p>
<p>To which extent is there (in)formally established <b>interdisciplinary cooperation</b> regarding mental health related topics <b>with professionals from outside the organization?</b></p>	<p>General description:  When needed, school counsellor cooperates with <b>external mental health institutions and practitioners</b> (e.g., when an individual student deals with significant mental health problems, he/she is referred to an external expert and this external practitioner then regularly communicates with school counsellor). Also, a cooperation with <b>students of psychology</b> is established (they pay visits to school and perform workshops to students on mental health), as well as with <b>National Health Institute (NIJZ, <a href="https://www.nijz.si/sl/podrocja-dela/moj-zivljenjski-slog/dusevno-zdravje">https://www.nijz.si/sl/podrocja-dela/moj-zivljenjski-slog/dusevno-zdravje</a>)</b> and the <b>Faculty of Medicine</b>.</p> <p>DC specific? There is a close cooperation between school staff (especially sport coordinators) and a <b>team of sport psychologists</b> who work as external experts. These sport psychologists are introduced to student athletes already at the beginning of their gymnasium. After that, they perform 2-3 group educations and workshops for student athletes. In addition, each student athlete is entitled to 8 hours of individual work with sport psychologist (and more, when needed).</p>
<p>Is there something you would do/want differently regarding the way mental health support is organised within your organisation?</p>	<p>General description:</p> <ul style="list-style-type: none"> <li>- Incorporation of mental health literacy and education of mental health preventive strategies within the general <b>curriculum</b>;</li> <li>- Refined <b>policy document</b> on mental health;</li> <li>- <b>Additional employed experts</b> (e.g., psychologists) for mental health promotion, prevention, and support.</li> </ul> <p>DC specific?</p> <ul style="list-style-type: none"> <li>- <b>Greater flexibility from sport clubs/federation:</b> when an individual athlete is facing an increased workload in both domains (school and sport), relieving the student from some of his obligations in one domain would be beneficial for his/her mental health and general wellbeing. The school is already very flexible in this, the problem mostly arises from the sport federation or sport club (e.g., high number of tournaments).</li> </ul>

## Mental health screening & monitoring

<p>Can you describe how you try to <b>monitor mental health/well-being</b> and/or <b>detect early warning signs</b> for mental health issues within your organisation?*</p> <p><i>Clinical (intake) interviews? Mental health surveys? Formal or informal meetings with a professional?</i></p> <p><i>How frequently are these strategies used?</i></p> <p><i>*Please include any relevant documents as attachment, if possible</i></p>	<p>General description: At the Gymnasium Šiška there is <b>no systematic mental health screening</b> or monitoring (i.e., no mental health surveys or the use of mental health assessment tools on a larger sample of students). Detection of early warning signs usually occurs with informal <b>observation</b> of students, e.g. a teacher notices a change in student's behaviour, important decrease in his/her grades, missing classes, decrease in motivation, signs of possible self-harm behaviour, decrease in weight, etc. These observations are done spontaneously and depend on individual teacher's susceptibility and knowledge to effectively notice them. Some students seek help by themselves (e.g., they ask for an informal meeting with their class teacher or the school counsellor). A small number of students has a clinical diagnosis of mental illness already from before (i.e., since their primary school or an early childhood age), or they obtained it during their secondary education. In such cases, the school (i.e., the school counsellor, class teacher) is informed about that student and a special arrangement for the student's school obligations and his/her terms are defined in cooperation between the student, his/her parents, school, and external experts (i.e., student's psychiatrist or physician).</p> <p>DC specific? All of the written above (General description) applies also for student athletes. Specific for them is the observation of early warning signs which occurs <b>during group workshops with sport psychologist</b> when they discuss a certain topic. In addition to that, simple <b>psychological questionnaires</b> for the self-assessment of mental health and psychological functioning are used. Based on both, student athletes with possible mental health issues are invited to an individual consultation with sport psychologist.</p> <p>Another important source of information is the <b>sport coordinator</b>, who works more closely with an individual student athlete and is therefore usually one of the first persons who detects possible early warning signs for mental health issues. Sometimes a student athlete reports about facing mental health/wellbeing difficulties to the sport coordinator by him/herself and asks for help, sometimes it is the student athlete's class teacher or student athlete's parents who report such problems to the sport coordinator.</p>
<p>What is the <b>procedure</b> once you received early warning signs for mental health issues? Next steps?</p>	<p>General description: In most cases, student's class teacher invites the student to an <b>informal meeting</b> during which he/she tries to gather more information about the student (e.g., is there a problem, what is the problem, what can be done). After that and if needed, the <b>school counsellor</b> gets involved: she works individually with the student on a regular basis, sometimes with cooperation of</p>



	<p>student's parents. If the mental health problem exceeds her knowledge and expertise, she contacts <b>external mental health institutions</b> and refers the student to them. Still, she remains in close contact with the student and cooperates with these mental health experts.</p> <p>DC specific?  With student athletes, the procedure can be the same as described above, i.e. informing the school counsellor and external mental health institutions when needed. However, the procedure mostly unfolds in the following sequence: the <b>sport coordinator</b> tries to make a good contact with the student athlete in order to find out more about the problem. In addition to that, the sport coordinator tries to gather information about the student athlete from other teachers, student athlete's coach, etc.. After that, the sport coordinator informs the <b>sport psychologist</b> about the early warning signs for mental health issues with a particular student athlete. At the same time, he motivates the student athlete to refer to the sport psychologist. In this individual work with the student athlete, the sport psychologist first performs the initial clinical interview with the athlete in order to define the problem. In addition, clinical mental health assessment tools can be used to exclude more serious mental health problems. If that is the case or if the mental health problem exceeds the knowledge and expertise of the sport psychologist, the student athlete is referred to <b>other mental health institutions</b>. Normally, the sport psychologist works individually with a student athlete on a regular basis (weekly or bi-weekly) until the situation is improved.</p> <p>*An interesting notice of the sport psychologist here was that sport psychology practice can be an accessible entering point for student athletes who face mental health problems since sport psychology is being less stigmatized than classical psychological counselling with young people. In his practice, he experienced often that teachers and parents who noticed early warning signs for mental health issues with one of their student athletes first contacted the sport psychologist because they believed that the student athlete wouldn't disapprove of such help as he/she would oppose the idea of school counselling or visiting a clinical psychologist. They believe that through discussing sport performance the real problem (e.g., social anxiety, depression, obsessive-compulsive disorder) can be more easily tackled than through normal psychological or school counselling.</p>
<p>How would you <b>follow up</b> on athletes who displayed signs of mental health issues?</p>	<p>General description:  At first, individual meetings between the student and school counsellor are being held on a regular basis (i.e., weekly or bi-weekly). After the mental health situation of the student returns to normal, there is usually a <b>limited amount of follow up</b> (there is no systematic follow up, it usually occurs when/if needed).  In case the student is a client in external mental health practice, the cooperation between the mental health experts (i.e., clinical</p>

	<p>psychologist, psychiatrist) and school counsellor is being held on a regular basis.</p> <p>DC specific?  After the individual sport psychology consultation finishes (usually after 8 individual sessions), following up on a student athlete mental health and wellbeing is normally within the domain of the sport coordinator. Also, each student athlete takes a personal responsibility to occasionally contact his/her sport psychologist (however, sport psychologist notices that this is often not a case).</p>
<p>Is there something you would do/want differently regarding the screening and monitoring of mental health issues within your organisation?</p>	<p>General description:  More <b>systematic screening and monitoring</b> of students' mental health and wellbeing. However, in order to do that and in order to take the following steps when detecting mental health problems, <b>additional mental health experts</b> would strongly be needed.</p> <p>Also, <b>educating the teachers</b> about the importance of students' mental health and wellbeing, recognizing the first signs of mental health problems, and reacting appropriately, would be helpful in the process of screening and monitoring mental health issues.</p> <p>DC specific?  <b>Educating sport coordinators and other teachers</b> about mental health and wellbeing, recognition of early warning signs of mental health problems, etc. would enable them to detect the problems in student athletes' mental health earlier and respond to them better.</p>

## Mental health literacy

<p>To which extent are there strategies in place to <b>reduce</b> mental health <b>stigma</b> within your organisation?*</p> <p><i>Social media?</i> <i>Physical media?</i> <i>Testimonials?</i></p> <p><i>*Please include any relevant documents as attachment, if possible</i></p>	<p>General description: When <b>discussing with students</b> about psychological topics (especially within the subject of Psychology), teachers try to present mental health problems as issues which have a potential to be solved (with professional support, individuals' coping strategies, and/or social support) and one does not need to feel ashamed because of them.</p> <p>In addition, several activities are being held at school which contribute to reducing mental health stigma among students, e.g. <b>events about mental health and wellbeing</b> in collaboration with the students of Psychology from the University of Ljubljana, <b>marking the World Mental Health Day</b> (October 10), using the <b>online mental health platform OMRA</b> <a href="https://www.omra.si/">https://www.omra.si/</a> and taking part in <b>humanitarian activities</b> where students get to know people with different mental health issues.</p> <p>DC specific? When informing student athletes about the option of visiting a sport psychologist or other mental health expert, sport coordinator and other teachers try to present this in a stigma-free way (e.g., when you have a physical problem you visit a physician, similar should be with mental health problems and visiting a psychologist/mental health expert). In sport psychology workshops with the student athletes, the sport psychologist tries to <b>debunk some myths</b> about mental health support that are common among athletes, e.g.: "If you visit a psychologist, there must be something wrong with you.", "A sport psychologist cannot truly understand my problems.", "When I face mental health difficulties, I need to take care of them on my own.", "I don't have time for psychological counselling.", "Mental health support is for stupid people."</p>
<p>To which extent are there strategies in place to <b>improve knowledge of mental health problems and causes</b>?*</p> <p><i>Social media?</i> <i>Physical media?</i> <i>Testimonials?</i></p> <p><i>*Please include any relevant documents as attachment, if possible</i></p>	<p>General description: In a small amount, students learn about mental health problems and causes for these within the <b>subject of Psychology</b> (70 hours in the curriculum). In addition, they improve this knowledge through different <b>extra-curriculum activities</b>, being held at school, in which they talk and learn about mental health. The psychology teacher reported she invites her students to use different informative <b>websites</b>, such as the platform OMRA <a href="https://www.omra.si/">https://www.omra.si/</a>.</p> <p>DC specific? Students athletes improve their knowledge of mental health problems within <b>sport psychology workshops</b>, where they mention typical psychological problems, e.g. depression, anxiety and talk about different motivational and emotional processes, e.g. why a certain emotion appears in certain situations. One of the main goals of these workshops is to empower student</p>

	<p>athletes to be able to recognize the possible warning signs of mental health issues with themselves and react correspondently (seek help if needed).</p>
<p>To which extent are there strategies in place to <b>improve knowledge of potential help-seeking strategies</b>?*</p> <p><i>Social media?</i> <i>Physical media?</i> <i>Testimonials?</i></p> <p><i>*Please include any relevant documents as attachment, if possible</i></p>	<p>General description: Students are being regularly informed about different sources of help that they can use when they face mental health problems. Information about such sources of support comes <b>from their class teachers, school counsellor, and other external sources</b>, such as psychology students, or experts who visit the school on certain occasions. Often, students are given some <b>leaflets</b> with practical information about where to seek for help, or oriented to certain <b>website pages</b>.</p> <p>DC specific? The option of individual sport psychology consultation is presented to the student athletes when they start with secondary education at the Gymnasium Šiška.</p>
<p>Is there something you would do/want differently regarding the improvement of mental health literacy within your organisation?</p>	<p>General description:</p> <ul style="list-style-type: none"> <li>- Implementing mental health literacy into the regular educational <b>curriculum</b>.</li> <li>- <b>Presenting stories</b> of (real or invented) students who dealt with mental health problems. This wish was expressed by students in focus groups.</li> <li>- School counsellor believes that there is enough information about potential help-seeking sources or strategies available, however, the problem is that students often do not recognize these problems with themselves or lack the motivation/energy to seek help.</li> <li>- The experts who participated in this case study believe that there is still a lot of stigma and negative connotation among students towards mental health support or school counselling.</li> </ul> <p>DC specific?</p>

## Resilience-building

<p>Which, if any, proactive <b>strategies to promote resilience and well-being</b> are used in your organisation?*</p> <p><i>In which format are such strategies offered? Who offers such strategies? How many sessions? How frequently? Formal or ad-hoc?</i></p> <p><i>*Please include any relevant documents as attachment, if possible</i></p>	<p>General description: Strategies to promote resilience and well-being of the students include:</p> <ul style="list-style-type: none"> <li>- <b>Improving social relationships and social climate</b> within the class through social activities and team building. These strategies are offered within the extracurricular school program, especially during the days of “school in nature”, and “acquaintance days” in the first year of gymnasium. On request, team buildings are also offered to general classes of students by the team of sport psychologists.</li> <li>- Offering several extra curriculum classes, e.g. <b>coping with stress and relaxation techniques, social skills training</b>. These are usually held by school counsellor or psychology students on internships.</li> <li>- Activity days, such as (1) “<b>digital diet day</b>”, during which the teachers and the students are invited to put away all their digital devices and practice different activities in nature, meditate, (2) <b>sport activity days</b>, (3) <b>special events days</b>, such as e.g. baking pancakes in front of the school, spending the day in the park, etc. These activities are usually offered by the school’s teachers and they occur once or several times per year.</li> <li>- <b>Prosocial activities</b> (e.g. humanitarian actions) which help to sense the feeling of gratefulness and wellbeing. Students can attend these activities on a voluntary basis.</li> <li>- <b>Learning to learn strategies</b>: offered by the school pedagogue, are part of elective courses.</li> <li>- Designing special <b>well-being areas</b> within the school building and its’ surroundings, e.g. “school’s beach”.</li> <li>- Cooperating with external experts and psychology students in <b>projects</b> that promote students’ wellbeing and resilience, e.g. a project of National Health Institute “I can cope with feeling down”, with activities described in <a href="https://www.nijz.si/sites/www.nijz.si/files/uploaded/slabemu_pocutju_sem_kos.pdf">https://www.nijz.si/sites/www.nijz.si/files/uploaded/slabemu_pocutju_sem_kos.pdf</a></li> </ul> <p>DC specific? Strategies to promote resilience and well-being of student athletes are offered in <b>group and individual work</b>, mainly with sport psychologist, but also with pedagogues (learning strategies). A small amount of these sessions is placed within the first year of gymnasium when students learn the learning strategies and strategies for managing dual careers. The majority of strategies to promote resilience and well-being are being learned within the second and third year of gymnasium through sport psychology workshops. All these group activities are pre-planned, but are not part of a curriculum. The individual sessions in which student athletes learn these strategies are offered on request (usually on athlete’s request, sometimes on sport coordinator’s).</p>
<p>Can you describe in more detail the <b>content</b> of the strategies to</p>	<p>General description: In general, the activities described above address several skills/competencies:</p> <ul style="list-style-type: none"> <li>- Learning competencies,</li> <li>- Coping with stress, relaxation skills,</li> <li>- Focusing on things and events one has control over,</li> </ul>

<p>promote resilience and well-being?</p> <p><i>Specific skills/competencies addressed?</i></p> <p><i>*Please include any relevant documents as attachment, if possible</i></p>	<ul style="list-style-type: none"> <li>- Recognizing and accepting one’s emotional state,</li> <li>- Time management,</li> <li>- Developing healthy habits (e.g., regular physical activity, regular meals),</li> <li>- Taking part in hobbies, developing interests,</li> <li>- Social skills and feelings of connectedness.</li> </ul> <p>DC specific?</p> <ul style="list-style-type: none"> <li>- Dual career competencies,</li> <li>- Effective goal setting,</li> <li>- Taking control over one’s own thoughts, recognizing and reconstructing dysfunctional thinking patterns, e.g. “Making mistakes is terrible.” Or “Only winning is good enough.”,</li> <li>- Relaxation techniques, autogenic training,</li> <li>- Positive self-talk,</li> <li>- Healthy response to positive and negative events.</li> </ul>
<p>Can you describe in more detail the <b>background</b> of the strategies to promote resilience and well-being?</p> <p><i>Informed by specific frameworks (e.g., ACT, CBT, MST)? Evidence-based?*</i></p> <p><i>*Please include any relevant publications related to the adopted strategies</i></p>	<p>General description: There is <b>no specific background</b> for the general strategies described above. Most of the activities are based on the directions of National Health Institute’s program for mental health care.</p> <p>DC specific? Most of the sport psychology work on the issues of mental health and wellbeing is based on Cognitive Behaviour Therapy. All sport psychologists who work with the Gymnasium Šiška’s student athletes are certified CBT practitioners.</p>
<p>Is there something you would do/want differently regarding the use of proactive strategies to promote resilience and well-being within your organisation?</p>	<p>General description: As stated before, all experts involved in the data gathering for this case study believe that proactive strategies to promote resilience and well-being should be placed in a larger manner <b>within the education program (curriculum)</b> and not in elective, informal or ad-hoc ways as they are now. The basis for this should be a policy document clearly stating the importance of mental health support and strategies to promote resilience and well-being among students.</p> <p>DC-specific? In the current state, the number of sport psychology workshops in which the topics of mental health and well-being are being tackled is limited to 2-3 workshops. A greater amount of time for sport psychology would enable the</p>

	sport psychologist to not only present to the student athletes with the most general proactive strategies to promote resilience and well-being, but also the more advanced ones and on a more individual level.
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## Case report 4:

### Swedish School of Sport and Health Sciences; Stockholm, Sweden

#### Data collection information

Please specify the **experts** who provided information to fill in this document:

- Expert within the organisation, included within the DC4MH consortium
- Expert within the organisation, not included within the DC4MH consortium
- Expert outside the organisation
- Other...

*If other, please clarify*

Göran Kenttä, within the organisation GIH and within the DC4MH consortium with support from Susanne Wolmesjö and Kent Lindahl (c.f next box).

Please provide the number of experts involved and their function.

-Number and function of experts involved:

1. *DC- coordinator and sport Psychologist at GIH, Susanne Wolmesjö*
2. *Researcher and sport psychologist at GIH, PhD Göran Kenttä*
3. *Manager DC at the Swedish Sports Confederation, Kent Lindahl*

Please clarify through which **sources** you gathered the information to fill in this document:

- Document analysis
- Focus groups
- Individual interviews
- Informal interviews/conversations
- Pre-existing knowledge
- Other...



Please describe any further relevant information regarding your data collection procedure for this work package.

-Data collection procedures:

Initially, key-people with pre-existing expertise, knowledge and experience informally discussed and reflected upon the current case and available data that would respond to this work package. Finally, this document was circulated until consensus was reached between the team-members.

Please clarify in relation to which **population(s)** the MH promotion strategies and tools outlined in this document are targeted:

- Student-athletes
- Non-athlete students
- Non-student athletes
- DC athletes in sport and work
- Clinical population
- Other...

*The population for the MH promotion strategies and tools in this document are outlined and targeted towards student-athletes at two of the Universities in Stockholm (GIH and KTH).*

Please describe any further relevant information regarding the population your organisation required to interpret the findings from WP2.

*-e.g. age (minor/adult); type of sport; Olympic/Paralympic; ethnic/cultural background; in-house accommodation; only sport/only education/combined; ...*

*There are about 90-95 student in the organization at this date, 38 women and 54 men, 20-37 years of age. They are representing 32 different sport federations in Sweden (NSOs). Currently, no athlete is representing a parasport despite extensive research on parasports at GIH. They all combine academic studies at the university level and elite sports, i.e., being DC-student-athletes.*

## Mental health structures & organization

<p>Does your organization explicitly adopt a specific <b>'mental health model or philosophy'</b>?</p> <p><i>e.g. biomedical model; biopsychosocial model; single continuum model; dual continuum model</i></p>	<p>General description:</p> <p>At GIH, there is no specific mental health model that is used across research, education and practice. However, the dominant approach can be described as a holistic mental health model/philosophy that consider the specific context (i.e., being a DC-student athlete) and include a full continuum from severe mental illness to well-being</p>
<p>Does your organization have a formal <b>'mental health policy document'</b>? If yes, please describe the core elements of this document*</p> <p><i>*Please include this document as attachment, if possible</i></p>	<p>General description:</p> <p><i>We follow the National guidelines and strategies for Mental Health and Sports in Sweden.</i></p> <p><a href="http://sisuidrottsbocker.se">Idrottspsykologi - prestation och hälsa (sisuidrottsbocker.se)</a></p> <p><i>Please also find attached documents with DC-specific guidelines.</i></p>
<p>Who holds the <b>prime responsibility</b> to promote and safeguard mental health within your organisation?</p> <p><i>What is their role within the organisation? What is their (educational) background?</i></p>	<p>General description:</p> <p><i>Susanne Wolmesjö is the DC coordinator at this organisation (GIH), with an educational background in several related areas (Education, Physiology, Sports medicine, Nutrition, Biomechanics, Cognitive neuroscience, Psychology/sport psychology, CBT and Health science are some of them). Within her role she can also use several mental health resources available within GIH and The Swedish Sport Confederation.</i></p>
<p>To which extent is there (in)formally established <b>interdisciplinary cooperation</b> regarding mental health related topics <b>within the organization</b>?</p>	<p>General description:</p> <p><i>At one of the Universities (GIH) there are several Sport Psychologists involved in DC and mental health to support the program and students. As previously noted, there are several mental health resources (staff-members with expertise in sport psychology and mental health, scholars and on-going research projects) available within GIH.</i></p> <p><i>We have collaboration in some of the areas with the student health department in Stockholm, who offers classes and courses for stress-management, Acceptance and commitment therapy, mindfulness-based stress reduction and more.</i></p>
<p>To which extent is there (in)formally established <b>interdisciplinary cooperation</b> regarding mental health related topics <b>with</b></p>	<p>General description:</p> <p><i>Outside the organisation we cooperate extensively with the Swedish Sport Confederation and their resources and staff. They have a national support program for elite sport including a net-</i></p>

<p><b>professionals from outside the organization?</b></p>	<p><i>work with mental coaches, sport psychologists, an educational website including theory and exercise (currently under revision).</i></p> <p><a href="http://sisuidrottsbocker.se">Idrottspsykologi - prestation och hälsa (sisuidrottsbocker.se)</a></p> <p><i>Stockholm heath and medical region also have an an established collaboration wtih the Swedish Sport Confederation since 2015 with a specific mental health clinic for elitathletes with mental health problems.</i></p> <p><a href="http://elitidrottsmottagningen.se">Mottagningen för elitidrott och hälsa (elitidrottsmottagningen.se)</a></p>
<p>Is there something you would do/want differently regarding the way mental health support is organised within your organisation?</p>	<p>General description:</p> <p><i>More specific strategies, tools, validated and context specific questionnaires for screening, monitoring and follow up of these DC students-athletes and their mental health. Facilities at the university for individual meetings and applied mental health training.</i></p>

## Mental health screening & monitoring

<p>Can you describe how you try to <b>monitor mental health/well-being</b> and/or <b>detect early warning signs</b> for mental health issues within your organisation?*</p> <p><i>Clinical (intake) interviews? Mental health surveys? Formal or informal meetings with a professional?</i></p> <p><i>How frequently are these strategies used?</i></p> <p><i>*Please include any relevant documents as attachment, if possible</i></p>	<p>General description:</p> <p><i>We have individual meetings and interviews with questions about mental health status and recovery strategies to detect early warning signs. These meetings are offered two times per year and when needed.</i></p> <p><i>Lectures and courses are offered in Sport psychology and mental health with the goal to prevent and do self-evaluations about needs and support in the field of mental health.</i></p> <p><i>The students-athletes at GIH take part annually in a national survey for DC students-athletes across Sweden, the RIU-EVL Barometern, with questions about their DC-experience and mental health.</i></p>
<p>What is the <b>procedure</b> once you received early warning signs for mental health issues? Next steps?</p>	<p>General description:</p> <p><i>The DC coordinator and Sport psychologist do follow up meetings with education, tools and interventions needed, also evaluations about further or extended needs and support. We give contact information and support if clinical care is needed.</i></p>
<p>How would you <b>follow up</b> on athletes who displayed signs of mental health issues?</p>	<p>General description:</p> <p><i>We offer follow up meetings, education, tools and support.</i></p>
<p>Is there something you would do/want differently regarding the screening and monitoring of mental health issues within your organisation?</p>	<p>General description:</p> <p><i>As previously noted, more specific strategies, tools, validated and context specific questionnaires for screening, monitoring and follow up of these DC students-athletes and their mental health.</i></p>

## Mental health literacy

<p>To which extent are there strategies in place to <b>reduce</b> mental health <b>stigma</b> within your organisation?*</p> <p><i>Social media?</i> <i>Physical media?</i> <i>Testimonials?</i></p> <p><i>*Please include any relevant documents as attachment, if possible</i></p>	<p><b>General description:</b></p> <p><i>The Swedish Sport Confederation offers information, courses, training and support. They have developed a website which is user friendly. DC-students take part of this.</i></p> <p><a href="http://sisuidrottsbocker.se">Idrottspsykologi - prestation och hälsa (sisuidrottsbocker.se)</a></p> <p><i>Offer lectures and courses specific towards our DC-student, on the topic of Mental Health and sport psychology. Information and news about published articles on the topic is frequently shared to DC-students-athletes.</i></p> <p><i>Importantly, the individual meetings and interviews aim towards reducing mental health stigma.</i></p>
<p>To which extent are there strategies in place to <b>improve knowledge of mental health problems and causes</b>?*</p> <p><i>Social media?</i> <i>Physical media?</i> <i>Testimonials?</i></p> <p><i>*Please include any relevant documents as attachment, if possible</i></p>	<p>General description:</p> <p><i>The strategies done in the field of Mental Health (see earlier answers) are very much to improve knowledge of mental health problems as well as knowledge about resources that facilitate well-being. Part of the strategy is to prevent problems by education and early interventions.</i></p>
<p>To which extent are there strategies in place to <b>improve knowledge of potential help-seeking strategies</b>?*</p> <p><i>Social media?</i> <i>Physical media?</i> <i>Testimonials?</i></p> <p><i>*Please include any relevant documents as attachment, if possible</i></p>	<p>General description:</p> <p><i>To improve knowledge of potential help-seeking is embedded in the overall strategies in the field of Mental Health.</i></p>
<p>Is there something you would do/want differently regarding the improvement of mental health literacy within your organisation?</p>	<p>General description:</p> <p><i>The student health program offers weekly generic classes for stress-reduction, yoga, mindfulness etc. I would like to develop a specific class for DC-students-athletes with applied specific training for athletes that fully consider their context and offer this on weekly base. Could be open online classes.</i></p>

## Resilience-building

<p>Which, if any, proactive <b>strategies to promote resilience and well-being</b> are used in your organisation?*</p> <p><i>In which format are such strategies offered? Who offers such strategies? How many sessions? How frequently? Formal or ad-hoc?</i></p> <p><i>*Please include any relevant documents as attachment, if possible</i></p>	<p>General description:</p> <p><i>Meetings, interviews, lectures, courses, articles, literacy, cooperation within and outside the organization and follow up meetings all include the holistic philosophy and strategies for mental health and well-being for the DC-students-athletes offered by the organization: to educate, to monitor, to detect early warning signs, to do interventions, give support, prevent and to promote resilience.</i></p> <p><i>Some are formal in courses with sessions. Some are individual programs with variations of the frequency of sessions. Some are on voluntary base within or outside the organization.</i></p>
<p>Can you describe in more detail the <b>content</b> of the strategies to promote resilience and well-being?</p> <p><i>Specific skills/competencies addressed?</i></p> <p><i>*Please include any relevant documents as attachment, if possible</i></p>	<p>General description:</p> <p><i>Lifestyle management and well-being – recovery strategies, sleep, food, time management and social life.</i></p> <p><i>Sport performance management – concentration, focus, control nervousness, competitions.</i></p> <p><i>Tools: Stress-management, ACT, Mindfulness, yoga and more</i></p>
<p>Can you describe in more detail the <b>background</b> of the strategies to promote resilience and well-being?</p> <p><i>Informed by specific frameworks (e.g., ACT, CBT, MST)? Evidence-based?*</i></p> <p><i>*Please include any relevant publications related to the adopted strategies</i></p>	<p>General description:</p> <p><i>The background of the strategies is based on surveys and science in the fields of mental health and well-being.</i></p> <p><i>CBT, ACT, Mindfulness are some of the evidence-based interventions used.</i></p> <p><i>Moesch, K., Kenttä, G., Kleinert, J., Quignon-Fleuret, C., Cecil, S., &amp; Bertollo, M. (2018). FEPSAC position statement: Mental health disorders in elite athletes and models of service provision. <i>Psychology of Sport and Exercise</i>, 38, 61-71.</i></p> <p><i>K. Henriksen, J. Hansen, &amp; C.H. Larsen (Eds.), <i>Mindfulness and acceptance in sport: How to help athletes perform and thrive under pressure</i> (2020). New York, USA: Routledge, Taylor &amp; Francis Group.</i></p>

	<p>Schinke, R., Stambulova, N. B., Si, G., &amp; Moore, Z. (2017). International Society of Sport Psychology position stand: Athletes' mental health, performance, and development. <i>International Journal of Sport and Exercise Psychology</i>, 16(6), 622–639.</p> <p>Vella, S.A., Schweickle, M.J., Sutcliffe, J.T., &amp; Swann, C. (ahead of print). A systematic review and meta-synthesis of mental health position statements in sport: Scope, quality and future directions. <i>Psychology of Sport &amp; Exercise</i>. <a href="https://doi.org/10.1016/j.psychsport.2021.101946">https://doi.org/10.1016/j.psychsport.2021.101946</a></p>
<p>Is there something you would do/want differently regarding the use of proactive strategies to promote resilience and well-being within your organisation?</p>	<p>General description:</p> <p><i>Offer tools and interventions on regular base, that are easy to join and use for the student-athletes. Follow up on the results in a standardized way.</i></p>

## Case report 5:

### Team Danmark; Brøndby, Denmark

#### Data collection information

Please specify the **experts** who provided information to fill in this document:

- Expert within the organisation, included within the DC4MH consortium
- Expert within the organisation, not included within the DC4MH consortium
- Expert outside the organisation
- Other...

Please provide the number of experts involved and their function.

Sports psychologist Research coordinator Dual-career consultant x 2
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Please clarify through which **sources** you gathered the information to fill in this document:

- Document analysis
- Focus groups
- Individual interviews
- Informal interviews/conversations
- Pre-existing knowledge
- Other...

Please clarify in relation to which **population(s)** the MH promotion strategies and tools outlined in this document are targeted:

- Student-athletes
- Non-athlete students
- Non-student athletes
- DC athletes in sport and work
- Clinical population
- Other...

*If other, please clarify*



Please describe any further relevant information regarding the population your organisation required to interpret the findings from WP2.

Team Denmark’s primary athlete population is 1100 Danish elite athletes with an age-range from 14-63 years old (average = about 22 years).

- 60-65% of these athletes are engaged in an education, with about 10% of these studying at primary school, about 56% at secondary school and about 34% studying at university level.
- 45% participate in team sports including football, ice hockey, and handball.

Team Denmark also has a ‘secondary’ or indirect population which includes 2000 athletes at secondary educational level

### Mental health structures & organization

<p>Does your organization explicitly adopt a specific <b>‘mental health model or philosophy’</b>?</p> <p><i>e.g. biomedical model; biopsychosocial model; single continuum model; dual continuum model</i></p>	<p>General description: Team Denmark has a model for mental health, that is currently in final stages of development. It is expected that this model is finalized in Spring 2022.</p>
<p>Does your organization have a formal <b>‘mental health policy document’</b>? If yes, please describe the core elements of this document*</p> <p><i>*Please include this document as attachment, if possible</i></p>	<p>General description: No</p> <p>DC specific?</p>
<p>Who holds the <b>prime responsibility</b> to promote and safeguard mental health within your organisation?</p> <p><i>What is their role within the organisation?</i></p> <p><i>What is their (educational) background?</i></p>	<p>General description: Christina Teller (Dual Career consultant)</p> <p>DC specific? Currently, the two Dual Career consultants, Christina Teller &amp; Magnus Wonsyld</p> <p>Christina Teller</p> <ul style="list-style-type: none"> <li>• MSc Sport Science</li> <li>• 4 years as DC consultant in Team Denmark</li> </ul>

	<ul style="list-style-type: none"> <li>• 15 years as coordinator and head of sports programme at secondary school</li> </ul> <p>Magnus Wonsyld</p> <ul style="list-style-type: none"> <li>• Education: Primary school teacher and navigational officer</li> <li>• DC experience: 7 years as DC consultant in Team Danmark</li> <li>• Previous relevant employment: Former national coach in skiing</li> </ul>
<p>To which extent is there (in)formally established <b>interdisciplinary cooperation</b> regarding mental health related topics <b>within the organization</b>?</p>	<p>General description:</p> <p>No formal interdisciplinary team for mental health. However, there exists numerous working groups with specific focus areas:</p> <ul style="list-style-type: none"> <li>• Eating disorders (nutritionist, sports psychologist, doctors, administration, researchers)</li> <li>• Dual-career for mental health (dual-career counsellors, sports psychologists, administration, researchers)</li> <li>• Sports psychology and mental health (sports psychologists, administration, researchers)</li> </ul> <p>DC specific?</p>
<p>To which extent is there (in)formally established <b>interdisciplinary cooperation</b> regarding mental health related topics <b>with professionals from outside the organization</b>?</p>	<p>General description:</p> <p>No formal interdisciplinary team for mental health. However, there exists numerous working groups with specific focus areas</p> <ul style="list-style-type: none"> <li>• External network of clinical psychologists (sports psychologists, clinical psychologists, doctors)</li> <li>• External expert group within eating disorders (nutritionists, doctors, sports psychologists, clinical psychologists, researchers)</li> <li>• Research network (sports psychologists, researchers)</li> <li>• Well-being network with sport federations (sports psychologists, dual-career counsellors, administration, coaches, sports managers)</li> </ul> <p>DC specific?</p> <ul style="list-style-type: none"> <li>• Educational partners for dual-career (universities, schools, municipalities)</li> </ul> <p>Link educational partners: <a href="#">Uddannelsespartnere   Team Danmark</a></p> <p>Link municipalities: <a href="#">Elitekommuner   Team Danmark</a> and <a href="#">elitekommunekoncept-team-danmark.pdf (teamdanmark.dk)</a></p>

## Mental health screening & monitoring

<p>Can you describe how you try to <b>monitor mental health/well-being</b> and/or <b>detect early warning signs</b> for mental health issues within your organisation?*</p> <p><i>Clinical (intake) interviews? Mental health surveys? Formal or informal meetings with a professional?</i></p> <p><i>How frequently are these strategies used?</i></p> <p><i>*Please include any relevant documents as attachment, if possible</i></p>	<p>General description: Team Denmark has a well-being survey which is sent annually to all supported athletes (52% response rate in 2021). This survey based on Team Denmark’s mental health model and assesses athlete well-being on four levels:</p> <ul style="list-style-type: none"> <li>• Their own personal well-being</li> <li>• Their training environment</li> <li>• Their coach and sports manager</li> <li>• Their ‘everyday life’ (eg., planning, priorities, social support)</li> </ul> <p>The aim of this survey is to get an overview well-being among Danish elite athletes. This survey is anonymous and individual athletes and sports federation cannot not be identified.</p> <p>There is currently no mental health screening in Team Denmark.</p> <p>The primary source of monitoring and identification of early warning signs is through coach / support staff observation, and athlete self-referral</p> <p>DC specific?</p>
<p>What is the <b>procedure</b> once you received early warning signs for mental health issues? Next steps?</p>	<p>General description: Team Denmark has a referral system whereby athletes who have been identified with signs of mental health issues can be referred to an external network of experts. These experts are predominantly clinical psychologists, but can also include specialist doctors or psychiatrists, clinical nutritionists, or other specialist (mental) health practitioners.</p> <p>The procedure for this referral system is:</p> <ul style="list-style-type: none"> <li>• Team Denmark’s sports psychologist are contacted by a coach, a colleague, sports manager, or the athlete themselves</li> <li>• Team Denmark’s sports psychologist then do an initial assessment on the best way to proceed, and in most cases this involves referral to an external clinical psychologists for an expert assessment and recommendation for a treatment plan</li> <li>• Based on this assessment a treatment is typically supported financially by both Team Denmark and the sports federation, with athletes granted a specific number of consultations, meetings, etc with the external clinical psychologist.</li> <li>• The external clinical psychologist provides a half-way and final report, and at the completion of the treatment plan a new assessment is made in consultation with the clinical psychologist as to the best way to proceed.</li> </ul>

	<p>DC specific?</p> <p>There is a different procedure for athletes who outside of Team Denmark's direct support system (typically lower level or younger athletes). These athletes are able to contact a specific person in the Danish Sports Confederation for advice and direction to relevant public health systems.</p>
<p>How would you <b>follow up</b> on athletes who displayed signs of mental health issues?</p>	<p>General description:</p> <p>Team Denmark's sports psychologist meet with the external clinical psychologist half-way through and at the completion of the treatment plan. The athlete often (but not always) has an existing relationship with the Team Denmark sports psychologist so there will typically also be a follow-up and potential continuation of at plan at the completion of the clinical treatment. There are also often network meetings involving the athlete, coach, parents (in some cases), Team Denmark's sports psychologist and the clinical psychologist, so there is often an informal follow up in the daily interaction between these people.</p> <p>DC specific?</p>
<p>Is there something you would do/want differently regarding the screening and monitoring of mental health issues within your organisation?</p>	<p>General description:</p> <p>Develop an annual athlete mental health screening for all Team Denmark supported athletes</p> <p>DC specific?</p>

## Mental health literacy

<p>To which extent are there strategies in place to <b>reduce</b> mental health <b>stigma</b> within your organisation?*</p> <p><i>Social media?</i> <i>Physical media?</i> <i>Testimonials?</i></p> <p><i>*Please include any relevant documents as attachment, if possible</i></p>	<p>General description: Currently Team Denmark does not have a systematic strategy aimed at reducing the mental health stigma. Previously there has been isolated initiatives including coach education and the use of role-models, however this has been without an overarching plan.</p> <p>DC specific?</p>
<p>To which extent are there strategies in place to <b>improve knowledge of mental health problems and causes</b>?*</p> <p><i>Social media?</i> <i>Physical media?</i> <i>Testimonials?</i></p> <p><i>*Please include any relevant documents as attachment, if possible</i></p>	<p>General description: Currently Team Denmark does not have a systematic strategy aimed at improving athletes' knowledge of mental health problems and causes. Previously there has been isolated initiatives including coach education and the use of role-models, however this has been without an overarching plan.</p> <p>DC specific?</p>
<p>To which extent are there strategies in place to <b>improve knowledge of potential help-seeking strategies</b>?*</p> <p><i>Social media?</i> <i>Physical media?</i> <i>Testimonials?</i></p> <p><i>*Please include any relevant documents as attachment, if possible</i></p>	<p>General description: Currently Team Denmark does not have a systematic strategy aimed at improving athletes' knowledge of potential help-seeking strategies.</p> <p>DC specific?</p>
<p>Is there something you would do/want differently regarding the improvement of mental health literacy within your organisation?</p>	<p>General description: We would like to develop a coordinated campaign aimed at improving mental health literacy. Ideally this would include social media, seminars and webinars, coach education, role-models and mentors, video material and text/information on various websites.</p> <p>DC specific?</p>

## Resilience-building

<p>Which, if any, proactive <b>strategies to promote resilience and well-being</b> are used in your organisation?*</p> <p><i>In which format are such strategies offered?</i></p> <p><i>Who offers such strategies?</i></p> <p><i>How many sessions?</i></p> <p><i>How frequently?</i></p> <p><i>Formal or ad-hoc?</i></p> <p><i>*Please include any relevant documents as attachment, if possible</i></p>	<p>General description: Life skills programme (education and sport) for student-athletes at secondary school level. The programme is planned to be part of general school programme at sport schools and the main purpose is to strengthen skills related to both education and sport. The local teachers are trained-in-service.</p> <p>Team Denmark has a team of 7 sports psychologists that work closely with national teams, management, coaches and athletes. These sports psychologists have various focus areas some of which include culture develop on national teams and individual sports psychological support athletes. Whilst this support is not specifically a part of a resilience and well-being program, these issues are regular in focus in sport psychological services provided. This support is predominantly based on ACT and values-based approach, as well as compassion principles, and cover a wide scope from performance related issues to personal and sub-clinical issues.</p> <p>Individual support to athletes is predominantly individual consultations with athletes but can also include meetings with coaches and parents.</p> <p>Group work can be delivered in the form of workshops, webinars, participation and being present at training and competitions, as well as sparring with national coaches and managers.</p> <p>This support is a part of the 'regular' sports psychological support provided to Team Denmark athletes and teams and not a standard protocol. Therefore, the frequency and number of sessions is not clearly defined and can vary depending on the needs of the team or athlete.</p> <p>Mentor programme is offered to athletes in relation to dual career and the life as athlete.</p>
<p>Can you describe in more detail the <b>content</b> of the strategies to promote resilience and well-being?</p> <p><i>Specific skills/competencies addressed?</i></p> <p><i>*Please include any relevant documents as attachment, if possible</i></p>	<p>General description: The content of the support provided is broad and can vary depending on the specific team or athletes. Team Denmark's sports psychology service philosophy provides at detailed account of the content to this service</p> <p><i>* For more information a copy of an article based on Team Denmark's sports psychology service philosophy is attached</i></p>

<p>Can you describe in more detail the <b>background</b> of the strategies to promote resilience and well-being?</p> <p><i>Informed by specific frameworks (e.g., ACT, CBT, MST)?</i></p> <p><i>Evidence-based?*</i></p> <p><i>*Please include any relevant publications related to the adopted strategies</i></p>	<p>General description: The content of the support provided is broad and can vary depending on the specific team or athletes. Team Denmark's sports psychology service philosophy provides a detailed account of the background to this service</p> <p><i>* For more information a copy of an article based on Team Denmark's sports psychology service philosophy is attached</i></p> <p>DC specific?</p>
<p>Is there something you would do/want differently regarding the use of proactive strategies to promote resilience and well-being within your organisation?</p>	<p>General description: We would like to develop a generic program for strategies to develop the resilience and well-being of Team Denmark athletes. This program would however need to be flexible and adapted to the needs of specific sports federations. Such a generic program could include key theoretical underpinnings and a summary of key research findings, educational material, training protocols, pre/post measures of well-being, as well as systematic procedure for the implementation of these various elements.</p> <p>DC specific?</p>

## Case report 6:

### Italian Rugby Federation (FIR), Italy

#### Data collection information

Please specify the **experts** who provided information to fill in this document:

- Experts within the organisation, included within the DC4MH consortium** (i.e., The Italian Rugby Federation (in the text, Federazione Italiana Rugby, FIR) is partner of the DC4MH consortium).
- Expert within the organisation, not included within the DC4MH consortium
- Expert outside the organisation
- Other...

Please provide the number of experts involved and their function.

-Number and function of experts involved:

Tree Managers and three Coaches' Coordinators of three Academies of the FIR. The three Academies interviewed are located respectively in Parma, Rome, and Milan.

Please clarify through which **sources** you gathered the information to fill in this document:

- Document analysis
- Focus groups
- Individual interviews** (The interviews were conducted online using Zoom (Video platform, Copyright ©2022 Zoom Video Communications, Inc.), on the 8<sup>th</sup> (Academies of Parma and Rome) and on the 11<sup>th</sup> (Academy in Milan) of February 2022.
- Informal interviews/conversations
- Pre-existing knowledge
- Other...



Please describe any further relevant information regarding your data collection procedure for this work package.

-Data collection procedures:

An informal contact from the National Technical Director of the FIR to the Coordinator of the Academies preceded an email from Francesca Vitali to the three managers and Coaches' Coordinators. In this email, the DC4MH project, and its aims were briefly presented together with the social networks where is possible to find further information (i.e., <https://sport.univr.it/dual-careers-for-mental-health-dc4mh/>; Twitter: <https://twitter.com/DC4MH>). Furthermore, some information was given on the contents of the three individual interviews, their duration, and modalities. Finally, the three interviews were individually scheduled. Each interview was video recorded after having garnered favorable informed consent. Contents of the three interviews were transcribed here.

Please clarify in relation to which **population(s)** the MH promotion strategies and tools outlined in this document are targeted:

x **Student-athletes**

Non-athlete students

x **Non-student athletes**

DC athletes in sport and work

Clinical population

Other...

*If other, please clarify*

*-e.g. age (minor/adult); type of sport; Olympic/Paralympic; ethnic/cultural background; in-house accommodation; only sport/only education/combined; ...*

Numbers of the FIR National Academy in Parma

In this moment in the National Academy in Parma a group of 14 adolescent rugby players aged 19 years is hosted. They share the structure and common areas, where they sleep, eat, train, and sometimes even study in group. Of these, 6 combine rugby with university and 4 attend high schools. Currently, 4 athletes have finished high school and are not studying at university, but 2 out of 4 are intending to start it next academic year. None of them conciliate rugby with work. The participants are therefore in the vast majority student-athletes conciliating sport (i.e., rugby) with education. They all practice rugby at elite youth level (e.g., some of them are players of the U20 National Rugby Team).

Numbers of the FIR Academy in Rome

In this moment, 29 DC athletes and additional, external 4 DC rugby players, for a total of 33 participants. All the athletes are students, 31 in high school and 2 in university. None of them conciliate rugby with work. They are youth elite DC athletes. They enter the Academy on Sunday evening until the Friday at 15 p.m. when they come back to their Clubs and play matches during the weekend. Membership in the Academy is what allows them to be in a dual career.

Numbers of the FIR Academy in Milan

There are 28 youth elite DC athletes who combine rugby with secondary school. All are Italians.

## Mental health structures & organization

<p>Does your organization explicitly adopt a specific 'mental health model or philosophy'?</p> <p><i>e.g., biomedical model; biopsychosocial model; single continuum model; dual continuum model</i></p>	<p>General description:</p> <p>FIR Academies put great attention upon promoting mental health (MH) and well-being for its participants. They follow a structured program to support MH, which avails, among other things, a sports psychologist on a permanent basis at the facility. On a monthly basis, the sport psychologist meets the group and on request makes interviews and assessments with the athletes. Their stay in the Academy begins in September and ends in June, when the sporting season begins, and the most important competitive period of the year starts. Sport psychologists are always available to participants and whenever there is a need they have access to this support. Our philosophy is to keep them "monitored", but not to have a control but to keep the frequency of psychological interventions constant and effective.</p> <p>The philosophy of all the FIR Academies is to holistically support DC athletes, first as persons and then as student-athletes. Sports and educational results are linked to the kind of person the DC athletes are.</p> <p>The Academy of Rome has DC athletes with very different backgrounds. Some come from disadvantaged families, others from very wealthy families, and they all live together. This is a challenge and impacts on the individual goals that each DC athlete sets for his own. The Academy of Rome has a large staff, made up of 7 members in addition to 6 other professionals, including 3 tutors per school/university, the sport psychologist and two more coaches. Everyone works to give individual and holistic support to DC athletes. Tutors work with DC athletes as a class group, but also individual actions with DC athletes in particularly difficult situations. Before Covid-19 pandemic the sport psychologist worked more consistently, with at least one group meeting per month and individual activities. Now, the advice has been changed online every two months, but DC athletes can do individual assessment and consultancy at any time. At least 6 DC athletes have had a continuous individual path during the Covid-19 pandemic.</p> <p>The Academy of Milan has a key focus on DC. In particular, it gives to schools, clubs, and families a great attention. None of these aspects should be overlooked. Furthermore, attention not only to the physical and technical but also to the psychological part is central.</p> <p>DC specific? Yes. Academies serve to specifically foster dual careers.</p>
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<p>Does your organization have a formal '<b>mental health policy document</b>'? If yes, please describe the core elements of this document*</p> <p><i>*Please include this document as attachment, if possible</i></p>	<p>General description:</p> <p>The FIR National Academy in Parma as all other Academies refer to the FIR Ethical Code, from which information materials for the participants and their families were also drawn.</p> <p>The Academies of Rome and Milan also base their presentation to families on the FIR Ethical Code.</p> <p>DC specific? Yes. The FIR Ethical Code specifically refers to dual career support. The academies' priority is on school, less on rugby in itself. Not all DC athletes continue their sports career at high levels so it is important that this experience can support everyone in making a useful path for their personal growth.</p>
<p>Who holds the <b>prime responsibility</b> to promote and safeguard mental health within your organisation?</p> <p><i>What is their role within the organisation?</i></p> <p><i>What is their (educational) background?</i></p>	<p>General description:</p> <p>Formal responsibility lies with the Manager of each Academy, but it is a fully shared responsibility among all staff members. Each of the staff' members create the same kind of relationship and empathic relationship with all the participants, and the members of the Staff are all called to have direct responsibility. All the information is equally shared within the staff in order to act in a unitary and coherent way. The search for well-being for participants who live together is not only an individual result, but also a collective and environmental one, and therefore involves everyone. The Manager of the FIR National Academy in Parma has a sport management background while the Coaches' coordinator has a Master degree in Sport sciences and sport management.</p> <p>In the Academies of Rome and Milan everything is shared, including the prime responsibility to promote and safeguard MH. The differences in the staff are not related to the role but to the different perspectives. For example, the Coaches' Coordinator monitors and supports the MH on the field, the Manager from and external perspective. They are two different but complementary perspectives that serve to better understand difficult situations. The common line is there, the staff is close-knit because they have been working together for years. The Coaches' Coordinators have a sport technical background grounded in rugby, while the Manager of the Academy has a sport management background.</p> <p>DC specific? The philosophy of support for DC is based on values, such as respect for the person before the athlete. The goal is to support the individual responsibility of DC athletes in relation to their personal goals and in relation to the understanding of their needs / needs.</p>

<p>To which extent is there (in)formally established <b>interdisciplinary cooperation</b> regarding mental health related topics <b>within the organization</b>?</p>	<p>General description:</p> <p>Many different professional figures cooperate to promote MH and well-being (i.e., managers, coaches, sport psychologists, physical trainers, tutors).</p> <p>The Academies of Rome and Milan have a large staff, with a doctor, physiotherapist, coaches, physical trainer, video analyst, sport psychologist, Tutors. They do not have a nutritionist but they refer to guidelines on nutrition in sports which are still given a lot of importance. There are two tutors at the Academy of Milan, managed by an external agency, one on scientific subjects and one on literary subjects. DC athletes right now are asking for more individual support.</p> <p>DC specific? The Academy of Rome is based at the Acqua Acetosa Olympic Center and this represents a precious opportunity for DC athletes. This offers DC athletes the opportunity to meet with top-level Olympic athletes. In relation to the dual career this is useful. Indeed, there are two other weightlifting and gymnastics academies based in this Center with 11-12 y.o. DC athletes who train from 8 a.m. to 5 p.m. every day and then study here for 3.5 hours with dedicated teachers. They are an example for DC rugby players. This Acqua Acetosa Olympic Center in Rome offers particular stimuli, such as having dinner last July 2021 with Marcel Jacobs and other elite athletes who participated in Tokyo 2020.</p>
<p>To which extent is there (in)formally established <b>interdisciplinary cooperation</b> regarding mental health related topics <b>with professionals from outside the organization</b>?</p>	<p>General description:</p> <p>Some consultants are external (i.e., sport psychologists) but are permanent staff' members of the Academy of Parma. Others (i.e., the nutritionist), were firstly external and now are part of the Staff.</p> <p>The staff of the Academy of Rome and Milan count also on external collaborators for physical training and coaching who support the training sessions, as well as additional external physiotherapists. The sport psychologists are part of the staff but as an external members. It would be important that these professionals were an integral part of the internal staff both to give continuous support to the DC athletes and to the members of the staff themselves.</p> <p>DC specific? Yes. All the staffs give priority to the dual career. All the daily temporal organization takes into account the fact that the time dedicated to study must be respected. For example, physiotherapy is done at different times from training but without hindering the study. Times are very tight, also because school sometimes ends at 2 or 3 pm. DC athletes train every afternoon 3 hrs and half and need to organize the time very well.</p>

	<p>In any case, school comes first, also because they attend external traditional schools that do not always value sport. Although there is also DC recognition for high schools, the Managers of the Academy in Rome and Milan are responsible for managing relationships with schools.</p>
<p>Is there something you would do/want differently regarding the way mental health support is organised within your organisation?</p>	<p>General description:</p> <p>DC specific?</p>

## Mental health screening & monitoring

<p>Can you describe how you try to <b>monitor mental health/well-being</b> and/or <b>detect early warning signs</b> for mental health issues within your organisation?*</p> <p><i>Clinical (intake) interviews? Mental health surveys? Formal or informal meetings with a professional?</i></p> <p><i>How frequently are these strategies used?</i></p> <p><i>*Please include any relevant documents as attachment, if possible</i></p>	<p>General description:</p> <p>The FIR National Academy in Parma implements a "Mental health diary", which is started at the beginning of each year, in which the participants take note of all the events, episodes, circumstances, situations that have a value in terms of promotion of MH and well-being. The sport psychologists support not only DC athletes but also the coaching staff. Coaches also use the "Mental Health Diary" as a tool to share short-, medium-, and long-term goals, both physical, technical, and psychological. It is a tool for mutual comparison and sharing.</p> <p>The Academy of Rome relies on the sport psychologist to monitor MH and well-being, in a very similar way to other Academies. So also in Rome the "Mental health diary" is used, as well as other scales on MH, well-being, bullying prevention. The key aspect is the observation of the DC athletes.</p> <p>The Academy of Milan counts on a sport psychologist who takes care above all of advice on the sports part, while personal support is the responsibility of the internal staff of Coaches and Tutors. The monitoring of HD and well-being is carried out in a structured way several times a month, for example the medical check on Monday's morning meeting is also used for observation and individual interview with each DC athlete. The sport psychologist in Milan, before the Covid-19 pandemic, also followed the training sessions on the field. Although the Milan Academy was closed during the national lockdowns, the activity has always continued, for example the physical trainer followed all the DC athletes online. The sport psychologist also worked online.</p> <p>DC specific? No.</p>
<p>What is the <b>procedure</b> once you received early warning signs for mental health issues? Next steps?</p>	<p>General description:</p> <p>In addition, at the beginning of each season, individual interviews are held at the FIR National Academy in Parma between the athletes and the coaches to monitor motivations, expectations, and any possible difficulties of their path and which are added to the observations that are made daily by living and working together. For example, even physiotherapists and personal trainers who work with DC athletes who have suffered injuries constantly monitor potentially critical situations. In addition, with sport psychologists they fill in MH and well-being evaluation scales and questionnaires, in addition to scales measuring bullying, and pre- and post-match emotional</p>

	<p>states. 14 participants in Parma are an ideal number to keep constant monitoring.</p> <p>The model of the FIR National Academy in Parma is the same for all the other Academies also because the psychological support of the Academies is coordinated on a national level.</p> <p>DC specific? No.</p>
<p>How would you <b>follow up</b> on athletes who displayed signs of mental health issues?</p>	<p>General description:</p> <p>In addition, at the FIR National Academy in Parma individual interviews are held quarterly (every three months) between the athletes and the coaches to monitor motivations, expectations, and any possible difficulties of their path on a regular basis.</p> <p>DC specific? No.</p>
<p>Is there something you would do/want differently regarding the screening and monitoring of mental health issues within your organisation?</p>	<p>General description:</p> <p>DC specific?</p>

## Mental health literacy

<p>To which extent are there strategies in place to <b>reduce</b> mental health <b>stigma</b> within your organisation?*</p> <p><i>Social media?</i> <i>Physical media?</i> <i>Testimonials?</i></p> <p><i>*Please include any relevant documents as attachment, if possible</i></p>	<p>General description:</p> <p>It is true that in 2022 in Italy still exists a stigma towards sport psychologists. If contacting a physiotherapist is something neutral or normal, doing the same with a sport psychologist or psychotherapist carries a stigma. This must be acknowledged. However, the FIR academies represent the pinnacle of the federal system and path of support for DC athletes. Therefore, the participants arrive at the FIR National Academy in Parma after two or three years of experience within the other Academies (i.e., Rome, Milan, Prato, Treviso). Therefore, they have already become familiar with psychological support in the previous years: they know it, and for this reason they have no stigma or barriers. All the participants arrive at the National Academy in Parma with at least 10-20 meetings with the sport psychologists already carried out in the previous years. They know the sport psychologist as a professional counselor, and they are educated to undertake a psychological consultancy that they appreciate and require as a natural part of the staff.</p> <p>For the Academy of Rome, the most significant difficulties in relation to the MH stigma come from the parents of the DC athletes. For families, knowing that their child may need a psychologist is almost a failure. But sometimes the same stigma exists towards school tutors. The Manager is responsible for contacts with the families of DC athletes who are very different, some absent others more present. Social time is an initiative that takes place once a month to get to know DC athletes better and the Manager aims to explain to them the value that psychological counseling can have. Testimonials are used in terms of national rugby players invited to meet DC athletes. In addition, a good testimonial was an athlete of the Bisonti (En. Tr. Bufalos) which is the rugby team of the Rome prison who met the DC athletes to explain to them that after a mistake you can recover. And DC athletes are asking to continue these encounters over time.</p> <p>In the Milan Academy there are DC athletes who have never shown that they perceive psychological work as stigmatizing. Furthermore, the activities that take place are almost always group and rarely individual.</p> <p>DC specific? No.</p>
<p>To which extent are there strategies in place to <b>improve knowledge of mental health problems and causes</b>?*</p>	<p>General description:</p> <p>During the first wave of the Covid-19 pandemic, the FIR National Academy in Parma launched several specific initiatives to promote MH and well-being. Several specific meetings were held</p>



<p><i>Social media?</i> <i>Physical media?</i> <i>Testimonials?</i></p> <p><i>*Please include any relevant documents as attachment, if possible</i></p>	<p>in which DC athletes could address issues related to physical and social distancing, with the specific aim to monitor the difficulties related to being far away from their families. The same attention was paid to return to sport in 2021 when competitive activity rebooted with a series of meetings with the sport psychologists every two/three time a week.</p> <p>DC specific? No.</p>
<p>To which extent are there strategies in place to <b>improve knowledge of potential help-seeking strategies?</b>*</p> <p><i>Social media?</i> <i>Physical media?</i> <i>Testimonials?</i></p> <p><i>*Please include any relevant documents as attachment, if possible</i></p>	<p>General description:</p> <p>FIR has made available coordinated psychological counseling at national level and on this is based the main strategy of knowledge improvement on MH and seeking strategies.</p> <p>DC specific? No.</p>
<p>Is there something you would do/want differently regarding the improvement of mental health literacy within your organisation?</p>	<p>General description:</p> <p>DC specific?</p>

## Resilience-building

<p>Which, if any, proactive <b>strategies to promote resilience and well-being</b> are used in your organisation?*</p> <p><i>In which format are such strategies offered? Who offers such strategies? How many sessions? How frequently? Formal or ad-hoc?</i></p> <p><i>*Please include any relevant documents as attachment, if possible</i></p>	<p>General description:</p> <p>The psychological consultancy held in the last two years during the Covid-19 pandemic had also (but not only) the aim to support and improve the resilience and adaptation capacity of DC athletes. The aim was to support them in facing the unprecedented situation and find the strength to react to the difficult period. Resilience in rugby is a skill that is always central, not only in the specificity of the Covid-19 pandemic. Rugby is a combat team sport where sacrifice and resilience, sometimes confused with attitude, are skills that players are asked to build and train these skills is a priority. Everything that the Staff does is aimed at reinforcing resilience in DC athletes, together with the ability to be competitive, unswerving, perseverant, and constant in both sport and personal domains.</p> <p>Rugby develops resilience. In the Academy of Rome and Milan, there were no specific interventions on the development of resilience because this skill is an integral part of this sport.</p> <p>DC specific? No.</p>
<p>Can you describe in more detail the <b>content</b> of the strategies to promote resilience and well-being?</p> <p><i>Specific skills/competencies addressed?</i></p> <p><i>*Please include any relevant documents as attachment, if possible</i></p>	<p>General description:</p> <p>The FIR National Academy in Parma not only values the interviews with sport psychologists but also the interviews between DC athletes and the Staff. They are carried out every day as a daily practice, as a tool that can strengthen resilience and maintain positive and stable relationships. The contents of the interviews are not only linked to the current scenario of the Covid-19 pandemic but to all the difficulties and challenges that an elite teenage rugby player can have from time management to goals setting and training loads, from interpersonal, emotional or familial difficulties, as well as the consequences linked to a lack of selection to be part of the U20 National Team. For example, two athletes of the National Academy of Parma are now involved with the U20 National Team, and following their request, the Coaches' Coordinator every day call them to offer support. The roles of the Staff' members are well defined, but there is constant exchange and sharing. This generates adolescent DC athletes very mature for their age. The Staff' members are good role models for DC athletes.</p> <p>Being based in the Acqua Acetosa Olympic Center in Rome for the Academy meant never stopping during the first and second national lockdown due to the Covid-19 pandemic. This was an important opportunity.</p> <p>DC specific? No.</p>

<p>Can you describe in more detail the <b>background</b> of the strategies to promote resilience and well-being?</p> <p><i>Informed by specific frameworks (e.g., ACT, CBT, MST)?</i></p> <p><i>Evidence-based?*</i></p> <p><i>*Please include any relevant publications related to the adopted strategies</i></p>	<p>General description:</p> <p>The FIR National Academy in Parma follows and adopts ethical-based interventions with DC athletes to maintain a positive vision based on the rugby' values in the field, in the Academy, and in life.</p> <p>DC specific? No.</p>
<p>Is there something you would do/want differently regarding the use of proactive strategies to promote resilience and well-being within your organisation?</p>	<p>/</p>

## Case report 7:

# WHO Collaborating Centre for Mental Health of the University of Verona (UNIVR); Verona, Italy

### Data collection information

Please specify the **experts** who provided information to fill in this document:

- Expert within the organisation, included within the DC4MH consortium**
- Expert within the organisation, not included within the DC4MH consortium
- Expert outside the organisation
- Other...

Please provide the number of experts involved and their function.

The experts involved in collecting information were three, with the following roles/functions:

1. Director of the WHO Collaborating Centre;
2. Researcher with background in psychiatry affiliated with the WHO Collaborating Centre;
3. Researcher with background in psychology affiliated with the WHO Collaborating Centre.

Please clarify through which **sources** you gathered the information to fill in this document:

- Document analysis**
- Focus groups
- Individual interviews**
- Informal interviews/conversations**
- Pre-existing knowledge**
- Other...

Please clarify in relation to which **population(s)** the MH promotion strategies and tools outlined in this document are targeted:

- Student-athletes
- Non-athlete students**
- Non-student athletes
- DC athletes in sport and work
- Clinical population**
- Other...**

*If other, please clarify*

Other population groups include vulnerable people as asylum seekers, refugees, and migrants in general.

Please describe any further relevant information regarding the population your organisation required to interpret the findings from WP2.

The target population is composed of adults ( $\geq 18$  years) with increased psychological distress and/or mental health conditions.

## Mental health structures & organization

<p>Does your organization explicitly adopt a specific <b>'mental health model or philosophy'</b>?</p> <p><i>e.g. biomedical model; biopsychosocial model; single continuum model; dual continuum model</i></p>	<p>General description: The WHO Collaborating Centre uses a biopsychosocial theoretical model to orient the prevention and treatment of mental disorders, and for promoting wellbeing. The basic principles are embedded into the definition of health developed by the WHO Geneva as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".</p> <p>The main activities of the WHO Collaborating Centre are performed according to a public mental health approach and include:</p> <ol style="list-style-type: none"> <li>1. Participation in collaborative projects under the Organization's leadership, including systematic reviews and meta-analyses, implementation studies and analyses of existing WHO databases.</li> <li>2. Planning, organising and conducting, jointly with WHO, training activities such as courses and seminars and information exchange.</li> <li>3. Collecting, collating and disseminating, on behalf of WHO, scientific information on selected topics, as well as providing expert comments and advice on various draft documents circulated by WHO.</li> </ol> <p>DC specific? No</p>
<p>Does your organization have a formal <b>'mental health policy document'</b>? If yes, please describe the core elements of this document*</p> <p><i>*Please include this document as attachment, if possible</i></p>	<p>General description: all the reference documents guiding the activities of the WHO Collaborating Centre are those of the WHO Headquarters in Geneva, or are inspired by the WHO principles and definitions. Members of the research staff at the WHO Collaborating Centre in Verona collaborate closely with the staff in Geneva for the development of these documents (e.g., guidelines on psychological and pharmacological interventions).</p> <p>DC specific? No</p>
<p>Who holds the <b>prime responsibility</b> to promote and safeguard mental health within your organisation?</p> <p><i>What is their role within the organisation? What is their (educational) background?</i></p>	<p>General description: the Director of the WHO Collaborating Centre Prof Corrado Barbui is responsible for promoting good mental health within the organization, according to the principle of the WHO Geneva.</p> <p>DC specific? No</p>
<p>To which extent is there (in)formally established <b>interdisciplinary cooperation</b> regarding mental health</p>	<p>General description: interdisciplinary activities are the core activities of the WHO Collaborating Centre. In particular, there is close collaboration between psychiatry, psychology, epidemiology, public health, social sciences, and methodology of research.</p>

<p>related topics <b>within the organization?</b></p>	<p>DC specific? Yes, because there are jointly projects with colleagues working in the field of sport and physical activity.</p>
<p>To which extent is there (in)formally established <b>interdisciplinary cooperation</b> regarding mental health related topics <b>with professionals from outside the organization?</b></p>	<p>General description: many activities of the WHO Collaborating Centre involve colleagues with different backgrounds and based in international academic and non-academic institutions.</p> <p>DC specific? Yes, because there are jointly projects with colleagues working in the field of sport and physical activity.</p>
<p>Is there something you would do/want differently regarding the way mental health support is organised within your organisation?</p>	<p>General description: No.</p> <p>DC specific? No.</p>

## Mental health screening & monitoring

<p>Can you describe how you try to <b>monitor mental health/well-being</b> and/or <b>detect early warning signs</b> for mental health issues within your organisation?*</p> <p><i>Clinical (intake) interviews? Mental health surveys? Formal or informal meetings with a professional?</i></p> <p><i>How frequently are these strategies used?</i></p> <p><i>*Please include any relevant documents as attachment, if possible</i></p>	<p>General description: mental health issues are monitored through formal and informal interviews, and by administering specific tools chosen according to the characteristics and clinical and/or social needs of the target population. Particular attention is paid to cultural adaptation, health literacy, and participants' availability.</p> <p>DC specific? Yes, because the choice of the instruments is guided by the evidence available for a specific population group, including for example dual career participants.</p>
<p>What is the <b>procedure</b> once you received early warning signs for mental health issues? Next steps?</p>	<p>General description: once we receive early signs of risk for mental distress and/or mental disorders we follow these steps:</p> <ol style="list-style-type: none"> <li>1. we administer a battery of diagnostic and/or psychological instruments to analyse in depth the needs and clinical status of the person at-risk of developing a mental condition. These tools are validated and/or culturally adapted;</li> <li>2. we activate a referral process to facilitate engagement in the most appropriate pathway either clinical (i.e., psychological support) or non-clinical (i.e., general social support or information provision);</li> <li>3. we monitor the clinical situation over time throughout follow-up interviews and/or ad-hoc calls. The frequency, format, and duration of the follow-up interviews is defined based on the needs of individuals.</li> </ol> <p>DC specific? Yes. The clinical interviews, the tools for assessing mental health, and the referral process are tailored according to the individual characteristics.</p>
<p>How would you <b>follow up</b> on athletes who displayed signs of mental health issues?</p>	<p>General description: the pathway for athletes who display signs of mental health issues would be similar to the standard pathway, that is personalized according to the needs of individuals and flexible to guarantee adherence to the proposed intervention(s) and follow-ups.</p> <p>DC specific? Yes, at least partially.</p>
<p>Is there something you would do/want differently regarding</p>	<p>General description: No.</p>



the screening and monitoring of mental health issues within your organisation?

DC specific? No.

## Mental health literacy

<p>To which extent are there strategies in place to <b>reduce</b> mental health <b>stigma</b> within your organisation?*</p> <p><i>Social media?</i> <i>Physical media?</i> <i>Testimonials?</i></p> <p><i>*Please include any relevant documents as attachment, if possible</i></p>	<p>General description: there are specific strategies to analyse and reduce stigma, which operate at different levels:</p> <p>(1) formative research to assist in developing interventions and tailoring them for target audiences. Formative research draws from a mix of scientific disciplines that are represented in the WHO Collaborating Centre as mental health, psychiatry, psychology, epidemiology, economic analysis, public health.</p> <p>(2) Intervention research to assess effectiveness and implementation and outcomes of the specific interventions, in particular those developed by the WHO. This research includes the implementation of randomized controlled trials having as a primary or secondary outcome the evaluation of stigma or proxy measures (i.e., social inclusion).</p> <p>(3) Monitoring trends over time in attitudes, beliefs, knowledge, and behaviors toward people with psychological distress or mental disorders as manifested at structural, public, and individual levels.</p> <p>DC specific? No</p>
<p>To which extent are there strategies in place to <b>improve knowledge of mental health problems and causes</b>?*</p> <p><i>Social media?</i> <i>Physical media?</i> <i>Testimonials?</i></p> <p><i>*Please include any relevant documents as attachment, if possible</i></p>	<p>General description: strategies to improve knowledge of mental health problems and their causes are mainly implemented through communication and dissemination activities. Communication activities target the whole public, for example using social media, policy briefs, and informal materials written in plain language. The aim of communication activities is to increase the general knowledge of mental health problems, their impact on general functioning, and the potential causes of these problems. Differently, dissemination involves the academic public through scientific publications, books, conferences. These materials explore mental health issues and interventions from a scientific perspective, for example reporting the results of randomized controlled trials, systematic reviews and meta-analyses on the efficacy and acceptability of different strategies to manage mental health conditions.</p> <p>DC specific? No, despite some evidence is specifically focused on athletes.</p>
<p>To which extent are there strategies in place to <b>improve knowledge of potential help-seeking strategies</b>?*</p> <p><i>Social media?</i> <i>Physical media?</i> <i>Testimonials?</i></p>	<p>General description: communication strategies to improve general knowledge of psychosocial support are a tool to improve self-awareness and to indirectly increase help-seeking behaviours.</p> <p>DC specific? No.</p>

<i>*Please include any relevant documents as attachment, if possible</i>	
Is there something you would do/want differently regarding the improvement of mental health literacy within your organisation?	General description: No.  DC specific? No.

## Resilience-building

<p>Which, if any, proactive <b>strategies to promote resilience and well-being</b> are used in your organisation?*</p> <p><i>In which format are such strategies offered? Who offers such strategies? How many sessions? How frequently? Formal or ad-hoc?</i></p> <p><i>*Please include any relevant documents as attachment, if possible</i></p>	<p>General description: there are many evidence-based strategies adopted to promote wellbeing either within the staff of the organization and for the wider public/stakeholders. There strategies are offered as self-help online interventions, group-base interventions (delivered online or in-person), communication materials, policy briefs on specific scientific initiatives, newsletters, websites.</p> <p>DC specific? No</p>
<p>Can you describe in more detail the <b>content</b> of the strategies to promote resilience and well-being?</p> <p><i>Specific skills/competencies addressed?</i></p> <p><i>*Please include any relevant documents as attachment, if possible</i></p>	<p>General description: the contents are related to improving coping strategies, positive mental health, hope, resilience, social support.</p> <p>DC specific? No</p>
<p>Can you describe in more detail the <b>background</b> of the strategies to promote resilience and well-being?</p> <p><i>Informed by specific frameworks (e.g., ACT, CBT, MST)? Evidence-based?*</i></p> <p><i>*Please include any relevant publications related to the adopted strategies</i></p>	<p>General description: the theoretical framework of many proposed strategies is the cognitive behavioural therapy, and the Acceptance and Commitment Therapy (ACT). These strategies are evidence-based and encourage people to embrace their thoughts and feelings rather than fighting or feeling guilty for them.</p> <p>ACT paired with mindfulness-based exercises offers clinically effective treatment strategies.</p> <p>Specific mental health conditions such as anxiety, depression, and post-traumatic stress disorder can all benefit from ACT and Mindfulness-Based Cognitive Therapy.</p> <p>ACT develops psychological flexibility and is a form of behavioral therapy that combines mindfulness skills with the practice of self-acceptance. When aiming to be more accepting of thoughts and feelings, commitment plays a key role.</p> <p>DC specific? No</p>
<p>Is there something you would do/want differently regarding the use of proactive strategies to promote resilience and well-being within your organisation?</p>	<p>General description: No.</p> <p>DC specific? No</p>

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## Case Report 8:

### Vrije Universiteit Brussel

#### Data collection information

Please specify the **experts** who provided information to fill in this document:

- Expert within the organisation, included within the DC4MH consortium
- Expert within the organisation, not included within the DC4MH consortium
- Expert outside the organisation
- Other...

Please provide the number of experts involved and their function.

-Number and function of experts involved:

- Koen De Brandt, Assistant professor, and coordinator DC dpt.
- Jolan Kegelaers, Postdoc researcher SPMB
- Noemi Verreyen, HR partner VUB

Please clarify through which **sources** you gathered the information to fill in this document:

- Document analysis
- Focus groups
- Individual interviews
- Informal interviews/conversations
- Pre-existing knowledge
- Other...

Please describe any further relevant information regarding your data collection procedure for this work package.

-Data collection procedures:

- Informal interview with Noemi Verreyen
- Document analysis of online available resources, SBC jaarplanning 2019-2020, ...
- Summarizing own knowledge about and experiences with the services of the DC dpt. Topsport en Studie

Please clarify in relation to which **population(s)** the MH promotion strategies and tools outlined in this document are targeted:

- X Student-athletes
- X Non-athlete students
- Non-student athletes
- DC athletes in sport and work
- Clinical population
- X Other...

*If other, please clarify*

-General principles also apply to VUB staff members  
-Student-athletes studying at Vrije Universiteit Brussel (i.e. higher education)

Please describe any further relevant information regarding the population your organisation required to interpret the findings from WP2.

*-e.g. age (minor/adult); type of sport; Olympic/Paralympic; ethnic/cultural background; in-house accommodation; only sport/only education/combined; ...*

- 3134 staff members
- 19.156 students
  
- 123 student-athletes in academic year 2021-22:
  - o 57% male, 43% female
  - o in 23 study programmes across 8 faculties
  - o 52% individual sport, 48% team sport
  - o 70% Olympic summer sport, 5% Olympic winter, 25% non-Olympic sport
  - o 37% national level, 55% international level, 6% Olympic/Paralympic level
  - o 68% in a dual career; 32% has another career besides their DC (e.g. employment)
  - o MH:
    - 41% flourishing, 59% moderate MH, <1% languishing
    - 9% received a diagnosis of MH problem
    - 12% is currently receiving professional help for their MH, and 28% has received professional help in the past

## Mental health structures & organization

<p>Does your organization explicitly adopt a specific <b>'mental health model or philosophy'</b>?</p> <p><i>e.g. biomedical model; biopsychosocial model; single continuum model; dual continuum model</i></p>	<p>General description:</p> <ul style="list-style-type: none"> <li>- No clear consensus model</li> <li>- Regulations directly guided by <i>Wet van 4 augustus 1996</i> (<a href="https://werk.belgie.be/nl/themas/welzijn-op-het-werk/algemene-beginselen/toelichting-over-de-welzijnswet">https://werk.belgie.be/nl/themas/welzijn-op-het-werk/algemene-beginselen/toelichting-over-de-welzijnswet</a>)</li> <li>- 'Holistic approach': not specified</li> </ul> <p>DC specific?</p> <ul style="list-style-type: none"> <li>- There is <b>no specific MH model or philosophy</b> (certainly not a written one), but our MH services are embedded within the broader holistic approach to athletes' DC;</li> <li>- We adopt a <b>holistic approach</b> to support student-athletes' DC and promote mental health and well-being, by monitoring and actively assisting in their academic, athletic, vocational, psychosocial, psychological, and to some extent in the financial and legal development</li> </ul>
<p>Does your organization have a formal <b>'mental health policy document'</b>? If yes, please describe the core elements of this document*</p> <p><i>*Please include this document as attachment, if possible</i></p>	<p>General description:</p> <p>NOTE: an emergency fund exists (set-up by rector) which can provide financial support for mental health counselling (not exclusively) for students (max 2000€)</p> <p>NOTE: for staff, short track counselling gets covered by insurances; only when referred by department well-being.</p> <p>NOTE: SBC commissions small applied research (BeleidsVoorbereidend Onderzoek) projects on mental well-being in function of improving service delivery</p> <p>DC specific?</p> <ul style="list-style-type: none"> <li>- There is no document that specifically outlines our approach to student-athletes' mental health specifically</li> </ul>
<p>Who holds the <b>prime responsibility</b> to promote and safeguard mental health within your organisation?</p> <p><i>What is their role within the organisation? What is their (educational) background?</i></p>	<p>General description:</p> <ul style="list-style-type: none"> <li>- Valéry Ann Jacobs (academic advisor wellbeing). Background in Engineering;</li> <li>- Department well-being (for staff)</li> <li>- SBC (study counselling center): Student psychologists (first point of contact for students)</li> <li>- BRUCC (Brussels university Consultation Centre): First line consultations (short track) + workshops/factsheets for staff &amp; students</li> </ul> <p>DC specific?</p>

	<ul style="list-style-type: none"> <li>- The dpt. Topsport en Studie (T&amp;S) is the first and central contact point for student-athletes; not only for academic-athletic services, but also for MH services.</li> <li>- T&amp;S consists of one head of dpt. (full professor and clinical psychologist), one coordinator (assist. professor and sport scientist) and one licensed sport psychologist (postdoc)</li> <li>- T&amp;S provides <ul style="list-style-type: none"> <li>o academic support (e.g. flexibility, individualized trajectories, tutoring, feedback &amp; evaluation),</li> <li>o athletic support (e.g. contact with coaches/federations about their DC; referral to experts within the university (e.g. nutrition, strength &amp; conditioning); we do not provide sport-specific training or support);</li> <li>o psychosocial support (e.g. trust person, mentoring, contact with other student-athletes, social groups)</li> <li>o psychological support (e.g. contact person, DC competency training; satisfaction and well-being monitoring; 1-1 support for MH; online competency tools)</li> <li>o financial/logistic support (e.g. housing; financial support for lower SES),</li> <li>o legal support (e.g. negotiate specific academic legislation for student-athletes and students who require flexible measures).</li> </ul> </li> <li>- Student-athletes can, like all other students, make use of the services offered by SBC or BRUCC (see higher)</li> </ul>
<p>To which extent is there (in)formally established <b>interdisciplinary cooperation</b> regarding mental health related topics <b>within the organization</b>?</p>	<p>General description:</p> <ul style="list-style-type: none"> <li>- VUB has in-house student psychologists (as part of larger study counseling center) offering services around study stress, fear-of-failure, low self-esteem, rumination, procrastination, lack of motivation/concentration, study choice, public speaking (Max 8 sessions (50 min) + follow-up)</li> <li>- BRUCC has X in-house psychologists</li> <li>- VUB has an independent contact person for transgressive behavior</li> </ul> <p>DC specific?</p> <ul style="list-style-type: none"> <li>- Cooperation between T&amp;S and SBC is formally established, but mainly expresses itself in academic related topics (i.e. individualized trajectories, flexibility, legislation)</li> <li>- There is no formal referral plan between T&amp;S and SBC, but informal agreements (i.e. T&amp;S is first point of contact and refers to SBC when appropriate)</li> </ul>



	<ul style="list-style-type: none"> <li>- All student-athletes are informed at least twice a year by the dpt. Topsport en Studie on the services offered by SBC; one time during the intake interview at the beginning of the academic year and one time during feedback/evaluation moment in February</li> <li>- To date there have not been formal conversations or agreements with BRUCC (relatively new services) or the welfare officer of VUB</li> <li>- So, MH collaborations are largely informal.</li> </ul>
<p>To which extent is there (in)formally established <b>interdisciplinary cooperation</b> regarding mental health related topics <b>with professionals from outside the organization?</b></p>	<p>General description:</p> <ul style="list-style-type: none"> <li>- Weblinks are provided to other MH centra, including CAW (non-clinical) and CGG (clinical) and other avenues for psychotherapy</li> <li>- Referral from student-psychologists is possible</li> <li>- Informal connections &amp; networks between BRUCC and external psychologists/centres</li> </ul> <p>DC specific?</p> <ul style="list-style-type: none"> <li>- T&amp;S has no specific collaborations with MH professionals outside of VUB;</li> <li>- For student-athletes supported by Sport Vlaanderen (Topsportstudentenproject) there are convenants disclosed, but they are focused on career guidance in general and providing specific academic services to student-athletes; safeguarding MH/well-being is not mentioned in the document;</li> <li>- T&amp;S has research collaborations on the topic of MH with academic and sporting institutions across Europe.</li> </ul>
<p>Is there something you would do/want differently regarding the way mental health support is organised within your organisation?</p>	<p>General description:</p> <ul style="list-style-type: none"> <li>- Better coordination and communication between different stakeholders, possibly via a novel online platform (taking into account privacy issues)</li> <li>- Better dissemination of information and services</li> </ul> <p>DC specific?</p> <ul style="list-style-type: none"> <li>- Clear MH philosophy and plan; and communicating that plan to athletes, their entourage and also within the university;</li> <li>- increased collaboration (both formal and informal) with other relevant stakeholders (SBC and BRUCC) on MH topics;</li> </ul>

## Mental health screening & monitoring

<p>Can you describe how you try to <b>monitor mental health/well-being</b> and/or <b>detect early warning signs</b> for mental health issues within your organisation?*</p> <p><i>Clinical (intake) interviews? Mental health surveys? Formal or informal meetings with a professional?</i></p> <p><i>How frequently are these strategies used?</i></p> <p><i>*Please include any relevant documents as attachment, if possible</i></p>	<p>General description:</p> <ul style="list-style-type: none"> <li>- One-time opbelactie 'Leave no one behind' (<a href="https://www.vub.be/events/2021/vub-belt-al-haar-studenten-op-om-hun-welzijn-te-monitoren">https://www.vub.be/events/2021/vub-belt-al-haar-studenten-op-om-hun-welzijn-te-monitoren</a>) phone every student!</li> <li>- Every 5 years large well-being survey for staff members</li> </ul> <p>DC specific?</p> <ul style="list-style-type: none"> <li>- Promote a relationship with open communication between student-athletes and DCSP; always available for a talk</li> <li>- Sometimes we receive indications through parents, teaching staff, coaches or other DC support providers; but the majority of warning signs is received from SA themselves through chats or screening;</li> <li>- Regular (in)formal communication with student-athletes by whatsapp, email, Teams or live conversations;</li> <li>- At least 2 formal conversations per year (intake + feedback 1<sup>st</sup> semester);</li> <li>- Systematic satisfaction monitoring survey (HMQ); every 6-8 weeks. Informal chats (how are you?) with those who consistently present low numbers (over time);</li> <li>- Since 2021-22 we use the surveys DCE, MHC-SF and APSQ at the beginning of the academic year; follow-up talks with those who report low numbers.</li> </ul>
<p>What is the <b>procedure</b> once you received early warning signs for mental health issues? Next steps?</p>	<p>General description:</p> <ul style="list-style-type: none"> <li>- For staff members, individuals themselves or supervisors refer to department well-being. They look to refer to other internal (e.g. BRUCC) or external services</li> </ul> <p>DC specific?</p> <ul style="list-style-type: none"> <li>- Contact via whatsapp message or phone to ask how they are; indicate that they presented low satisfaction/low MH</li> <li>- In case of warnings, ask if they are looking for help/already receiving help (usually it is temporary dissatisfaction and/or they already receiving help through the sport federation or other personal contacts). If not, provide them with the possibility to talk to our in-house sport psychologist or redirect to SBC for academic related issues (only very few cases to date, which is also one of the reasons that there is no clear referral plan)</li> <li>- I always ask to let me know if and when they made contact</li> <li>- Follow-up call/whatsapp after a week</li> </ul>

<p>How would you <b>follow up</b> on athletes who displayed signs of mental health issues?</p>	<p>General description:</p> <ul style="list-style-type: none"> <li>- For staff members, follow-up is conducted by department well-being</li> </ul> <p>DC specific?</p> <ul style="list-style-type: none"> <li>- DCSP – student-athlete: informal follow-up call/whatsapp after a week</li> </ul>
<p>Is there something you would do/want differently regarding the screening and monitoring of mental health issues within your organisation?</p>	<p>General description:</p> <p>DC specific?</p> <ul style="list-style-type: none"> <li>-For now pretty satisfied with the current procedure in terms of efficiency and effectiveness of screening</li> <li>-More informal contact / contact persons would always be better to manage such a big group of student-athletes and talk to them regularly</li> <li>-Make entourage more aware (also in academia) about the monitoring procedure</li> <li>-Clear structured follow-up plan in case of warnings</li> </ul>

## Mental health literacy

<p>To which extent are there strategies in place to <b>reduce</b> mental health <b>stigma</b> within your organisation?*</p> <p><i>Social media?</i> <i>Physical media?</i> <i>Testimonials?</i></p> <p><i>*Please include any relevant documents as attachment, if possible</i></p>	<p>General description:</p> <p>DC specific?</p> <ul style="list-style-type: none"> <li>- There is no specific strategy or document in place in T&amp;S that outlines our strategies to reduce MH stigma. The below are different actions that are undertaken that (in)directly reduce stigma.</li> <li>- When sending a questionnaire on MH (e.g. DC4MH, yearly student-athlete online survey) we emphasize the importance of MH and add contact numbers in case they want to chat;</li> <li>- During intake conversations with athletes-coaches, the importance of safeguarding mental health is emphasized and we talk about ways to talk about MH/MIH, deal with stressors and obtain good balance.</li> <li>- Testimonials from DC athletes on social media about their dual career pressures/MH (not instructed by T&amp;S)</li> <li>- Testimonials of student-athletes via Instagram of T&amp;S on their daily DC pressures and MH.</li> <li>- In “Topsportspecifieke Carrièreplanning”, student-athletes have to monitor and study their own mental health and well-being and interpret the findings (e.g. this year using the MHC-SF which they fill-in once every three months, and the HMQ which they complete every week and pick out two aspects to discuss in-depth)</li> </ul>
<p>To which extent are there strategies in place to <b>improve knowledge of mental health problems and causes</b>?*</p> <p><i>Social media?</i> <i>Physical media?</i> <i>Testimonials?</i></p> <p><i>*Please include any relevant documents as attachment, if possible</i></p>	<p>General description:</p> <p>DC specific?</p> <ul style="list-style-type: none"> <li>- For student-athletes, few initiatives are in place</li> <li>- We plan a yearly workshop on coping with stressors of their DC, but MH problems or causes are not specifically addressed during this workshop.</li> <li>- In “Topsportspecifieke Carrièreplanning”, student-athletes have to monitor their own mental health and interpret the findings.</li> </ul>
<p>To which extent are there strategies in place to <b>improve knowledge of potential help-seeking strategies</b>?*</p> <p><i>Social media?</i> <i>Physical media?</i> <i>Testimonials?</i></p>	<p>General description:</p> <ul style="list-style-type: none"> <li>- SBC Factsheet, specifically targeted at fear-of-failure (based on REBT principles) (see attachment)</li> <li>- BRUCC factsheets around anxiety, depressive thoughts, self-harm, social support (help a friend), &amp; resilience (see attachments)</li> </ul> <p>DC specific?</p> <ul style="list-style-type: none"> <li>- No specific initiatives in place</li> </ul>

<p><i>*Please include any relevant documents as attachment, if possible</i></p>	<ul style="list-style-type: none"> <li>- During the beginning of COVID we posted some help-seeking strategies on our online platform Canvas (e.g. webinar, short movie, fact sheet) on how to cope with insecurity.</li> </ul>
<p>Is there something you would do/want differently regarding the improvement of mental health literacy within your organisation?</p>	<p>General description:</p> <ul style="list-style-type: none"> <li>- Increase knowledge in how to recognise MH problems in others, and what to do about it</li> </ul> <p>DC specific?</p> <ul style="list-style-type: none"> <li>- Increase knowledge in how to recognise MH problems in others, and what to do about it</li> <li>- Systematic initiatives to increase MH literacy in our student-athletes (e.g. fact sheets; workshops; quiz).</li> </ul>

## Resilience-building

<p>Which, if any, proactive <b>strategies to promote resilience and well-being</b> are used in your organisation?*</p> <p><i>In which format are such strategies offered? Who offers such strategies? How many sessions? How frequently? Formal or ad-hoc?</i></p> <p><i>*Please include any relevant documents as attachment, if possible</i></p>	<p>General description:</p> <ul style="list-style-type: none"> <li>- Free in-person workshops. Limited places and need to subscribe. Offered by studentpsychologists or clinical psychologists as part of BRUCC. Offered only occasionally. (5-8 sessions)</li> <li>-</li> </ul> <p>DC specific?</p> <ul style="list-style-type: none"> <li>- DC competency evaluation and training</li> <li>- Series of online/physical workshops and/or tools on             <ul style="list-style-type: none"> <li>o DC competency evaluation (using DualCareerTools online platform); for all student-athletes part of their online application</li> <li>o Career Planning; i.e. Holistic goal setting workshop</li> <li>o DC management; i.e. DC planning workshop</li> <li>o Coping with DC stressors</li> </ul> </li> <li>-</li> </ul>
<p>Can you describe in more detail the <b>content</b> of the strategies to promote resilience and well-being?</p> <p><i>Specific skills/competencies addressed?</i></p> <p><i>*Please include any relevant documents as attachment, if possible</i></p>	<p>General description:</p> <ul style="list-style-type: none"> <li>- SBC Group-based workshops around fear-of-failure.</li> <li>- ACT workshops (<a href="https://www.brucc.be/nl/aanbod-vub-studenten-act/actie-training-vub-studenten">https://www.brucc.be/nl/aanbod-vub-studenten-act/actie-training-vub-studenten</a>)</li> <li>- Mindfulness &amp; self-compassion workshops (<a href="https://www.brucc.be/nl/aanbod-vub-studenten-krachtig-mezelf/krachtig-mezelf-voor-vub-studenten">https://www.brucc.be/nl/aanbod-vub-studenten-krachtig-mezelf/krachtig-mezelf-voor-vub-studenten</a>)</li> <li>- Sleep workshop?</li> </ul> <p>DC specific?</p> <ul style="list-style-type: none"> <li>- DC competency evaluation and training</li> <li>- Series of online/physical workshops and/or tools on             <ul style="list-style-type: none"> <li>o DC competency evaluation (using DualCareerTools online platform); for all student-athletes part of their online application</li> <li>o Career Planning; i.e. Holistic goal setting workshop</li> <li>o DC management; i.e. DC planning workshop</li> <li>o Coping with DC stressors</li> </ul> </li> <li>- Student-athletes can follow the workshops live and/or later online</li> </ul>
<p>Can you describe in more detail the <b>background</b> of the strategies to promote resilience and well-being?</p>	<p>General description:</p> <p>DC specific?</p>

<p><i>Informed by specific frameworks (e.g., ACT, CBT, MST)?</i></p> <p><i>Evidence-based?*</i></p> <p><i>*Please include any relevant publications related to the adopted strategies</i></p>	<p>Aim is to promote resilience and well-being in athletes' DC by making them aware of their own challenges in different life domains, and promote the development of competencies so that they can cope with their daily DC experiences (e.g. stressors) and obtain an optimal DC balance. Grounded in HAC model and DC competency framework.</p>
<p>Is there something you would do/want differently regarding the use of proactive strategies to promote resilience and well-being within your organisation?</p>	<p>General description:</p> <p>DC specific?</p> <ul style="list-style-type: none"> <li>-get more student-athletes actively engaged on working on their competencies</li> <li>-offer a series of workshops on a systematic basis so that student-athletes know at the beginning of the academic year when the workshops take place and/or are put online.</li> <li>-add other workshops focused on ACT, CBT.</li> </ul>

## NEED MORE INFORMATION?

This output was developed as part of the Erasmus+ Sport project "Dual Careers for Mental Health" (DC4MH).

**...Are you interested in the results of DC4MH?**

**...Interested in using the tools of DC4MH in practice?**

Please consult our DC4MH website, DC4MH socials, and/or contact prof. dr. Koen De Brandt of the Vrije Universiteit Brussel.

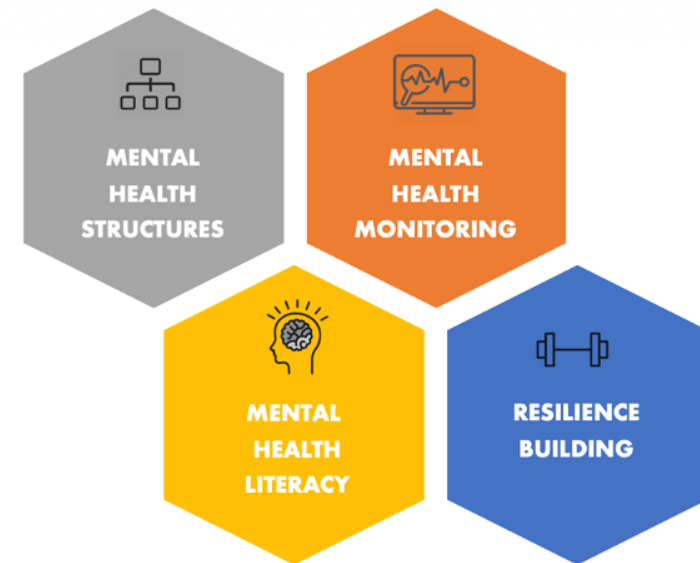
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# DUAL CAREERS FOR MENTAL HEALTH

DC4MH aims to optimize mental health services within European Dual Career (DC) 'elite sports and education' organizations.

DC4MH focuses on the development, implementation and evaluation of research-based recommendations and tools in 4 areas.



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