



MENTAL HEALTH AND PHYSICAL WELLBEING OF SPORTS PERSONS AND NON SPORTS PERSONS

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ABSTRACT

The idea of a person's mental health encompasses not only their psychological and emotional states, but also their social well-being as an element in its definition. It changes depending on the myriad of ways in which our thoughts, feelings, and actions manifest themselves. In situations when there is little time for deliberation yet we still need to make a choice, this is the approach that we choose. It is also crucial in identifying who they are during the many stages of life, such as childhood, adolescence, and maturity and this can be accomplished by the usage of this information. This is vital since it helps define who they are throughout their whole life. And are quite significant financial contributors. The purpose of this research was to make a comparison between those who do participate in sports and those who do not participate in sports with the end goal of determining whether or not there is a difference between those who participate in sports and those who do not participate in sports in terms of having a healthy mental state. The researchers used a method known as purposive sampling to identify the people who took part in the study, and the participants' average age was 19.9 years old. The athletes that took part in the sports were much younger than the other competitors. The participants who did not take part in sports had an average age of 20.63 years, and they came from a diverse collection of educational institutions. Now, they are working towards degrees in a broad range of professional fields. There were a total of sixty people that took part in the study.

Keywords: *Positive Mental Health, Sportsperson and None Sportsperson*

INTRODUCTION

Defines mental health

There is a large proportion of the public that is of the view that one of the most essential criteria for qualifying in social assistance programmes ought to be the individual's current state of physical wellness. The provision of health care is rapidly becoming less of a priority for the many health and welfare systems that are already in place around the world. These systems are gradually transitioning towards making the creation of healthy communities their major purpose. The World Health Organization (WHO) defines mental health as a state of prosperity in which every individual is aware of their own potential, is able to deal with the typical stressors of life, is able to work in a way that is both helpful and productive, and is able to contribute to a network. It has been shown



that mental health is more than the absence of mental impairments, and that other factors, including those of a social, mental, and biological origin, may be those that pose a threat to the mental health of a person. It is also possible to describe it as a disease that can be diagnosed, that leads to significant shifts in a person's thinking, energy level, and behaviour, and that obliterates the individual's capacity to work and maintain individual connections. All of these characteristics are consistent with the description of a disease. Each of these readings are correct in their own way. As a result of the fact that an increasing number of people are, more than ever before, struggling with issues related to their mental health, these people are giving significant attention to the many different types of mental and psychological therapy that are available.

The reason for this is that there are many different types of mental and psychological therapy that are available. More than 150 million people throughout the world are struggling with some kind of mental health issue, the great majority of whom are situated in less developed countries. The majority of these people are in need of treatment. These things include, to a certain extent, a growing population, changes in manner of life, the breakdown of families, problems with finances, and so on and so forth. The approaches that therapists have recognised as possibly being the most effective ones in terms of how action might be an excellent treatment for the deterioration of mental health have been identified as such by the therapists as being among the most effective ones in this context by the therapists.

Who has the authority to claim that they are in pristine mental health?

According to the World Health Organization (WHO), having a healthy mental health can be defined as having a flourishing mind of capabilities and belonging to a generation, in addition to being fine and confident about operating self-confidence and rival ability. Having a flourishing mind of capabilities and belonging to a generation is just one component of having a healthy mental health. In addition to this, one possible definition of having a sound mental health is being able to belong to a certain generation (2001). It should not come as a surprise that the fundamental component that is responsible for defining the status of a human being's mental health is the mental activities that he engages in on a daily basis during the course of his life. Those who participate in sports have been found to have significantly higher levels of both good mental health and creative capacity compared to those persons who do not participate in sports. This has been shown beyond a reasonable doubt. A person who is successful in athletics has a greater tendency to be more determined in their day-to-day activities, such as his official, personal, social, and moral duties, and they make use of their positive mental health in every aspect of their life.

For example, a person who is successful in athletics tends to be more socially responsible and morally upright. Athletes who participate in sports and other forms of physical activity on a regular basis while they are in school and non-athletes who never participate in any kind of sport or physical activity can be compared and contrasted in a number of different ways, including anthropometric, physiological, psychological, and biomechanical. These are just some of the areas



that can be compared and contrasted between the two groups. This is done with the intention of satisfying the interests of the individuals who are carrying out the research.

The typical mental pursuits he engaged in during the course of his life.

One of the psychological problems was addressed by the researcher who compared and contrasted athletes and non-athletes with respect to their mental health and analysed the similarities and differences between the two groups. It is becoming more necessary for all individuals, regardless of whether or not they are active participants in sports, to keep their mental health in top condition at all times. Both the spirit of rivalry that permeates athletic competition and the significance of making efforts to protect one's mental health in one's day-to-day life are shown and discussed in a way that is crystal clear and succinct. Chaplin (1975) is credited as being the first person to provide a scientific description of good mental health. Later on, Strupp and Hadley (1977) defined it in terms of philosophy of life, self acceptance, and ego strength with the intention of assessing what constitutes good mental health. This author's article addresses fundamental aspects of cognition, wellness, including emotions or feelings, and mental health, as stated by Keyes (2002). He or she discusses these topics throughout the essay.

According to study that was carried out in 2015 by Tiwari and Agashe, there seems to be a link between good physical performance and great mental health. The investigators have arrived at the conclusion that it is vital to compare athletes and non-athletes with regard to the status of their mental health while keeping all of the relevant facts in mind.

Effect of Physical Activity on Mental Health Metrics

The most pertinent finding was the direct positive correlation between involvement in sport activities during childhood and mental fitness during adolescence. This correlation was found in a number of studies that were conducted to investigate the effect that sport participation has on the development of a healthy mental status in adolescents. There was a stronger association found between a minimum of four years of recreational sport participation (beta = 10.9; 95% confidence interval (CI): 2.60, 17.98) or for competitive sport involvement (beta = 19.48, 95% CI: 9.50, 29.46) and better mental health in late adolescence, as measured through the Mental Health Continuum-Short Form. This was the case for both recreational and competitive sport involvement (MHC-SF). A recent study on adolescents with a mean age of 12.5 years showed similar results when measuring motor competence through the PE Metrics™ (SHAPE America, Reston, Virginia, USA) and depressive symptoms through the Center for Epidemiologic Studies Depression Scale. The study was conducted on adolescents in the United States (CES-D).

After making adjustments for socioeconomic status, correlation analysis showed an inverse association between cardiorespiratory fitness and depression score (beta = 0.24, p 0.01) among adolescents who were part of the Nord-Trndelag Health Study population. Psychological distress was measured by assessing the Hopkins Symptom Check List Five items, and self-esteem was



measured using a condensed version of the Rosenberg Self-Esteem Scale. According to the findings, a high level of physical activity (more than four days of exercise per week) protected individuals from experiencing psychological distress when compared to a low level of physical activity (odds ratio 0.63, 95% confidence interval [CI]: 0.46, 0.86 in females; OR 0.46, 95% CI: 0.27, 0.79 in males). A higher self-esteem score was significantly associated with team sport participation in females (OR 0.45, 95% CI 0.32, 0.64), and individual sport participation in males (OR 0.37, 95% CI 0.18 to 0.76) showed that sport participation during high school influences the mental status in adulthood. It was shown that participation in sports during adolescence was significantly associated with lower levels of depressive symptoms ($F = 19.87$, $p 0.001$), lower levels of felt stress ($F = 14.74$, $p 0.001$), and greater levels of self-rated mental health ($F = 14.65$, $p 0.001$) in early adulthood. In the Veterans RAND 12 Item Health Survey (VR-12), it was shown that stratification of college athletes based on their activity level was able to predict health-related quality-of-life variables. The Mental Component Score on the VR-12 was shown to have a positive correlation with overall sport involvement and activity level ($p 0.001$) An interim study on the data collected from the adult participants of the Aerobics Center Longitudinal Study (ACLS), which is an ongoing study funded by the NIH, revealed that depressive symptoms (as measured by the CES-D) and emotional wellbeing (as measured by the General Wellbeing Schedule; GWB) were significantly associated with maximal cardiorespiratory (CR) performance. This was found in the context of the ACLS. In more specific terms, an inverse association was reported to exist between CR performance and CES-D score in both men and women ($F = 28.45$ and $F = 13.27$, respectively; $p 0.0001$); similarly, a strong positive association was discovered between CR fitness and GWB score in both men and women ($F = 97.09$ and $F = 28.41$, respectively; $p 0.0001$); and finally, In addition, the amount of time spent being physically active had a positive correlation with an increase in GWB score ($F = 78.7$ in males and $F = 24.82$ in women; both $p 0.0001$ for their respective comparisons).

The assessment of the Connor–Davidson Resilience Scale (CD-RISC) was utilised as a mediator in multivariable analysis, and the results showed a strong positive connection between CR and Short Form 12 quality of life ($p = 0.004$). This was done in order to further evaluate the fitness of CR. The mediation of resilience was responsible for 33.8% of the overall correlational impact that was found in this multivariable model ($p = 0.018$). A group of people who had signs of post-traumatic stress disorder were put through an endurance training, football, and boxing programme that lasted for eight weeks and consisted of three to five sessions per week. Participation in the programme was found to have a direct association with both one's self-perceived fitness ($\beta = 0.32$, $p 0.01$) and one's Health-Related Quality of Life outcome measure ($\beta = 0.32$, $p 0.05$). Participation in the programme was also found to have an inverse association with one's self-reported anxiety symptoms ($\beta = -0.27$, $p 0.05$).

Many studies have looked at the impact that people with dementia might have on their neuropsychiatric symptoms (BPSD) via the use of physical activity. A group of people with dementia participated in a randomised clinical study that examined the effects of an aggressive



strengthening and balancing training programme that lasted for 12 weeks. The Bergs Balancing Scale revealed a greater improvement in those who participated in the training compared to those who participated in typical leisure activities (2.9 points vs. 1.2 points, $p = 0.02$); similarly, apathic symptoms were lower in those trained than those in the controls ($p = 0.048$). They are often very difficult to control by means of pharmaceutical treatment, and they cause patients, as well as the patients' relatives and the people who care for them, a great deal of emotional suffering. Exercise has been the subject of many intervention studies that have investigated nonpharmacological therapy techniques for bipolar spectrum disorder (BPSD). Despite the fact that these studies differ greatly in terms of the kind and degree of dementia, as well as the type of exercise intervention and the length of time it was performed, they all point to a good impact that physical activity has on BPSD. demonstrated that a combination of aerobic and functional balance exercises were able to reduce BPSD (agitation or aggression, depression, anxiety, apathy or indifference, irritability, and appetite alterations) in Alzheimer's disease patients when evaluated using the Neuropsychiatric Inventory (NPI).

The exercises were performed three times a week for a period of six months. Similarly, Landi et al. reported the results of a pilot longitudinal study in which a moderate-intensity exercise programme (combination of aerobic or endurance activities, strength training, balance training, and flexibility training) reduced BPSD (wandering, physical and verbal abuse, and sleep disturbances) in frail elderly nursing-home patients with dementia. The pilot study was conducted over the course of three months. Neville et al. demonstrated that dementia-specific aquatic exercises designed by an exercise physiologist for strength, agility, flexibility, balance, and relaxation (twice a week for 12 weeks) in nursing-home residents with dementia reduced the number of behavioural and psychological symptoms of dementia (BPSD) as identified by the Revised Memory and Behavior Problems Checklist (RMBPC). An intervention study conducted by Sampaio et al. on 64 institutionalised older adults with dementia (38 patients in a 6-month supervised multicomponent exercise intervention group and 26 controls) found that after 6 months of exercise, total BPSD score as measured by NPI significantly decreased in the exercise group.

The intervention that was carried out according to the guidelines provided by the American College of Sports Medicine. It included aerobic, muscle-strengthening, flexibility, balancing, and postural exercises, and it was carried out in two sessions per week that lasted between 45 and 55 minutes each. Christofolletti et al. conducted an observational study on 59 patients with dementia (Alzheimer's disease, vascular dementia, or mixed dementia), dividing them into three groups according to levels of physical activity that had been assessed by Modified Baecke Questionnaire for the Elderly (MBQE), data from a diary, pedometer, and an interview to carers and family members. Christofolletti et al. also interviewed carers and family members. NPI conducted evaluations of BPSD. Patients diagnosed with Alzheimer's disease or vascular dementia who participated in physical exercise had less neuropsychiatric symptoms than those who did not participate, according to the findings of the study. The scientific literature describing the results of the effectiveness of physical activity on BPSD was reviewed by Thuné-Boyle et al. in a review that



showed that exercise might be useful in lowering certain BPSD, including sad mood, agitation, and wandering, and may enhance night-time sleep. Forbes et al. conducted a comprehensive review, and their findings showed that there was no clear evidence of the favourable impacts that exercise intervention had on BPSD.

In spite of the debate, all of the studies come to the same conclusion: further research is required to fully understand the potential of exercise as a nonpharmacological treatment for the management of BPSD in dementia patients.

There is some data on the impact of physical exercise on mental patients that can be found in the published scientific literature. Many observational studies have shown evidence that participating in regular aerobic activity may lower the chance of developing serious depressive disorders. In addition, people with depression who engage in aerobic exercise benefit from the effects of pharmaceutical treatment, particularly in terms of the speed of the first therapeutic response. Contrary to the findings that were achieved from aerobic training, there are very few studies that show the positive function of strength training. In the general population, a lower risk of incident psychosis is associated with a higher level of physical activity. In addition, exercise is emerging as a viable new therapy option for psychosis, joining the ranks of pharmaceuticals and psychosocial therapies already in use. There is some evidence to suggest that exercise interventions, such as yoga and light stretching, moderately intense walking, bike riding, or team sports, may be beneficial for improving both positive and negative symptoms of schizophrenia, as well as cognition and quality of life in individuals who have schizophrenia. Current research suggests that exercise may also be effective in lowering the adverse effects of antipsychotic medication, such as weight gain, and that this action may aid in increasing compliance to pharmaceutical treatment for psychosis.

There have been a few pieces of research that have looked at the connection between sports injuries and mental health outcomes. The Youth Risk Behavior Surveillance Survey (YRBSS) was administered to a total of 5336 high school students for the purpose of a demographic study. Of them, 3427 pupils participated in some kind of physical activity, and 19.5% of the active individuals reported having had a concussion in the prior year. Students who had a history of concussions had a significantly increased risk of self-harm (odds ratio = 1.59, $p = 0.003$), depressive symptoms (adjusted odds ratio = 1.48, $p = 0.006$), attempted suicide (adjusted odds ratio = 3.10, $p = 0.001$), and injury from attempted suicide (adjusted odds ratio = 2.61, $p = 0.006$) [46]. This was the case. Similar findings were obtained in a study on retired football players, which showed that a 9-year estimated risk of depression proportionally increased with the number of self-reported concussions (3% in those who had no concussion episodes, 26.8% in those who had 10 or more episodes; linear trend: $p = 0.001$); 3% in those who had no concussion episodes and 26.8% in those who had 10 or more episodes).

Among retired rugby players who had reported having had concussions, the Hospital Depression and Anxiety Scale (HADS) was used to assess symptoms that fall within the anxiety spectrum. Concussion symptoms assessed using the Rivermead Post-Concussion Symptoms Questionnaire



were significantly more persistent in those athletes who reported more than 9 episodes of head trauma. However, the results of the HADS and cognitive tests showed no significant difference between concussed players and healthy controls.

Recent systematic evaluations on the mental outcomes in top athletes who had suffered from concussion came to the conclusion that there is a significant amount of data that supports the role of concussion in developing depressive symptoms, particularly after retirement.

On the other hand, there is not enough evidence to support the hypothesis that a history of concussion is positively associated with other long-term mental health outcomes such as anxiety, anger, irritability, and aggressiveness.

There is a paucity of research that investigates the connection between subconcussive impacts and indicators of mental health, which may be attributable to the challenge of accurately measuring these types of occurrences. 3.3. The Importance of Mental Health in Regards to Injuries Sustained When Participating in Sports

The Mental Health of Top Athletes, Both Currently Competing and Those Who Have Retired From the Game

As compared to leisure practitioners, professional athletes are subjected to much higher levels of both psychological pressure and performance objectives. For this particular group, the body of research gives insights into the large number of stressors and the categories under which they fall that a top athlete must contend with. In addition, the effect of those stresses may not cease when the athlete retires; rather, it may continue to follow the athlete even after the conclusion of a successful career. For these reasons, it is suggested with grade A evidence within the major findings of the 2019 American Medical Society for Sports Medicine (AMSSM) Position Statement that a preretirement plan be developed for older players by the sport authority and team guidance. As a direct result of overtraining syndrome, ten percent of top athletes will experience burnout. According to the AMSSM Declaration, an individualised approach to the treatment of overtraining syndrome (OTS) for individual athletes should be considered based on the various elements that influence their lifestyle. 11% of young elite athletes have disordered eating, and 19% of those athletes are receiving dietary treatment for their condition. This is a significantly higher prevalence of eating disorders in males than in the general population, which is not surprising when one considers the amount of attention that professional athletes pay to their physical appearance. It is common practise to refer to a certain condition that affects female athletes as the Female Athlete Triad. This syndrome is characterised by inadequate energy availability, dysfunctional menstruation, and reduced bone mineral density. When women participate in high-performance sports, they put their bodies through rigorous training, which may lead to hormone imbalances and three illnesses that are all interconnected and have similar causes. There is a possibility that the patient has an eating disorder, which would explain why they have a limited supply of energy, but



this alone is not sufficient to fulfil the diagnostic requirements for anorexia or bulimia. Yet, some of the behaviours associated with eating disorders may be reversed.

OBJECTIVE

1. To study of the major objective of the present study
2. To study of the difference between Positive mental health among sportsperson and none sportsperson.

METHODOLOGY

In order to carry out the current research project, the following methodological procedures have to be completed. Sample: In order to carry out the study, thirty individuals who participate in the Indore game of table tennis were chosen, and their average age was 19.9 years. Additionally, thirty individuals who do not participate in sports were chosen from various colleges, and their average age ranged from 20.63 years to 20.63 years. These individuals were selected to serve as the sample. The sample was gathered with the help of the technique of purposive sampling.

Inventory of Positive Aspects of Mental Health: The three-dimensional positive mental health checklist that was developed by Agashe and Helode (2007) was used in order to conduct an assessment of the positive mental health of a selection of sportspeople and non-sportspeople. There are a total of 36 questions in it. This inventory has a test-retest reliability value of 0.723 when it was put through its paces. The way that scoring is going in indicates that a higher score indicates better mental health.

Sample

About the current research, At random, one hundred male students from Rajarshi Shahu College in Pathri, District Aurangabad, Maharashtra State, India, ranging in age from 18 to 25 years old, participated in the study. The participants included fifty athletes and fifty non-athletes. A sportsman took part in an event called "Inter Collegiate Competition," which was conducted by Dr. Babasaheb Ambedkar Marathwada University in Aurangabad, which is located in the state of Maharashtra.

Measuring Tools

A three-dimensional positive mental health checklist that was developed by Agashe and Helode (2007) was used in order to conduct an assessment of the positive mental health of a selection of sportspeople and non-sportspeople. There are a total of 36 questions in it. This test has a reliability co-efficiency of 0.723 all the way through. The way that scoring is going in indicates that a higher score indicates better mental health.

Data Analysis



After the categorization of the acquired data by the use of descriptive statistical methods, the data were then put through an independent T-test for the purpose of further investigation. The SPSS application, in its version 21, was used for the purpose of conducting an analysis of the data (0.01).

RESULT

On the basis of data analysis that was carried out with the assistance of statistical techniques, it was discovered that there is a significant gap between athletes and non-athletes in terms of their levels of positive mental health.

The statistics shown in table no. 1 indicate that the average number of points obtained by sportsmen is 20.42, whereas the average number of points obtained by those who do not engage in sports is 17.52. Athletes, on the other hand, have a standard deviation of 4.883, while those who don't participate in sports have a standard deviation of 4.568. It reveals that the 't' value, which is 6.220, is greater than the 't' value that was tabulated, which implies that the difference is statistically significant at the 0.01 level. As a consequence of this, the researchers arrived to the realisation that there was a significant gap, in terms of male athletes' mental health, between those who participated in athletics and those who did not.

Table -1: Shows the mean and standard deviation differences between sports and non sports person.

Group	N	Mean	S.D.	DF	't' value
Sports Person	50	20.42	4.88	49	L16.220
Non Sports Person	50	17.52	4.56		

CONCLUSION

A result has been found after the data have been computed, and study has been done on a range of aspects connected to this topic. Non-athletes who did not take part in any games or activities that required them to move their bodies significantly worsened in comparison to those who had good mental health and participated in at least one form of sports and physical exercise. This was demonstrated by the fact that the participants in the study.

After finishing the analysis of the data, it was determined to be significant at the 0.001 level of significance that the 't' ratio revealed that there was a significant difference on mental health status discovered between male athletes and non-athletes. This difference was found between male athletes and non-athletes. It was discovered that non-athletes who did not take part in any games or activities that required them to move their bodies fared significantly worse than those who did participate in sports of some kind and got regular physical exercise. Those who had a healthy mental state and did both fared significantly better.



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