Middle-East Journal of Scientific Research 13 (2): 203-206, 2013

ISSN 1990-9233

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DOI: 10.5829/idosi.mejsr.2013.13.2.2043

# Mental Health Assessment of Volunteers Entering the Academic Field of Physical Education

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Abstract: *Background*: One of the main periods of each individual's life is acceptance and entering to the university that it is possible that a person tolerates the pressures and emotions, which can affect their psychological health. The purpose of this study was to assess mental health of volunteers are entering the field of physical education. *Methodology*: Statistical population was all volunteers entering the field of Physical Education (P.E) in 2011 from the three provinces of Khuzestan, Ilam and Lorestan of Iran (N= 1310 subjects, 740 females and 570 males). Sample size included 307 subjects using from Table Krjsy and Morgan using random sampling. Data gathering tool was a questionnaire included two parts: a) demographic data, b) the General Health Questionnaire (GHQ) which had 28 questions. Data analysis performed using descriptive statistics (frequencies, mean and percentages) and inferential statistics (independent t-test). *Results*: Results showed that based on cut-off point of 23, 37.2% of the volunteers were suspected to have mental disorders. Also, there was no statistically significant difference in total mental health scores and its subscales between the volunteers that had a history of sports and those who had no history of sports. *Conclusion*: According to the research findings it can be concluded that the entry requirements can impact the mental health of volunteers; therefore, more attentions of despondences to seek and identify known factors that influence mental health and improve the present conditions.

**Key words:** Mental health • Physical education • Volunteer

# INTRODUCTION

Mental health is one of the important issues in of psychology and psychiatry discussions that is devoted a large amount of research every year and its affecting factors has always been interested to psychologists. Since the health and disorders in young people can effect on the health and disease of the society and future generations; therefore, study of mental health and adjustment of children and teens can help their fertility and grow during adulthood and lack of attention to this period of growth conditions, will cause irreparable damage on the mental health of community [1].

Mental health has a major role in ensuring the dynamism and efficiency in community. Since, students are talent and selected people who will create the future society; so, their mental health is particularly important in learning scientific knowledge. and Generally, psychological disorders lead to mental problems in homework, decreased motivation fears and concerns and causes students spending a considerable part of his intellectual power to such problems. Therefore, they will not have enough power and interest in teaching and learning activities. In addition, not being familiar many the students with the university environment since entering, detached from family, lack of interest in a study field, incompatibility with other people and such

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conditions and problems are as the factors that causes psychological problem and discomforts and may cause the loss of their study deterioration [2].

Volunteers entering to the university are also no exception; because they are also entering the Universities are known as part of the future creators. Naturally, if this category of society does not have the proper mental state, after entering the university will face more problems rather than normal peoples. Research literatures in this issue show that the mental health is important factor in lifespan. Sayed Ahmadi et al. [3] studied mental health of athlete and non-athlete students and showed that 61.76 percent of the subjects were suspected to have mental disorders. In a survey by Adham et al. [4] in the field of mental health of medical sciences students results showed that based on cutoff point of 23, 22.17% of students were suspected of having a mental disorders. Results of Solgi et al. [5] showed that 47.1 percent of P.E students in Razi University in Kermanshah were suspected of having a mental disorder. Parham [6] and Pinkerton et al. [7] stated that athlete students compared with non-athlete students are encountered with more challenges and pressures due to their involvements in sports such as balancing the needs of sport and education, away from the main university activities and maintain physical conditions. Hancock [8] claimed that if anxiety exceed from normal statement causes distraction and confusion and the person may feel helpless. Generally, Researchers offer sports activities to reduce mental disorders but the obtained results in this area are different. Wang et al. [9] showed that any form of physical activity may be involved in maintaining and providing mental health, however Peluso and Silveira [10] state that despite the beneficial effects, exercise can also causes mental disorders.

Many researchers have been studied mental health of students in various fields such as medical students, physical education, etc. but any study hadn't assessed this factor in volunteers entring to university, therefore, the present study aimed to study the status of mental health of volunteers are entering the field of P.E in university.

#### MATERIAL AND METHODS

In this Cross-Sectional study Statistical population was all volunteers of university entering the field of P.E in 2011 from three provinces of Khuzestan, Ilam and

Lorestan, of Iran (N= 1310 subjects, 740 females and 570 males). All the participants in the study from the three provinces participated in the entering test of P.E field a day and the questionnaires were distributed and they filled them. Sample size included 307 subjects using from Table Krisy and Morgan using random sampling. After sampling, according to the filled questionnaires of individual information, sample divided in to two groups of athletes (People who had at least 5 years of history of competitive sports) and non-athletes (People who had no history of any regular sports). Data gathering tool was a questionnaire included two parts: a) demographic data, b) the General Health Questionnaire (GHQ) which had 28 questions that is designed by Hiller and Goldberg in 1979 for screening non-psychotic psychiatric disorders. Various studies in Iran by Yaghoubi and Palahang have estimated the credibility value of 88% and Cronbach's alpha value of 84% for physical symptoms, 79% for social functioning, 81% for depression and 91.5 for mental health. The 28 questions form of this questionnaire has 4 subscales that include physical symptoms (questions 1 to 7), anxiety and insomnia (questions 8 to 14), symptoms of social dysfunction (questions 15 to 21) and depression symptoms (questions 22 to 28). Data analysis performed using descriptive statistics (frequencies, mean and percentages) and inferential statistics (independent t-test). Values of p<0.05 were considered significant. Statistical analyses were performed using the 17 release version of SPSS for Windows.

### **RESULTS**

The mean age of the sample group was 22.07±4.41. From the sample, 60 volunteers were married and 247 unmarried. 164 volunteers had a history of sport activity while 143 volunteers had no sport history. Descriptive information about the sample shows that 37.3 percent of surveyed volunteers above the cut-off point 23 were suspected of having mental disorders. Also, 62.7 percent of the volunteers had scores below the cutoff point of 23. In physical symptoms subscales the mean percentage of score was 12.4%, sleep disturbance and anxiety subscale, mean was 19.9%, in small-scale social dysfunction, mean score was 68.3% and depression subscales the average was 12.1 percent. In total, the volunteers showed better state in severe depression subscale but in social dysfunction subscale get the worse scores (Table 1).

Table 1: Mean total scores on all subscales of the sample

| Subscales  | Physical symptoms | Sleep disturbance and anxiety | Social dysfunction | Depression | Total |
|------------|-------------------|-------------------------------|--------------------|------------|-------|
| Percentage | 12.4              | 19.9                          | 68.3               | 12.1       | 37.3  |

Table 2: Comparison of sub-scales of mental health between two groups

|                               | Group   |      |              |      |       |     |       |
|-------------------------------|---------|------|--------------|------|-------|-----|-------|
|                               | Athlete |      | Non-athletes |      |       |     |       |
|                               |         |      |              |      |       |     |       |
| Subscales                     | Mean    | SD   | Mean         | SD   | t     | df  | p     |
| Physical symptoms             | 5.02    | 2.80 | 5.06         | 2.87 | 0.100 | 305 | 0.920 |
| Sleep disturbance and anxiety | 3.99    | 3.81 | 4.28         | 4.66 | 5.98  | 305 | 0.551 |
| Social dysfunction            | 8.39    | 3.62 | 8.96         | 3.11 | 0.81  | 305 | 0.935 |
| Depression                    | 2.71    | 3.76 | 2.77         | 4.77 | 0.11  | 305 | 0.906 |
| Total                         | 1.40    | 0.49 | 1.32         | 0.47 | 1.48  | 305 | 0.719 |

To compare the mental health of male and female volunteers, independent t-test was used. Results showed no significant differences in total scores or in subscale between two groups (Table 2).

#### DISCUSSION

The findings of this study showed that on the cut-off point of 23, 37.2 percent students are suspected of mental disorders. This value has reported by Dadkhah and *et al.* [2] 28.1% and Adham *et al.* [4] 22.7% that is somewhat consistent with the present results.

Results of this study showed physical symptoms was 12.4%, ??anxiety and insomnia was 19.9%, social dysfunction was 68.3% and depression was 12.1%. These values are found in the study of Adham *et al.* [4] respectively, 1.7%, 2.3%, 4.3% and 2% and in Solgi and *et al.* [5] are respectively 6.30%, 6.01%, 7.86% and 5.2%. Our research findings did not confirm these results. The possible reason could be the difference in studied populations. The study populations in two previous studies were students. Perhaps after acceptance in university, many factors that were treating their mental health and were causing the stress were removed; Factors such as stress for being accept into a university, high expectations of their friends and relatives, other's view about them if they cannot accept and other factors.

Results showed that volunteers entering the field of P.E in the depression subscale had the best condition and in social dysfunction subscale had the worst statement. These results are consistent with Solgi and colleagues [5]. In reference to social dysfunction subscale, result is consistent with Adham *et al.* [4] results, but in the depression subscale is inconsistent. So that in Adham *et al.* [4] findings, depression get the first rank, but in present study was placed in second class. It can be stated that the reason for discrepancies on the one hand that

students entering the university enter into a new environment and encounter with people who do not know them previously and also they are away from the family so puts them in situations that their depression become more than before. The volunteers are entering the university environment were in an appropriate conditions environment and their parents provide them a normal situation with the least concern to accept in university.

The results of the current study showed no statistically significant difference between the total score and subscales of mental health among the volunteers who had a history of sports and volunteers who had no history of sport. This is perhaps due to the various variables incentives such as goals to enter the free universities, the importance of being accepted, aberrant parental expectances and pressure, due to be semicentralized the field of P.E and impact P.E test scores combined the entering national academic exam and scientific grade and imposed stresses by exam and test, are common factors for all applicants which are independent from being athlete, gender, personality, physical fitness and other such variables. This research is also confirming this issue and stated that most athletes, who are experiencing manner disorders, do not show any weakness in their athletic performance but in order to obtain better performance and achieve their goals encounter with constraints [11, 12]] and problems such as sleep disturbance, weight and appetite losing, aggression and irritability, muscle aches, emotional variability and even depression are [13-15].

Furthermore, no significant differences were found between athletes and non-athletes in total score of mental health and also in its subscales, but the compare means of subscales showed scores of depression, anxiety and insomnia and physical symptoms of athlete group was better (Table 2). These results are supported with results of Sayed Ahmadi *et al.* [3], Wang and *et al.* [9], Legrand

and Heuze [16] and Guszkawska [17]. But in social functioning subscale scores were better for non-athletes group. This is possible because of differences in scores between two groups that may claims that athlete students compared with non-athlete students are faced with more challenges and pressures due to their involvement in sports such as balancing between sport and educational needs, being away from the main university activities and maintaining the favorable conditions [6, 7].

## **CONCLUSION**

The results showed that some volunteers entering the academic field of physical education have low level of mental health disorders. It is very noticeable that requires more and more attention of managers and experts in this field that by changing known factors affecting mental health, improve the conditions. If this problem is noted through a social approach, we must change the governing conditions on the educational environment and the community by the relevant organs (higher education) to decrease psychological problems in volunteers and protect them against such disorders.

# **ACKNOWLEDGEMENT**

This work is supported financial and technically by Shahid Chamran University, Department of Sport Management, Ahvaz, Iran. Authors would like to sincerely thank all staff of Physical Education & Sport Science Faculty of Shahid Chamran University of Ahavaz. Special Thanks to Dr Saeid Shakeriyan, head of faculty.

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