



P-ISSN: 2394-1685
E-ISSN: 2394-1693
Impact Factor (RJIF): 5.38
IJPESH 2023; 10(2): 70-73
© 2023 IJPESH
www.kheljournal.com
Received: 04-12-2022
Accepted: 10-01-2022

Rohit Sharma
Research Scholar, Department of
Physical Education, Shri
Jagdishprasad Jhabarmal
Tibrewala University,
Vidyanagari, Jhunjhunu,
Rajasthan, India

Mental health of sports and non-sports person of Jammu and Kashmir

Rohit Sharma

Abstract

Present study was intended to explore the level of mental health of sports and non-sports person. The data for the present study consists of 800 respondents selected from delimited institutions of Jammu division. For measuring the mental health of the respondents, the investigator employed the Mental Health Inventory (MHI) developed by Dr. Jagdish and Dr. A. K. Srivastawa. The collected data was subjected to statistical treatment by using Mean, Standard Deviation and 't' test. Whole data was selected with the help of Random Sampling Technique (RST). Keeping in view, significant difference was reported between sports and non-sports person on their mental health.

Keywords: Mental health, sports person, non-sports person

Introduction

The number of people suffering from mental health issues like anxiety, depression, stress, and suicidal thoughts has increased considerably over the last few years. Reports from various health organizations such as the CDC (2020) have shown that more than 5% of adults suffer from a particular form of mental health condition every year. This indicates that over 43.8 million people experience a mental health disorder in a year globally. While some people suffer from only one condition, others suffer from a range of mental conditions that have detrimental implications on their health (Pascoe & Parker, 2019) [22]. The risk of mental health disorders is also rife in children. Statistics show that over 10% of children aged between 5 and 16 years are diagnosed with various forms of mental disorders annually (Harris, 2018) [23]. Mental health conditions begin at an early age and may persist through adulthood. The National Alliance on Mental Health (2020) reported that more than half of all people with mental health conditions started experiencing these problems during their teenage. These people end up dropping out of school due to the overwhelming nature of the symptoms. Mental health disorders also contribute to the death of many people (Harris, 2018) [23]. These deaths are mostly associated with suicidal thoughts. Mental health commutates those behaviours, perceptions and feelings that determine a person's overall level of personal effectiveness, success, happiness and excellence of functioning as a person. It affects our ability to cope with and manage change, life events and transitions such as sadness or retirement. All human beings have mental health needs, no matter what the state of their psyche. Enhancing the value and visibility of mental health recognize the broader issues which promote mental health. Looking at the current social, psychological situations of this complex world, it has become quite essential to study mental health. Within the context of the educational system, the issues related to health may be conceptualized in terms of three elements, like students, teachers and the immediate school context within which instruction is imparted. The functioning of the educational process itself may become a source of stress and strain and ill health for its participants. The students come to an educational institution with certain explicit and implicit expectations from the school, the same way our society expects to have the students as the mentally healthy future citizens. But the complex human life and current changes at global level bring diverse mental illness to students' psyche. Mental health problems may arise due to incompatibility between the demands of the educational system and the characteristics of learners or between learner's expectations and the educational processes, or both. The age of adolescence is considered to be the most vulnerable in developing different mental illness.

Corresponding Author:
Rohit Sharma
Research Scholar, Department of
Physical Education, Shri
Jagdishprasad Jhabarmal
Tibrewala University,
Vidyanagari, Jhunjhunu,
Rajasthan, India

A mentally healthy individual evaluating himself properly is aware of his limitations. He easily accepts his faults and makes efforts to rid himself of them. He introspects so that he may analyse his problems, prejudices, difficulties etc. and reduce them to a minimum. Good mental health means appreciating your achievements and accepting your shortcomings. A mental illness can cause an inferiority complex, a negative body image and intense feelings of self-hate, anger, disgust and uselessness which could mutate into extreme depression, psycho-social disorders, or eating disorders. Keeping in view, the investigator selected the below mentioned research problem. Besides, large amount of studies number of research studies has been conducted in the field of health consciousness. However, diversified results have been reported. Notable studies are; "Arias, A. J., Steinberg, K., Banga, A., & Trestman, R. L. (2006) [4], Black, D. S., Milam, J., & Sussman, S. (2009) [5], Chiesa, A. (2009) [8], Chiesa, A., & Serretti, A. (2009) [9], Clark, C., & Stansfeld, S. A. (2007) [12]. Keeping the results of the above studies under consideration the investigator explored the below mentioned research study:

Problem in hand: Keeping the above-mentioned observations under consideration the research problem for the present study is reported as under:

Mental Health of Sports and Non-Sports Person of Jammu and Kashmir

Objectives of the study: The present study consists of below mentioned objectives:

- 1) To explore the level of mental health among sports and non-sports person.

Hypothesis: Based on the richness background of the knowledge, the investigator speculates the below mentioned hypothesis:

- 1) There exists no significant difference between sports and non-sports person on their level of mental health.

Operationalization of the variable: The operational definitions of terms and variable involved in the study are briefly itemised as under:

a) **Mental health:** Mental health in the presents study refers

the set of score obtained by the respondents on mental health inventory developed by Jagdesh and A.K. Srivastawa.

b) **Sports persons:** Sports persons refers Bachelor of physical education (B.A) Aspirants with having sports experience of volleyball cricket more than three years.

c) **Non-sports person:** Non-sports persons Sports persons refers Bachelor of physical education (B.A) Aspirants with having no nay kind sports experience of volleyball cricket more than three years.

Methodology: The present study has been operated through Descriptive Research Method (DRM). Further, design of the study is based on below mentioned parameters.

- **Sample:** A representative sample of 800 sports and non-sports person was selected for the present investigation. The whole sample has been selected from the different colleges of the Jammu Division.

- **Sampling technique:** Initially a list of all students was made and these lists were treated as sampling farms. The required sample has been selected with the purposive sampling technique.

- **Tools used:** For measuring the mental health of the respondents, the investigator employed the mental health inventory developed by Dr. Jagdesh and Dr. A.K. Srivastawa.

Analysis and Interpretation of the Data: The collected data was analysed and interpreted. Bothe descriptive analysis as well as comparative analysis was calculated. The detailed analysis and interpretation are reported as under:

Table 1: Showing the frequency and percentage wise distribution of sports and non-sports person on various mental health (N=200 Each)

Norms	Sports person		Non-sports person	
	Frequency	Percentage	Frequency	Frequency
VG	100.00	25.00	108.00	27.00
G	20.00	50.00	204.00	51.00
A	80.00	20.00	80.00	20.00
P	10.00	5.00	8.00	2.00
VP	0.000	0.00	0.00	0.00
Total	200	100	200	100

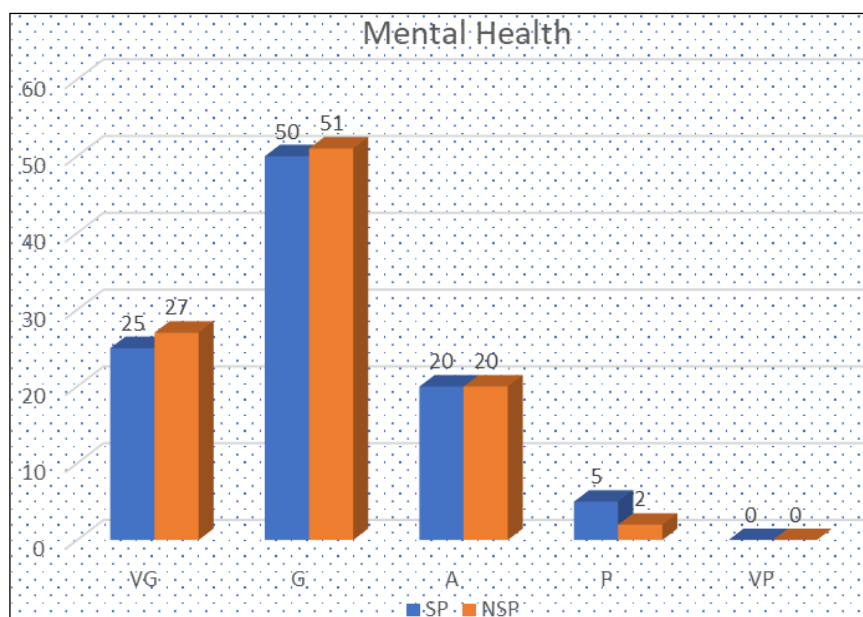


Fig 1: Showing the graphical illustration of sports and non-sports person on various levels of mental health

The results shown in the column above reveal the frequency and 15% distribution of athletes and non-athletes on various mental health levels. 25.00% (F=100) of athletes were observed to be in excellent mental health, according to the correlated findings. In addition, the disclosed data indicate that 50% (F=200.00) of individuals were in good mental health. In addition, 20.00% (F=80.00) were deemed to have an average degree of mental health. The estimated data indicate that 5% (F=20.00) of athletes exhibited poor mental health. Moreover, the data reveal that 0% (F = 0%) of athletes exhibited really poor mental health. Regarding non-athletes, it was observed that 27.00% (F=108.00) possessed an excellent degree of mental health. In the same statistical analysis, it was determined that 51.0% (F=204.00) of non-athletes had a satisfactory level of mental health. In addition, 20.00% (F=80.00) of non-athletes were determined to have an average

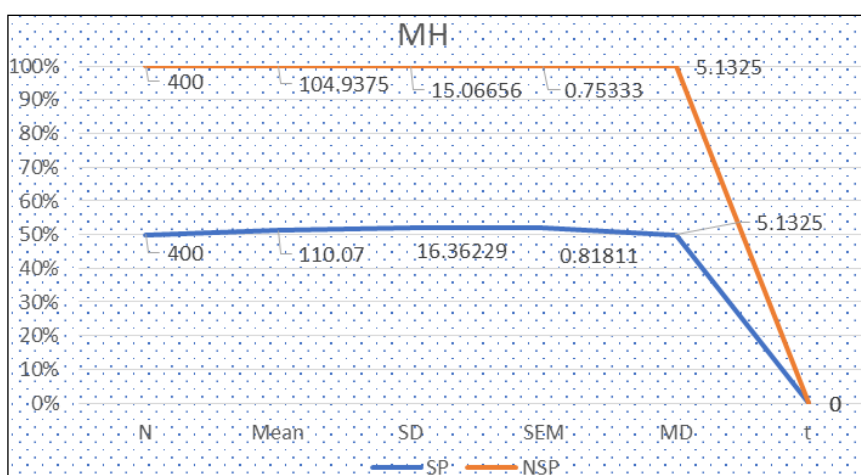
level of mental health. According to the findings, 2.00% (F=8.00) of non-athletes were determined to be in good mental health. In addition, 0.00% (F=0.00) of non-athletes were discovered to have a very low level of mental health, according to the results obtained.

Table 2: Showing the mean significant difference of sports and non-sports person on the basis of the mental health (N=800)

MH	Category	N	Mean	SD	SEM	MD	t
CS	SP	400	110.0700	16.36229	.81811	5.13250	4.615**
	NSP	400	104.9375	15.06656	.75333	5.13250	4.615**

Index

- MH= Mental Health.
- SP= Sports person.
- ###=Significant at 0.1 level of confidence.



Index:

- MH= Mental Health.
- SP= Sports person.
- NSP= non-sports person.

Fig 2: Showing the graphical illustration on the mean significant difference of sports and non-sports person on the basis of the mental health. (N=800)

Investigative the preceding table (please refer to Table 2 Figure 2) reveals the mean significant difference between athletes and non-athletes based on their mental health inventory. Taking a quick look at the total score for mental health provides a peek at the comparative analysis between athletes and non-athletes in terms of mental health. In the same numerical calculation, the researcher clarifies that the mean achievement of the athletes is 110.07, while the mean achievement of their counterparts (non-athlete players) is 104.93. The t value was calculated to be 4.610, which is significantly more than the table value at the 0.1 level of significance. Therefore, it appears that there is a considerable mean difference between athletes and non-athletes in terms of their environmental competence and mental health. In light of the aforesaid findings, it may be concluded that different types of games played by individuals have statistically significant effects on their mental health. It was discovered that athletes had better mental health than non-athletes. Through the processes of sublimation, catharsis and channelling, the respondents in the file-doff games and sports acquired a broad spontaneity to sublimate their positive and negative emotions into a balanced approach, as suggested by the results. Games and sports give individuals the opportunity to express their psychological stress through proper behaviour by enhancing their psychological capital, and the role of sports provides an emotionally stable environment to those

types of respondents who play cricket and volleyball. In light of the aforementioned findings, it has been determined that the null hypothesis that there is a significant difference between athletes and non-athletes on all aspects of mental health, including positive self-evaluation, perception of reality, integration of personality, autonomy, group-oriented attitude, environmental competence, and composite score, is false.

Support to findings: Indeed, significant difference has been found between sports and non-sports person on the level of mental health. The results are carried in consonance to host of the researchers like; Arias, A. J., Steinberg, K., Banga, A., & Trestman, R. L. (2006) [4], Black, D. S., Milam, J., & Sussman, S. (2009) [5], Chiesa, A. (2009) [8], Chiesa, A., & Serretti, A. (2009) [9], Clark, C., & Stansfeld, S. A. (2007) [12].

Conclusion

The present study was intended to explore the level of time mental health of sports and non-sports person. Keeping in view, insignificant difference was reported between sports and non-sports person on various dimensions of mental health. *Viz.* Positive self-evaluation (PSE), Perception of reality (PR), Integration of Conflict Of Interest: During the entire research process no any conflict of interest was declared.

References

1. Anderson JW, Liu C, Kryscio RJ. Blood pressure response to transcendental meditation: A meta-analysis. *American Journal of Hypertension*. 2008;21(20):310-316.
2. Angell M. Drug companies and doctors: A story of corruption. *The New York Review of Books*; c2009 Jan. p. 8-10, 12.
3. Appleton KM, Rogers PJ, Ness AR. Updated systematic review and meta-analysis of the effects of n-3 long-chain polyunsaturated fatty acids on depressed mood. *American Journal of Clinical Nutrition*. 2010;91:757-770.
4. Arias AJ, Steinberg K, Banga A, Trestman RL. Systematic review of the efficacy of meditation techniques as treatments for medical illness. *Journal of Alternative and Complementary Medicine*. 2006;12:817-832.
5. Black DS, Milam J, Sussman S. Sitting-meditation interventions among youth: A review of treatment efficacy. *Pediatrics*. 2009;124:532-541.
6. Borgonovi F. Doing well by doing good: The relationship between formal volunteering and self-reported happiness. *Social Science and Medicine*. 2009;66:2312-2334.
7. Cherniack EP, Troen BR, Florez HJ, Roos BA, Levis S. Some new food for thought: The role of vitamin D in the mental health of older adults. *Current Psychiatry Reports*. 2009;11(1):12-19.
8. Chiesa A. Zen meditation: An integration of current evidence. *Journal of Alternative and Complementary Medicine*. 2009;15:585-592.
9. Chiesa A, Serretti A. Mindfulness-based stress reduction for stress management in healthy people: A review and meta-analysis. *Journal of Alternative and Complementary Medicine*. 2009;15:593-600.
10. Christakis NA. You make me sick! *British Medical Journal*. 2009;339(118):76.
11. Christoforetti G, Oliani MM, Gobbi S, Stella F. Effects of motor intervention in elderly patients with dementia: An analysis of randomized controlled trials. *Topics in Geriatric Rehabilitation*. 2007;23(2):149-154.
12. Clark C, Stansfeld SA. The effect of transportation noise on health and cognitive development: A review of recent evidence. *International Journal of Comparative Psychology*. 2007;20:145-158.
13. Colcombe S, Kramer AF. Fitness effects on the cognitive function of older adults: A meta-analytic study. *Psychological Science*. 2003;14:125-130.
14. Cotman CW, Berchtold NC. Exercise: A behavioural intervention to enhance brain health and plasticity. *Neuroscience*. 2002;25(12):295-301.
15. Koenig HG. *Spirituality in patient care: Why, how, when, and what*. Philadelphia, PA: Templeton Foundation Press; c2002.
16. Koenig HG. Research on religion, spirituality, and mental health: A Review. *Canadian Journal of Psychiatry*. 2009;54:283-291.
17. Koenig HG, McCullough ME, Larson DB. *Handbook of religion and health*. New York, NY: Oxford University Press; c2001.
18. Kothari CR. *Research methodology: Methods and techniques*. Sixth revised edition. New Age International Publishers. Darya Gangh: New Delhi; c2010. p. 14-84.
19. Kraguljac NV, Montori VM, Pavuluri M, Chai HS, Wilson BS, Unal SS. Efficacy of omega-3 fatty acids in mood disorders-a systematic review and misanalysis. *Psychopharmacology Bulletin*. 2009;42(3):39-54.
20. Sharma KL. Introduction to Qualitative Research Methods. *Journal of Basics Research*. 2010;10(12):12-15.
21. Silva T, Ravindran L, Ravindran A. Yoga in the treatment of mood and anxiety disorders: A review. *Asian Journal of Psychiatry*. 2009;2(10):6-16.
22. Pascoe MC, Parker AG. Physical activity and exercise as a universal depression prevention in young people: A narrative review. *Early intervention in psychiatry*. 2019 Aug;13(4):733-9.
23. Nerenberg KA, Zarnke KB, Leung AA, Dasgupta K, Butalia S, Harris KC, *et al*. Hypertension Canada's 2018 guidelines for diagnosis, risk assessment, prevention, and treatment of hypertension in adults and children. *Canadian Journal of Cardiology*. 2018 May 1;34(5):506-25.