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Mental wellbeing of university students-athletes in Nairobi City County Kenya

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Abstract
For university student-athletes, mental wellbeing (MWB) is an essential part of their overall development and health. However, this group is subject to various stressors that could jeopardize their mental wellbeing, such as gender expectations, competitive demands, academic pressure, and injury. MWB outcomes may be influenced by variables like gender, academic level, university type, sport discipline, and history of mental illness. The purpose of this study was to evaluate the mental wellbeing of Kenyan university student-athletes in Nairobi City County. With a final sample of 863 respondents, a cross-sectional mixed-methods design was used to target 1,650 student-athletes from public and private universities. Simple random sampling chose participants for questionnaires and focus group discussions (FGDs), purposive sampling identified sports categories and key informant interviewees, and cluster sampling made a distinction between public and private universities. A structured questionnaire that included the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) and socio-demographic characteristics was used to gather quantitative data. Participants were nearly evenly divided by gender (50.4% male, 49.6% female), with an average age of 21.6±1.9 years. The average WEMWBS score was 52.2±7.5 (range = 26-70), with 14.0% showing high wellbeing, 12.2% showing low wellbeing, and 73.8% showing average wellbeing. Gender differences were not statistically significant ($p = 0.197$). However, athletes with a history of mental illness reported significantly lower wellbeing (42.9±5.9) compared to peers without such history (52.8±7.2; $t(807) = -9.47$, $p<0.001$). Coping strategies, support networks, and institutional reactions were examined using qualitative data from focus group discussions and key informant interviews. Open Data Kit (ODK) was used to collect the data, and SPSS v26 was used for analysis. using both inferential and descriptive statistics ($p<0.05$). NACOSTI and the Kenyatta University Ethical Review Board (KUERB) provided their ethical approval. The results will guide interventions promoting student-athlete mental wellbeing, inform institutional policy, and enhance academic literature.

Keywords: Psychological wellbeing, student-athletes

1. Introduction
Due to the particular demanding intersections of their daily activities, university student-athletes' mental wellbeing has gained international attention in recent years (Van Niekerk & Tsebe, 2025) [30]. University student-athletes deal with particular stressors, such as juggling school and athletics, performance pressure, identity issues, injury risks, and the stigma associated with asking for help (Bock, 2024; Van Niekerk & Tsebe, 2025) [3, 30]. Participating in sports can improve one's physical, social, and mental well-being by reducing stress, enhancing a sense of community, and boosting one's self-esteem (Kegelaers *et al*., 2024; Morris *et al*., 2020) [13, 16]. However, despite the advantages, student-athletes face significant risks to their mental wellbeing when the demands become too much to handle (Kegelaers *et al*., 2024) [13].

Student athletes often experience high levels of anxiety, depression, eating disorders, self-identity distress, and even suicidal thoughts due to high performance environments like competitive university leagues and outside pressures (Chang *et al*., 2020) [5]. Accordingly, estimates of the risk prone of common mental disorders among elite student athletes range from 15% to 40% (Bock, 2024; Chang *et al*., 2020) [3, 5].

According to recent studies conducted worldwide, 20% to 40% of college/university students suffer from clinically significant levels of anxiety/depression (Auerbach *et al*., 2018; Córdova

et al., 2023) [1, 6]. These figures are particularly concerning for student-athletes, who must constantly balance the demands of both academic excellence and competitive sports (Auerbach *et al*., 2018) [1]. Because of its links to physical activity, social support, and self-worth, sport is frequently used as a shield for mental health (Mwangi *et al*., 2023) [17]. The sport high-performance environment could also expose student-athletes to stressors that increase their risk of burnout, which can result in anxiety, depression, and disordered eating, according to more recent research (Rice *et al*., 2016) [27].

A recent study conducted by the National Collegiate Athletic Association (NCAA) in the United States, approximately 23.7% of collegiate athletes test positive for clinically relevant depressive symptoms, and female athletes are almost twice as likely to have these symptoms as male athletes (Bird *et al*., 2021; Simons & Bird, 2023) [2, 29]. Research by Bird *et al*. (2021) [2], "most athletes have reservations about seeking help due to stigma from fear of being perceived as weak," despite significant pressures related to athlete scrutiny, performance expectations, injuries, conflict of identity, and academic sport nexus demands (Bird *et al*., 2021; Simons & Bird, 2023) [2, 29].

According to Walsh *et al*. (2018) [31], student-athletes in the UK frequently experience higher levels of stress than their peers who do not participate in sports because of the demands of both academics and athletics. But they also gain from robust social support systems that teams offer, which boosts resilience. In a similar study, Pope *et al*. (2019) [25] in the US discovered that long training sessions were linked to lower wellbeing when they weren't balanced with social and academic support. A study by the World Health Organization (2020) [33], one in seven youth worldwide suffer from mental health related issues, with college students being a particularly vulnerable group.

The international literature has long recognized striking a balance between competitive sport and academic study as a success (Henriksen *et al*., 2019) [11]. In addition to bringing out unique stress profiles, this pathway can result in significant life growth and skill development. Due to training and competition schedules, performance pressure from teammates, coaches, and family, and a great deal of uncertainty about their career path after sports, student-athletes frequently struggle with time constraints (Henriksen *et al*., 2020) [10].

The COVID-19 pandemic caused disruptions that increased the strain on sporting events, restricted access to training facilities, and a sudden switch to online education, all of which were linked to a decline in athletes' mental health at all levels (Castaldelli-Maia *et al*., 2019) [4]. Many things changed, but primarily, the loss of identity as an athlete resulted in less social interaction with teammates, which significantly increased mental distress (Whitcomb-Khan *et al*., 2021) [32]. According to a multi-country study conducted in sub-Saharan Africa, student-athletes in the region faced a variety of stressors, with their economic background being a significant contributing factor to their poor mental health (Peltzer & Pengpid, 2019) [24]. According to the study, some student athlete populations have depression prevalence rates of over 35% (Peltzer & Pengpid, 2019) [24].

There is less known research on mental wellbeing in Africa. Nonetheless, high levels of anxiety linked to performance and burnout were discovered in a South African study involving top university athletes (Rice *et al*., 2019) [26]. According to the study, stigma and feelings of weakness make people reluctant to ask for assistance (Othieno *et al*., 2014) [21]. This is consistent with research from around the world showing that, despite having similar or greater levels of psychological distress than non-athletes, athletes frequently underuse the resources available for mental wellbeing (Othieno *et al*., 2014; Peltzer & Pengpid, 2019) [21, 24].

Similar patterns have been found in research conducted in Africa. According to Ndee (2017) [18] in Tanzania, student-athletes usually experience psychological strain due to their inability to control their obligations to sports, academic standards, and scholarship requirements. According to Onywera *et al*. (2019) [20], university student-athletes in Kenya deal with particular stressors such as controlled access to mental wellbeing services, academic workload, and financial hardship. Despite the protective advantages of playing sports, these difficulties frequently compromise their mental health.

More recently, Oketch & Were (2021) [19] found that while playing sports helps Kenyan university students become more resilient and interact with others, the lack of institutional support systems makes stress levels worse. In their study of student-athletes in Nairobi, Kamau & Wamukoya (2022) [12] discovered a positive correlation between psychological wellbeing and supportive coaching staff and strong peer relationships. Nonetheless, the study also identified deficiencies in university-based mental health interventions and structured counseling.

Research on the mental wellbeing of college/university athletes and students is scarce in Kenya. The nation's capital and center of education, Nairobi City County, is home to numerous public and private universities and other higher education establishments. Because of the county's active sports league, students can compete at the national and regional levels, including the Kenya University Sports Federation (KUSF) and the East Africa University Sports Federation (EAUSF) leagues, which require student-athletes to put in a significant amount of time and perform at a high level. In order to determine the mental wellbeing of student athletes at public and private universities, the study was conducted in Nairobi City County.

Even though mental wellbeing is receiving more attention in Kenya, little empirical research has been done on the mental wellbeing of university student-athletes in Nairobi City County. The majority of the research that is currently available focuses on the physical health aspects of participating in sports or on general student populations. However, student-athletes are a special group of students who deal with the demands of two jobs, performance pressure, and restricted access to specialized mental related health care. By investigating the mental wellbeing of university student-athletes in Nairobi City County, Kenya, this study aimed to close that gap.

This current study was informed by the following objectives: to describe the demographic characteristics of university student-athletes; to ascertain the general level of mental wellbeing among university student-athletes; to investigate the relationship between mental wellbeing scores and demographic factors (e.g., age, gender, sport type, year of study, and university type); and, finally, to determine whether there are notable differences in mental wellbeing levels among student-athlete demographic groups within Nairobi City County.

The following research questions provided answers to the objectives: What are the demographic traits of university student-athletes? What is the general state of mental wellbeing among Nairobi City County's university student-athletes? Two hypotheses addressed the remaining two goals,

namely that there is no significant difference in the mental wellbeing levels of university student-athletes in Nairobi City County across demographic groups and that there is no significant relationship between demographic factors and mental wellbeing among university student-athletes.

1.1 Theoretical framework and Previous Studies

This study is grounded in psychological and wellbeing theories that explain how individuals experience and sustain mental wellbeing in the context of demanding environments which are the student's academics and athletics lifestyles. Deci and Ryan's (1985, 2000) Self-Determination Theory (SDT) is one of the guiding viewpoints. According to the theory, competence, relatedness, and autonomy are the three basic psychological needs that must be met for human wellbeing. Regarding student-athletes, relatedness refers to the social ties formed within teams and peer groups; competence refers to the sense of accomplishment in both areas; and autonomy represents the capacity to make individual decisions in juggling athletics and academic life. According to SDT, athletes' wellbeing is improved when these needs are sufficiently satisfied, but mental distress may arise if they are not satisfied.

The Biopsychosocial Model of Wellbeing (Engel, 1977) [9], which highlights how biological, psychological, and social factors interact to shape health outcomes, provides additional context for the study. Physical fitness or sports-related injuries are examples of biological factors for university student-athletes; stress and resilience are examples of psychological factors; and peer relationships, financial security, and institutional support are examples of social factors. In Kenya, where student-athletes frequently manage intricate socioeconomic issues in addition to their academic and athletic obligations, this framework is especially pertinent.

The study also utilizes Seligman's (2011) PERMA Model of Wellbeing, which is a key idea in positive psychology. Engagement, positive emotions, relationships, sense of meaning, and accomplishment are the five components that PERMA identifies as being crucial to wellbeing. Participation in sports has a direct positive impact on a number of these areas. For instance, teamwork builds relationships, while competition and training can increase engagement and accomplishment. However, general wellbeing may suffer if stress or pressure weakens other pillars like meaningful experiences or positive emotions.

When put together, these theories offer a detailed framework for comprehending student-athletes' mental health. These viewpoints are supported by the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS), which is a suitable instrument for evaluating the wellbeing of this population since it measures both psychological functioning and positive mental wellbeing indicators.

When combined, these studies show that even though playing sports can help students develop resilience, social connections, and a sense of accomplishment, student-athletes are still susceptible to serious stressors that can harm their health. Crucially, there isn't much research in Nairobi City County that combines demographic profiling and standardized tests like the Warwick-Edinburgh Mental Wellbeing Scale to evaluate student-athletes' mental wellbeing in a methodical manner. By offering empirical data that could guide future research, institutional interventions, and policy, the current study aims to close this gap.

2. Methodology

2.1 Study Design and Participants

Student athletes' mental health was investigated using a cross-sectional descriptive and analytical study design. 814 student-athletes from 11 private and public universities in Nairobi agreed by giving their consent to participate in the study between January and March 2025. Stratified random sampling was used, with stratification based on gender and sport type to ensure a representative distribution. Of those contacted, 809 consented to be part of the study and duly completed the necessary information, resulting in a 99.4% accuracy rate in the data collection tools.

2.2 Instruments

The 14-item Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) was used to measure mental wellbeing; the total scores ranged from 14 to 70 (Tennant *et al*). In this sample, the WEMWBS highlighted great internal consistent reliability (Cronbach's $\alpha = 0.936$), which is acceptable. Better mental health was indicated by higher scores. The supervisors and subject-matter experts coordinated their discussions and comments on the draft questionnaires to assess the study's objectivity, evaluate its clarity, and assess how well the research tools would address the issues. This process also helped to verify the study's validity.

2.3 Ethical and Logistical considerations

The study obtained consent before using research instruments and collecting data, as required by law. Kenyatta University Graduate School reviewed the proposal and received authorization for a research permit. The Kenyatta University Ethical Review Board (KUERB) also granted permission for the study to use its research questionnaires and data collection procedures. Additionally, the study applied for permission from the National Council for Science, Technology, and Innovation (NACOSTI), the national agency that grants research authorization and permit grants. After receiving the aforementioned permission, the study proceeded to write letters to the vice chancellors asking for permits from the student deans at the selected universities in Nairobi City County.

Five master's students studying recreation and sports management served as research assistants for the study. The research assistants received both virtual and in-person training on interpersonal and interpersonal skills, the inclusion and exclusion criteria used to sample athletes, and the methods for gathering data and storing information with the highest level of confidentiality. This took place prior to the pre-test in order to help the research assistants comprehend the resources that will enable them to conduct the questionnaires with the highest level of professionalism.

2.4 Data Collection and Analysis

In order to maximize participation and minimize disruption, self-administered questionnaires were distributed during athletes' regular training sessions. Six key informant interviews with university coaches and sports officers were carried out in order to supplement the quantitative data and offer contextual understanding. By emphasizing institutional procedures, difficulties, and the psychological climate surrounding student athletes, these qualitative insights enhanced the data. Incorporating validated questionnaires and qualitative interviews facilitated a thorough evaluation of mental wellbeing in the context of athletics, providing a solid foundation for analysis informed by Seligman's PERMA Model of Wellbeing, the Biopsychosocial Model of

Wellbeing, and Self-Determination Theory (SDT).
When combined, these frameworks offer a comprehensive basis for comprehending student-athletes' mental health. SPSS version 26 was used to analyze quantitative data. WEMWBS and demographics were described using descriptive statistics. Pearson's correlation analysis looked at the connection between mental health and wellbeing. Demographics and significance at $p<0.05$ were examined using independent t tests and one-way ANOVA.

3. Results

3.1 Participant Characteristics

The respondents were 809 student-athletes, 408 (50.4%) were male and 401 (49.6%) female, with a mean age of 21.64 ±1.87 years. Year of study had 13.7% as year 1, 29.5% as year 2, 30.3% as year 3, 24% as year 4 and 2.4% as year 5. Public universities comprised of 46.6% while private universities made the remaining 53.4%. The respondents type of accommodation showed 22.9% lived with parents, 39.1% rented outside alone, 20.9% rented outside with roommates and 17.2% shared university hostels. Sport distribution included soccer (30.9%), volleyball (18.7%), basketball (17.3%), hockey (16.1%), athletics (2.1%) and racket sports made (9.6%).

Table 1: Social demographic characteristics of University Student-Athletes

Variable	Category	Frequency (n)	Valid Percent (%)	Cumulative Percent (%)
Gender	Male	408	50.4	50.4
	Female	401	49.6	100.0
Age	Mean ± SD = 21.64±1.872 years; Range = 18-29 years; Skewness = 0.710; Kurtosis = 0.172			
Year of Study	1st Year	111	13.7	13.7
	2nd Year	239	29.5	43.3
	3rd Year	245	30.3	73.5
	4th Year	194	24.0	97.5
	5th Year	20	2.5	100.0
University Type	Public	377	46.6	46.6
	Private	432	53.4	100.0
Accommodation Type	At home with parents	185	22.9	22.9
	Rented outside alone	316	39.1	61.9
	Rented outside with roommate	169	20.9	82.8
	University shared hostel	139	17.2	100.0
Main Sport Played	Athletics	17	2.1	2.1
	Basketball	140	17.3	19.4
	Racket/Badminton	78	9.6	29.0
	Soccer	250	30.9	60.0
	Swimming	43	5.3	65.3
	Hockey	130	16.1	81.3
	Volleyball	151	18.7	100.0
Years Represented University in Sports	Mean ± SD = 2.44±1.019 years; Range = 1-5 years			
Previous Injury (>1 academic year)	No	717	88.6	88.6
	Yes	92	11.4	100.0
Mental Illness in Past Year	No	760	93.9	93.9
	Yes	49	6.1	100.0
Type of Mental Illness *(among those affected)*	Anxiety	21		42.9% of cases
	Depression	14		28.6% of cases
	Bi-polar disorder	1		2.0% of cases
	Post-traumatic disorder	9		18.4% of cases
	Schizophrenia	2		4.1% of cases
	Eating disorder	5		10.2% of cases

3.2 The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)

The Warwick-Edinburgh Social Index was determined by adding up each respondent's score for each of the 14 questions on the WEMWBS scale. Respondents who answered "none of the time" received a minimum score of 14 and scored 1 on all 14 questions, while respondents who answered "all the time" received a maximum score of 70 and scored 5 on all 14 questions. The analysis revealed that the mean WEMWBS was 52.24±7.5. Additionally, based on their WEMWBS score, the respondents were divided into three categories: low, average, and high mental well-being. Athletes with a WEMWBS score of 14-42 were classified to have a low mental well-being score, those with a score of 43-59 were classified as average well-being being while those with a score of 60-70 were classified as high well well-being score.

Table 2: Mental Wellbeing Category of University Student-Athletes

Mental well-being category	Frequency	Valid Percent	Cumulative Percent
Low mental well-being	99	12.2%	12.2%
Average well-being	597	73.8%	86.0%
High well-being	113	14.0%	100.0%
Total (Valid)	809	100.0%	
Missing (System)	5		
Total	814		

The mean WEMWBS score was 52.24±7.48 (range 26-70). Categorically, 12.2% exhibited low wellbeing (14-42), 73.8% average (43-59), and 14.0% high (60-70).

Table 3: Comparison of Mental Wellbeing Scores by Gender

Assumption	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% CI of the Difference (Lower)	95% CI of the Difference (Upper)
Mental wellbeing Equal variances assumed	1.123	.289	-1.291	807	.197	-0.67904	0.52605	-1.71163	0.35354
Equal variances not assumed			-1.290	803.90	.197	-0.67904	0.52625	-1.71203	0.35395

No gender difference emerged in WEMWBS scores (male = 51.90±7.31 vs. female = 52.58±7.65; p = 0.197).

3.3 Relationship between the mental well-being and a previous episode of mental disorder.

Analysis for the mental well-being and previous episode of mental disorder was done. Among those athletes who suffered mental disorder in the past one year, the mental wellbeing score was 42.9±5.95. This was low compared to those who had not suffered from any mental disorder. Their mental wellbeing score was 52.8±7.17 as illustrated in the table below (Table 4).

Table 4: Mental Wellbeing of Student-Athletes with and Without a History of Mental Illness

Mental Illness History	N	Mean	Std. Deviation	Std. Error Mean
Yes (currently or in the past)	49	42.92	5.95	0.85
No	760	52.84	7.17	0.26

Athletes with a history of mental illness (n = 49; 6.1%) scored significantly lower on WEMWBS (42.92±5.95) than those without (52.84±7.17; $p<0.001$).

Table 5: Comparison of Mental Wellbeing Scores by Gender (Independent Samples T-Test)

Assumption	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% CI of the Difference (Lower)	95% CI of the Difference (Upper)
Equal variances assumed	2.414	.121	-9.473	807	.000	-9.92	1.05	-11.97	-7.86
Equal variances not assumed			-11.151	57.37	.000	-9.92	0.89	-11.70	-8.14

The data showed a clear and statistically significant difference, t (807) = -9.473, p = 0.000

4. Discussion

With an emphasis on psychosocial and demographic traits, the prevalence of mental illness, and its relationship to wellbeing, the current study investigated the mental health of Kenyan university student-athletes. The majority of participants in this study reported average levels of wellbeing, according to the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS), while a smaller percentage showed either high or low wellbeing scores. The results add to a academia body of research highlighting the resilience factors and mental health vulnerabilities of university student-athletes.

4.1 Mental Wellbeing Levels among Student-Athletes

The majority of student-athletes (73.8%) fell into the average wellbeing category, with a mean WEMWBS score of 52.24±7.48. This indicates that a significant minority of athletes are still at risk, with 12.2% reporting low wellbeing, even though the majority maintain moderate psychological health. These results are in line with global research that has repeatedly demonstrated that student-athletes have mental health risk factors as well as protective factors (Moore *et al*., 2025 [15], Yildiz *et al*., 2024) [34]. Improved stress management, social connectedness, and self-esteem have all been associated with sports participation. However, the combined pressures of both athletic and academic obligations can increase stress and possibly worsen some people's wellbeing.

The delicate relationship between playing sports and mental wellbeing is further supported by the equilibrium between resilience and vulnerability seen in this sample. While some international studies concur that the majority of student-athletes in the current study have average wellbeing, the Tanzanian validation study also found that sociodemographic factors, such as being male and living in an urban area, are linked to higher wellbeing among schoolchildren (Oyebode *et al*., 2023) [23].

4.2 Gender and Wellbeing

This study revealed no statistically significant gender differences in WEMWBS scores, which is in contrast to some previous research that suggested either male or female athletes had higher wellbeing (Yildiz *et al*., 2024) [34]. Sport may act as a protective equalizer for both sexes in this situation, as evidenced by the similar wellbeing outcomes reported by male (M = 51.90) and female (M = 52.58) participants. This finding might be a result of shared exposure to academic and athletic stressors, as well as growing gender parity in sports participation opportunities in Kenyan universities. However, this lack of distinction does not rule out the possibility that certain mental health issues (such as stigma around seeking help or problems with body image) may differ by gender. Gendered experiences that are not reflected in overall wellbeing scores may be explored in future qualitative studies.

4.3 Mental Illness and Wellbeing

The significant difference in wellbeing between athletes with and without a history of mental illness was one of the most startling discoveries. The WEMWBS scores of student-athletes with a history of mental illness during the previous year were significantly lower (M = 42.9) than those without such a history (M = 52.8). According to a study by Otieno & Nyayieka (2024) [22], depression is common among athletes at Kenyan universities. This information can be used to compare

rates of mental illness history and its correlation with wellbeing. This ten-point disparity demonstrates how mental illness continues to affect subjective wellbeing, even in a population that is very active. Together, anxiety and depression accounted for more than 70% of the reported cases, making them the most prevalent conditions.

This pattern is in line with worldwide data showing that the most common mental health related issues among young adults and athletes are anxiety and depression. Given that decreased psychological functioning may impair performance and academic success, the results showed the critical demand for screening, early intervention, and focused support programs for student-athletes with mental wellbeing histories.

4.4 Demographic Factors and Wellbeing

Further information is provided by the respondents' demographic profile. The transitional stage of emerging adulthood, which is characterized by increased susceptibility to mental health issues, is reflected in the mean age of 21.6 years. With final-year students frequently dealing with the combined demands of academic completion and athletic responsibilities, the distribution of wellbeing across study years points to possible stress accumulation. However, neither gender nor university type showed any discernible differences. According to a study by Mwangi *et al*. (2023) [17] and Yildiz *et al*. (2024) [34], student-athletes' psychological wellbeing is impacted by their gender context, particularly for female students in Kenya and Turkey. These elements continue to be crucial contextual variables in comprehending how societal and institutional factors impact wellbeing outcomes.

For example, students at private universities might have more resources at their disposal, whereas those at public universities might have to deal with bigger class sizes and resource shortages; these differences need more research. Another pertinent contextual factor that surfaced was the type of accommodation. The range of living arrangements, from shared university residence halls to living with parents, may have an impact on financial burden, independence, and social support all of which are related to wellbeing. The distribution of sport types also showed that team sports like volleyball, basketball and soccer were the most popular. Although this study did not directly compare groups, research indicates that team sports may provide greater social bonding and protective effects for wellbeing than individual sports. Further work could examine whether wellbeing scores differ significantly by type of sport, as some evidence suggests that individual athletes may experience higher isolation and stress.

4.5 Comparison with Previous Studies

The findings speak largely with earlier studies conducted in Sub-Saharan Africa and elsewhere. According to research, university students in Tanzania and Kenya had comparable percentages of low wellbeing and mean wellbeing scores on the WEMWBS in the mid-50s (Oyebode *et al*., 2023) [23]. Studies conducted in Europe have found somewhat higher mean scores, which may indicate contextual factors like cultural attitudes toward mental health, institutional support, and socioeconomic circumstances (Kirkland *et al*., 2025, Moore *et al*., 2025 & Yildiz *et al*., 2024) [14, 15, 34]. Thus, region-specific data are added in this study to highlight both local nuances (like the importance of institutional context and type of accommodation) and universal patterns (like the rate of anxiety and depression). Importantly, the prevalence of mental illness (6.1%) in this sample is lower than global estimates for university students, which may reflect underreporting due to stigma. Thus, the true burden of psychological distress may be underestimated.

4.6 Implications for Practice and Policy

The results have a number of applications. First and foremost, academic institutions ought to incorporate student-athlete-specific mental health promotion programs that combine therapeutic and preventive approaches. Screening tools like WEMWBS can be used to identify athletes who are at risk early on and to regularly monitor wellbeing. Second, it is evident that athletes with past mental health issues require specialized support, such as peer support groups, mentorship, and counseling services. Third, because team sports are so popular, teammates and coaches may be crucial gatekeepers for spotting psychological distress. In order to make sure that mental wellbeing is valued alongside physical performance, policymakers should lastly give priority to the integration of sport psychology services within university athletic departments.

4.7 Limitations and Future Research

There are various restrictions on this study. First, it is impossible to draw conclusions about the causal relationship between wellbeing and demographic factors due to its cross-sectional design. To monitor changes in mental wellbeing over the entire time of an athlete's academic career, studies which are longitudinal are required. Second, the information was self-reported, which can lead to social desirability bias or recall issues, especially when it comes to reporting mental illness. Third, because the study was carried out in Kenyan universities, its conclusions might not apply to other cultural contexts or institutional. Notwithstanding some of these drawbacks, the research offers a solid background for comprehending the mental wellbeing of student-athletes in East Africa.

Future studies should examine how coping mechanisms, athletic identity, and academic stress interact to influence wellbeing outcomes. While intervention studies could evaluate the efficacy of wellbeing programs, mixed-methods designs could shed light on the lived experiences that underlie quantitative patterns.

5. Conclusion

In conclusion, this study shows that although the majority of student-athletes at Kenyan universities report having average mental health, a sizeable percentage have poor mental health, especially those who have a history of mental illness. The lack of significant correlations between gender and university type suggests that the barriers and resources associated with sports participation may transcend demographic boundaries. To protect student-athletes' psychological well-being and ensure their success on the field and in the classroom, the study results highlight the necessity of improved mental wellbeing services, regular overall wellbeing assessments, and encouraging better policies.

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