



Dual Careers for Mental Health (DC4MH)

NATIONAL REPORT WP1

Mental health in Belgian dual career athletes, non-student athletes, and non-athlete students

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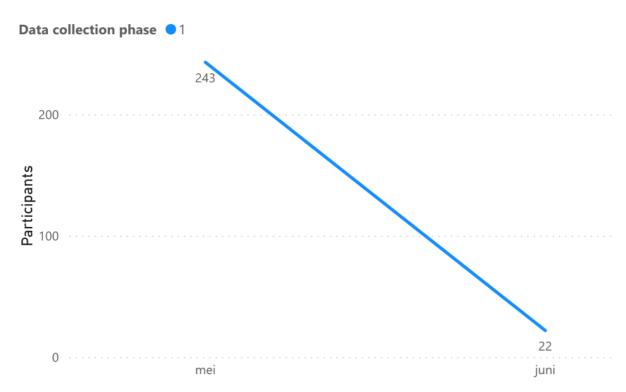
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Data collection in Belgium

- Who? In first instance, the survey was sent out by the Vrije Universiteit
 Brussel to its student-athletes (N = 125 in academic year 2020-2021) and
 non-athlete students in the faculty of Physical Education & Physiotherapy.
 Second, Royal Sport Club Anderlecht (RSCA) sent out the survey to all
 players younger than 23. Third, the survey was sent out by Sport
 Vlaanderen and ADEPS to their pool of athletes.
- When? Data was collected between May and June 2021
- **How?** Participants received an online link by email to fill out the survey. In RSCA, a group session was organized to fill out the survey.

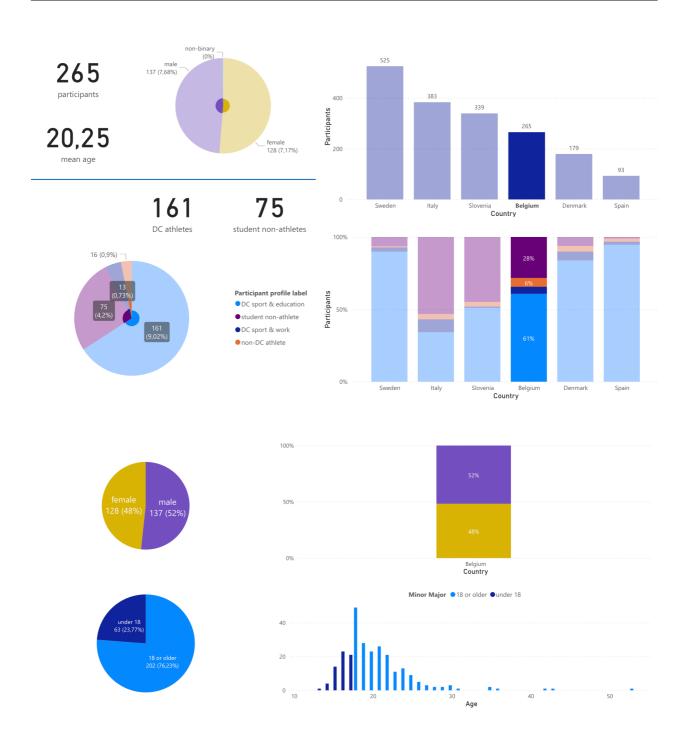


Graph 1. Data collection in Belgium

Participants in Belgium

In total, 265 participants from Belgium completed the DC4MH survey. Besides 161 DC athletes, also 29 non-DC athletes, and 75 student non-athletes participated. In total, 53 football players were in the sample. The main characteristics are displayed in the graphs above.

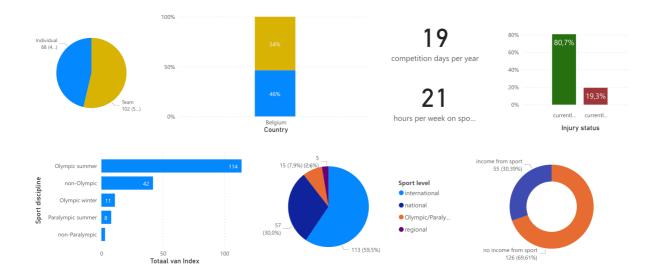
Mean age of 20.25 years was a bit higher than in the European sample (19.10y), with 76% of Belgian participants being older than 18. Male and female participants were almost equally distributed. In total, 79% of participants was Dutch-speaking and 21% French-speaking.



Belgian athlete sample (n = 190; 73% of full Belgian sample)

In total, 190 Belgian athletes completed the survey, of which 161 were DC athletes. The athlete sample characteristics are displayed below. Some key findings:

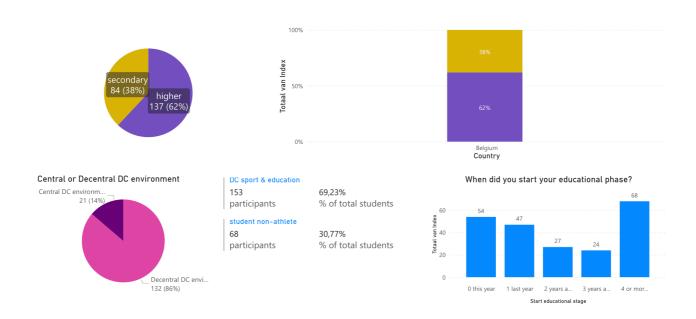
- Team-individual sports were almost equally distributed (similar to EU findings);
- 60% was active on the international level (vs. 35% in EU);
- 30% received an income from their sport (vs. 22% in EU);
- Similar injury rates to EU data (80% currently not injured);
- Mainly active in Olympic summer and non-Olympic sports (same as EU);
- Most represented sports were football, cycling, hockey, basketball and fencing.



Belgian student samples (n = 221)

In total, 221 participants were at the moment of data collection following an education (69% student-athletes; 31% non athlete-students). Of them, 62% were in higher education and 38% in secondary education.

Of the 153 student-athletes, 21 were in a centralized DC environment (e.g. elite sport school), while the others followed a decentral trajectory (e.g. sport and education at different places).

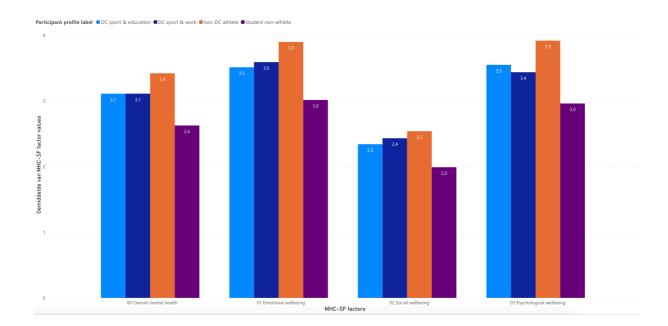


Detailed results are displayed in the visuals below.

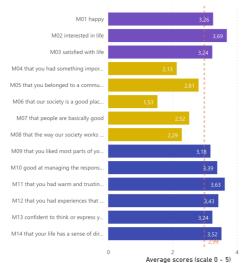
In total, 265 participants completed the MHC-SF. Based on Keyes' classification, 36% were categorized as flourishing, 57% with moderate mental health, and 7% as languishing. Compared to the EU data, Belgian participants were more often categorized as "moderate mental health" and less often as "flourishing". This was true for both student-athletes and non-athlete students.

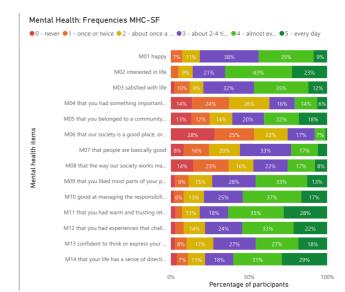
All scores for the subscales of mental health were lower than the EU average, but this was especially true for social well-being.

Similar to the European sample, Belgian DC athletes reported higher scores for well-being than non-athlete students.

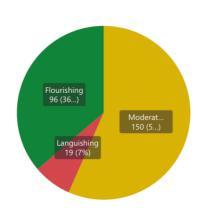


Mental Health: Item scores MHC-SF

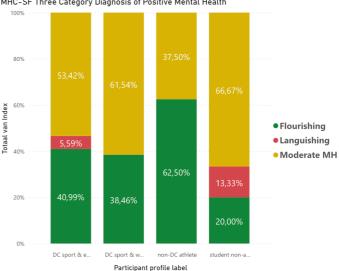




MHC-SF Three Category Diagnosis of Positive Mental Health



MHC-SF Three Category Diagnosis of Positive Mental Health

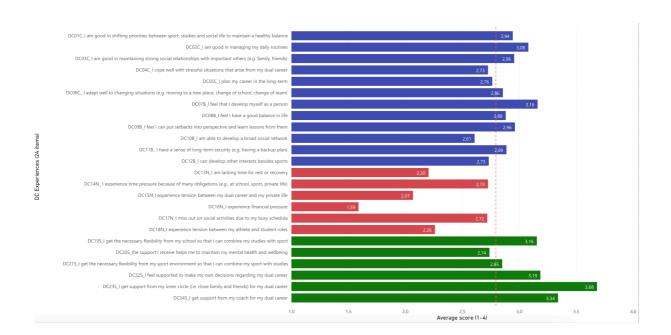


Dual Career Experiences

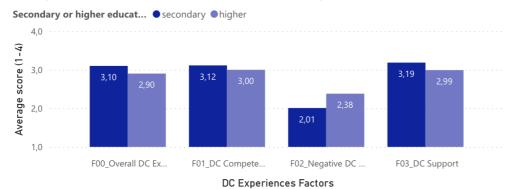
Dual Career experiences of 161 participants were investigated. Very similar scores were identified for the 3 factors (DC Competencies & Benefits; DC Support; Negative DC experiences) compared to EU average. On item level, Belgian DC athletes reported compared to the EU average:

- higher scores for "missing out on social activities" (Negative DC experiences)
 and lower scores for "being able to develop a broad social network" (DC
 competencies). This could be directly related to the lower values reported for
 social well-being.
- higher scores for "flexible support from educational institution for DC" (DC support)

When comparing between groups, student-athletes in secondary education reported (on average) higher scores for the 3 factors than those in higher education.



DC Experiences factor scores between educational stage



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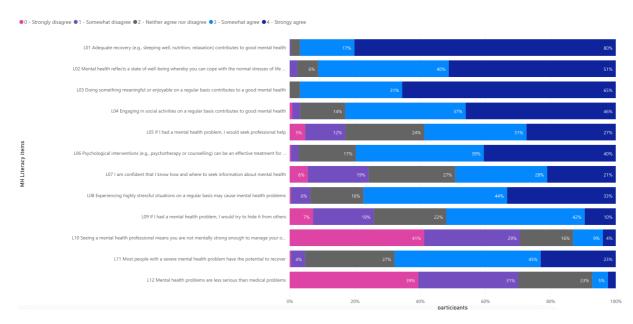
Mental Health Literacy (N = 265)

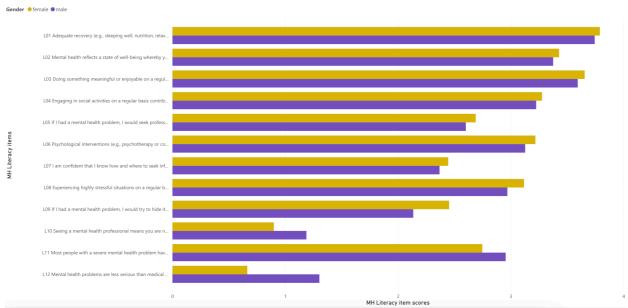
For mental health literacy we observed overall very similar findings to the EU data.

Compared to the EU data, Belgian participants reported on average:

- Higher scores for item 9 "hiding MH problems", and this was especially pronounced in female student-non athletes
- Lower scores for item 5 "seeking professional help" and item 7 "knowing where to find information on MH"

The gender pattern for item 9, 11, 12 was the same as in the EU sample.

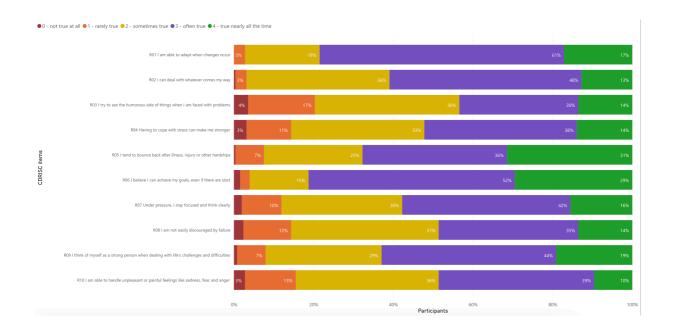




Resilience (N = 265)

Very similar findings were reported for resilience compared to the EU data (i.e. lower scores reported by female participants for all 10 items).

Compared to the EU sample, Belgian participants reported lower scores on "seeing the humorous side of things when faced with problems".

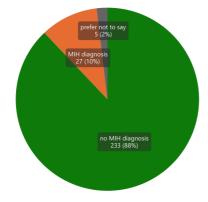


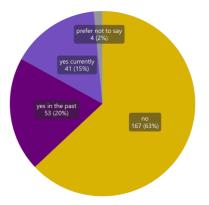
Mental ill-health (N = 265)

In comparison to the EU sample, a higher percentage of Belgian participants reported to having received a diagnosis for a MH problem (10% vs 6%) and indicated to having received help from a professional in relation to their MH (37% vs 29%). This difference was especially pronounced in the student non-athlete population.

Have you received a diagnosis for MH problem?

Have you received help from a professional in relation to your MH $_{\rm c}$



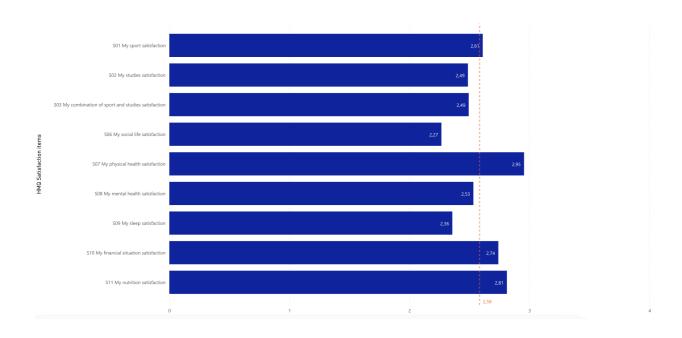


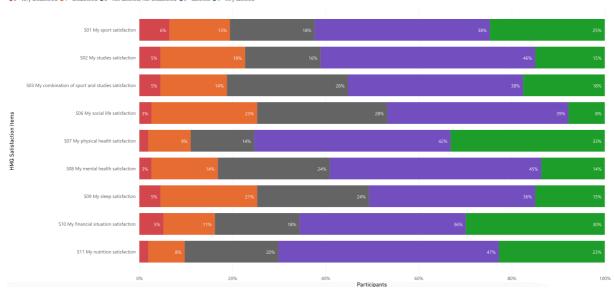
Life satisfaction and impact of COVID-19

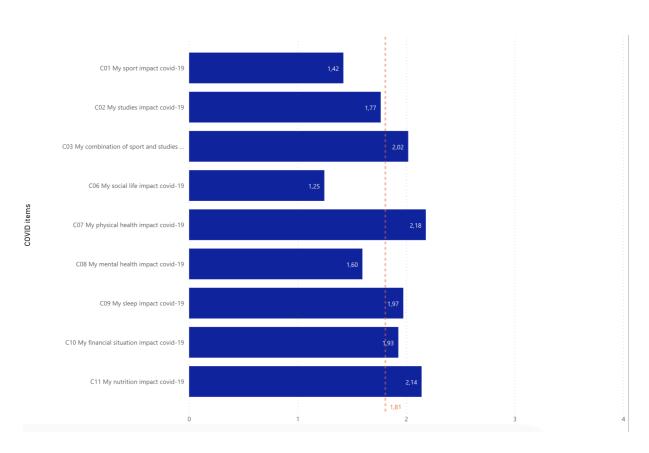
Belgian DC athletes were overall most satisfied about their physical health, nutrition, financial situation, and their sport; and least satisfied about their sleep and social life. Satisfaction scores compared to the EU average were generally lower, except for physical health and sleep.

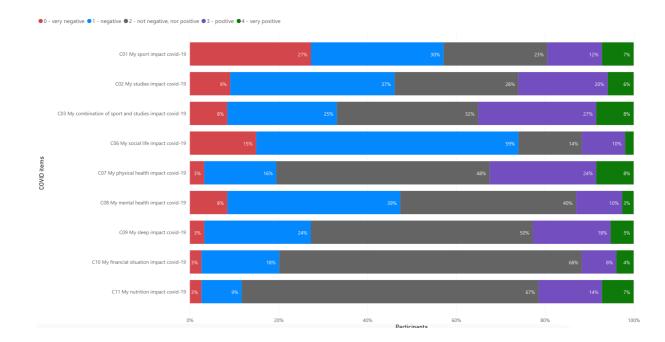
As in the EU sample, satisfaction scores for DC athletes were higher than for student non-athletes in all domains.

For the impact on COVID-19, DC athletes reported -similar to EU data- the most negative impact on their sports (57% negative impact), social life (76% negative impact) and mental health (47% negative). Positive impact of COVID-19 was most prevalent on their combination of sport and studies (35% positive), physical health (32% positive) and sleep (23% positive).









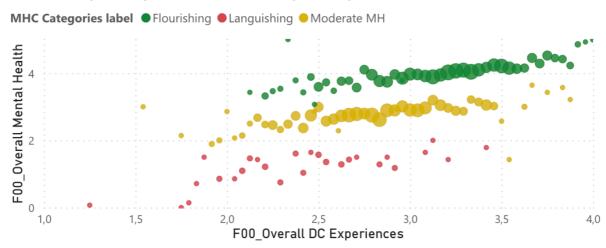
Mental health and dual career experiences

The same strong relationship between athletes' dual career experiences and mental health in the EU sample was observed in the Belgian sample. In general, male athletes and athletes from team sports reported higher dual career experiences.

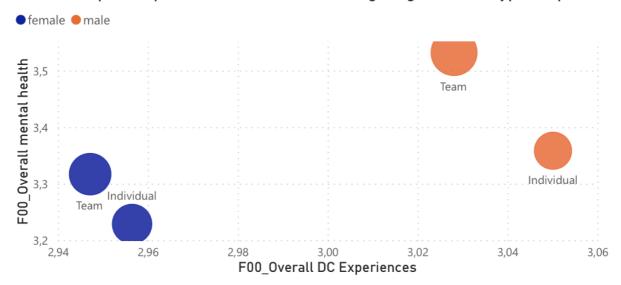
The Belgian scores for mental health were lower compared to the Nordic countries (Sweden and Denmark), similar to Spain and Italy, and higher than Slovenia. No significant difference was found in SPSS for Belgian athletes' dual career experiences compared to the other countries.

Dual career experiences, life satisfaction, MH Literacy, and resilience were all significant predictors of mental health (tested in SPSS).

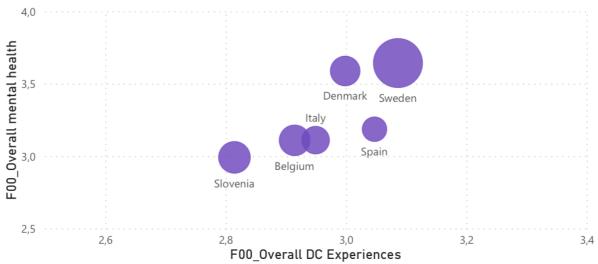
Relationship DC experiences - Wellbeing 3 categories



Relationship DC experiences - General wellbeing for gender and type of sport



Relationship DC experiences - General wellbeing between countries



Recommendations for future research and practice

Based on the research findings, the following key recommendations or attention points for future research and/or practice can be formulated

RECOMMENDATIONS FOR FUTURE RESEARCH:

- Using the PHQ-9 and GAD-7 scale with Belgian DC athletes
- What is the role of the entourage (e.g. parents, coaches, partners) in promoting DC athletes' mental health?

RECOMMENDATIONS FOR PRACTICE:

- Develop strategies to optimize the DC experiences and mental health of athletes;
- Work on developing mental health literacy in DC athletes
- Use of the DC experiences scale as an applied monitoring tool
- Can strategies used with athletes be transferred to the non-athlete student population to increase their mental health and well-being?