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## A comparative analysis of mental health among athlete and non-athlete

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### Abstract

Mental health is a term used to describe either a level of cognitive or emotional wellbeing or an absence of a mental disorder. From perspectives of the discipline of positive psychology or holism mental health may include an individual's ability to enjoy life and procure a balance between life activities and efforts to achieve psychological resilience. The World Health Organization (WHO) defines mental health as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community".

**Objective and Aim of study:** To find out the mental health among athlete and non-athlete.

**Hypothesis:** There will be significant difference between Athlete and non-athlete with respect to mental health.

**Materials and Methodology:** For the present study 200 Sample were selected from Meerut City. The effective sample consisted of 200 subjects, out of whom 100 Athlete (Short distance runners, throwers: Short put, Javelin, Javelin thrower, and Discuss throwers) and 100 non-Athlete (Football players, Cricket players, and Volleyball Players). The age range of players is 18-25 years. C.G. Deshpande Mental Health Test was used for measuring Mental Health. All the 50 items of the scale are presented in simple and brisk style. Each item has two answer (multiple Choice) 'YES' and 'NO' This is well known test having high reliability and validity coefficients.

**Conclusions and Results:** Athlete has significantly good mental health than the non-athlete. (Athlete:  $M = 45.26$ ,  $SD = 6.28$  and Non Athlete:  $M = 37.59$ ,  $SD = 4.18$ ).

**Keywords:** Mental health, athlete, non-athlete, sports and exercise psychology

### Introduction

Mental health refers to the overall well-being of an individual. It is about the balance of the social, physical, spiritual and emotional aspects of life. Our Mental Health is characterized by our personal growth, sense of purpose, self-acceptance, and positive relationship with other people. It is also highly affected by environmental factors like our family life, social life, and our life at work. Our general well-being is decreased by any negative experiences in any of these areas. Among the most common Mental Illnesses or Mental Disorders are Anxiety and Depression. Mental Health is a concept that refers to the psychological and emotional well-being of a person. Being mentally healthy generally means that you are able to use your emotional capabilities to function well in society and go through everyday life with little or no difficulty. Some factors that can affect your mental health are your family life, social life, and life at work. Having negative experiences in any of the said areas can deteriorate the condition of your mental health. Healthy human development is a necessary foundation for all development progress. Without healthy populations, the achievement of development objectives will be out of reach. Good health is fundamental to the ability of individuals to realize their full human potential. It is also a crucially important economic asset. Low levels of health impede people's ability to work and earn a living for themselves and their families. When someone becomes ill, an entire family can become trapped in a downward spiral of lost income and high health-care costs. On a national scale, poor population health diminishes productivity and impedes economic growth, while investment in better health outcomes is generally seen as an investment in economic growth. Increasing physical activity levels because physical inactivity is a primary risk factor driving the global increase in chronic disease, sport can play a critical role in slowing the spread of chronic

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diseases, reducing their social and economic burden, and saving lives. While physical activity includes a broader range of activities than sport alone (people can be physically active at work or engaged in domestic tasks at home), direct participation in sport is one of the most enjoyable, and therefore powerful, means of motivating and mobilizing people to become physically active. In addition to enhancing overall physical fitness, regular physical activity, active play and sports can have a positive impact on other major health risk factors, such as high blood pressure, high cholesterol, obesity, tobacco use and stress.

Marian S.Harris, Lovie J. Jackson, Kirk O'Brien, Peter Pecora (February 2010) Ethnic group comparisons in mental health outcomes of adult alumni of foster care. Racial similarities and differences in mental health outcomes of African American and White adults placed in foster care as children were examined. Existing general population studies present mixed findings as to whether racial differences in mental health exist, therefore, the current study sought to test the null hypothesis of no racial group differences in this sample of young adult alumni of foster care who were all placed as children with a private foster care agency. Specifically, logistic regression analyses were used to compare mental health outcomes among African American and White alumni. Race/ethnicity was significant only for the diagnosis of 12-month Modified Social Phobia. When controlling for demographic background, risk factors, and foster care experiences, race/ethnicity ceased to be a significant factor. Parivash Nourbakhsh (2004) [7], a comparison between athlete and non-athlete students stressors and their relationships with their mental health. Introduction University students are the transitional stage from adolescence to adulthood. During this period, university issues and psychological problems among students appear to have been overlooked to a large extent. The purpose of this study was to compare the athlete and non-athlete students' stressors and their relationships with their mental health. Methods 273 male and female athletes and 147 male and female non - athletes by staged random sampling were selected as samples of this study. Two scales, the student's stressors questionnaire (SSQ) and symptom checklist - 25 (SCL-25) were used to test the proposed hypothesis. The reliability and validity of these two instruments are reported to be significant in various studies. Results testing the proposed hypothesis at the  $P < .05$  showed the following results: No significant difference was reported between female and male athlete and non-athlete students in their responses to the stressors. Significant differences were reported between athletes and non-athletes in their responses to dormitory stressors. The comparison between male athlete and non-athletes stressors and their mental health did not show a significant difference at  $P < .05$ . There was a positive and significant relationship between female and male athlete stressors with their mental health. This relationship was also significant for male non-athletes, but was not significant for female non-athlete. A multi-comparison between stressors and mental health showed that two factors (academic setting and living in dormitory) were considered to be better predictors of men athletes' mental health. But factors like graduation and living in dormitory were better predictors of women athletes' mental health. Discussion/ Conclusions Based on the results of this study it is therefore recommended that higher education institutions prepare suitable conditions in which students

can advance their knowledge and understanding and be able to live in such dormitories where they are able to reduce their mental stressors and increase their mental health.

### **Mental health among athletes**

Society perceive elite athletes as "superhuman beings" with unfathomable willpower, speed, strength, skills and abilities that mere mortals can only aspire to. Even the word Olympian with its roots in the Greek mythology, implies that these athletes are superhuman beings. This, of course, makes it difficult to fathom that these individuals can struggle with the same health problems and illnesses of the general population. Elite athletes can be defined as those athletes who compete at professional, Olympic or collegiate levels. Collegiate athletes are included as they often train and compete at similar levels to professional athletes (Reardon *et al.*).

Research has focused on the nature and impact of physical injuries in elite athletes and ground breaking advances have been made in these areas. In comparison to these high-quality studies, limited research is available on the mental health and psychological well-being of elite athletes. However, in recent years mental health disorders (MHD) and mental health symptoms in elite athletes have been receiving increased attention and new research directions are being suggested and reported. The International Olympic Committee also published a consensus statement on Mental health in elite athletes in 2019. Elite athletes are seen as highly mentally functioning individuals with various positive mental attributes such as "focused", "resilient," "confident" and "composed." The assumption is also that only the mentally and emotionally strong athletes will succeed and be able to compete at the highest level. This has led to the limited attention on MHD and mental health symptoms in the world of elite sports. The perception that elite athletes are without mental health problems is being challenged and research is indicating that elite athletes are also vulnerable to and struggle with mental health problems such as anxiety, depression, eating disorders, obsessive compulsive disorders, addictions and substance misuse. The media has reported a rising number of elite athletes suffering from MHD, as for example Michael Phelps (Olympic swimmer), Marcus Trescothick (International cricketer), Victoria Pendleton (Olympic cyclist), Johnny Wilkinson (international rugby player), to mention just a few. These public cases highlight the fact that elite athletes can also be affected by MHD.

### **What is mental health in the elite athlete context?**

The World Health Organisation (WHO) states that "mental health is an integral and essential component of health." According to the WHO constitution, health is defined as "a complete state of physical, emotional and social well-being and not merely the absence of disease or infirmity." This definition implies that mental health is therefore, more than just the absence of mental disorders or disabilities. It is a state of well-being wherein an individual is aware of his or her own abilities, wherein individuals can cope with life's normal stresses and work productively and also be able to make a contribution to their community.

In sport, there are physical challenges such as intense training and injury that can lead to psychological challenges, albeit cognitive, emotional or behavioural. Furthermore, athletes also have to deal with personal challenges, such as

relationships or traumatic life events, just like the general population. All these different stressors can impact athletic performance and influence training, career transitions, interpersonal relationships and physical rehabilitation, if not properly addressed.

Wylleman *et al.* (2015) defines mental health in relation to athletes as "a state of successful performance or mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and cope with adversity."

### **Prevalence of mental health disorders in elite athletes**

The prevalence of mental disorders is greatest in younger people with 25% of young people between the ages of 16-34 meeting the clinical criteria for one or more disorders. These mental health disorders include depression, generalised anxiety disorders, social anxiety disorders, panic disorders and eating disorders. It is valuable to note that the peak age for the risk of athletes' onset of MHD do overlap with the peak competitive years for athletes due to the intense mental and physical demands of their sport. Although elite athletes mostly fall within the younger age categories, there is limited evidence available on the prevalence of mental health disorders in this population. The available data suggests that elite athletes experience a broadly comparative risk of high-prevalence mental disorders (i.e., anxiety, depression) relative to the general population.

- Most studies in elite athletes have lacked reference groups from the general population
- Different instruments have been used to assess mental health symptoms and disorders in athletes compared with the general population
- Studies do not necessarily consider cross cultural differences in meanings and manifestations of mental health symptoms and disorders
- Studies vary in whether they describe self-reported specific mental health symptoms or physician diagnosed disorders.

In male athletes from team sports such as cricket, football, handball, ice hockey and rugby, the prevalence of mental health symptoms and disorders varies from 5% for burnout and adverse alcohol use to almost 45% for anxiety and depression (Reardon *et al.* ref). Mental health disorders occur in 5% - 35% of elite athletes over a follow-up period of 12 months as reported in prospective studies. (Reardon *et al.* ref). In female athletes, mental health disorders - especially eating disorders- are prevalent (Reardon *et al.*). The prevalence of mental health disorders in collegiate athletes ranges from 10%-25% for depression and eating disorders.

Among French elite athletes, a 6 month prevalence rate of 6% was reported for generalised anxiety disorder. Studies done on the mental health of elite athletes in the United Kingdom reported a prevalence of 47.8% for anxiety/depression and 26.8% for signs of distress. Research on the mental health of Australian athletes documented a prevalence of 46.4% of athletes experiencing symptoms of at least one of the mental health disorders assessed. The findings of this study was similar to other epidemiological studies on the mental health of elite athletes with 27% of athletes experiencing symptoms of depression, 22, 8% showing symptoms of eating disorders, 16,5% experiencing general psychological distress, 14,7% showing signs of

social anxiety and 7.1% of athletes showing signs of generalised anxiety disorders. Furthermore, injured athletes showed higher levels of both depression and generalised anxiety disorders. Hammond *et al.* (2013) reported that depression in elite athletes has been underestimated, with 68% of Canadian international level swimmers having major depression episodes prior to competition, while 34% met the same diagnostic criteria post-competition.

The majority of studies researching mental health disorders in athletes have been done with college athletes. Within the university sport context, it has been reported that male athletes are more likely to engage in atypically aggressive behaviour, compared to their non-athlete counterparts. Other issues are drinking and drug use. In female collegiate athletes, 33% reported consuming more than four alcoholic drinks in one sitting, 44% of males reported consuming more than 5, with 16% of male collegiate athletes reporting consuming over 10 drinks in one sitting. Furthermore, 21% of male and 28% of female collegiate athletes reported symptoms of depression and 31% of males and 48% of female collegiate athletes reported symptoms of anxiety.

A combination of generic and sport specific factors may increase the risk of mental health symptoms and disorders in an elite athlete's career (Reardon *et al.* ref). Elite athletes may face a greater overall risk of mental health symptoms and disorders compared with their athletic counterparts if they experience severe musculoskeletal injuries, multiple surgeries, decreased sports performance or be inclined toward maladaptive perfectionism (Reardon *et al.* ref). Sport participation can protect against mental health symptoms and disorders, since exercise has an antidepressant effect. It might also be possible that an athlete can have mental health symptoms or a mental health disorder with no association between their elite sport participation and the specific mental health condition.

From these studies it is evident that athletes are confronted with various stressors and do show signs and symptoms, as well as suffer from mental health disorders.

### **Objective and Aim of study**

To find out the mental health among athlete and non-athlete.

### **Hypothesis**

There will be significant difference between Athlete and non-athlete with respect to mental health.

### **Methodology**

#### **Sample**

For the present study 200 Sample were selected from Meerut city. The effective sample consisted of 200 subjects, out of whom 100 Athlete (Short distance runners, throwers Short put, Javelin, Javelin thrower, and Disk throwers) and 100 Non-Athlete (Football players, Cricket players, and Volleyball Players). The age range of subjects where 18-25 years (M = 22.09, SD = 3.13).

#### **Tools**

Dr. C.G. Deshpande Mental Health Test: Dr. C.G. Deshpande Mental Health test was used for measuring Mental Health. All the 50 items of the scale are presented in simple and brisk style. Each of the 40 item has two answer (multiple Choice) 'YES' and 'NO' This is well known test having high reliability and validity coefficients.

**Procedures of data collection**

Mental health test administered individuals as well as a small group. While collecting the data for the study the later approaches was adopted. The subjects were called in a small group of 18 to 25 subjects and there seating arrangements was made in a classroom. Prior to administration of test or scale, through informal talk appropriate rapport form. Following the instructions and procedure suggested by the author for the scale and tests. The test was administered and field copies of each test were collected. Following the same procedure, the whole data were collected.

**Variables of the study**

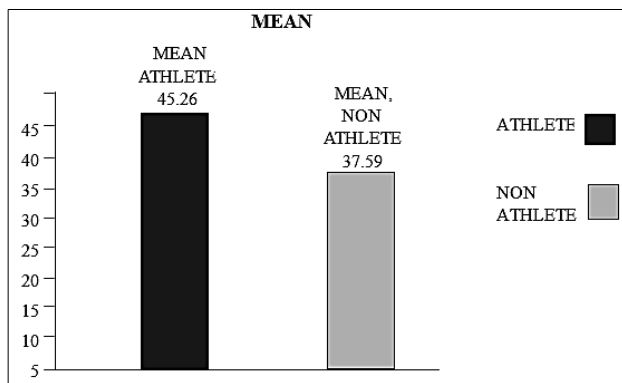
- a. Independent Variable: 1) Group a) Athlete b) Non-athlete
- b. Dependent Variable: 1) Mental Health

**Statistical analysis**

**Table 1:** Athlete and non-athlete shows the mean S.D. and ‘t’ value of factors ‘Mental health’

Group	Mean	SD	SE	N	DF	‘t’
Athlete	45.26	6.28	0.63	100		
					198	10.17**
Non-athlete	37.59	4.18	0.42	100		

Significant at 0.01 Level\*\*



**Fig 1:** The results related to the hypothesis have been recorded. Mean of mental health score of the athlete

The results related to the hypothesis have been recorded. Mean of mental health score of the athlete is 45.26 and that of the non-athlete is 37.59 the difference between the two mean is highly significant ‘t’ = 10.17, df = 198. Thus the hypothesis is confirmed athlete have significantly high mental health than nonathletic.

**Results**

Athlete has significantly high Mental Health than the Non-athlete.

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