THE RELATIONSHIP BETWEEN EXERCISE AND MENTAL HEALTH



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Introduction

Depression, anxiety, and suicide are increasing on college campuses and continue to be wo of the most common health problems that university students experience¹. In addition to rising anxiety and depression, college students are not getting enough physical activity to ensure health benefits. Forty to fifty percent of college students do not meet standard vervices guidelines². Low levels of activity are associated with risk for major health conditions, including psychological problems³. Low to moderately intense aerobic activity has revealed mental health benefits for exercise participants, in comparison to other forms of activity, including resistance training¹.

Rationale

Finding alternative, cost-efficient, and easily implemented solutions to those suffering from anxiety and depressive symptoms was inspiration for this study as well as a lack o studies conducted on this topic with the college student population. Most of the researed done with the connection between mental health and exercise have been conducted with loler adult populations or the general public. This study extends results from previou studies with older populations. Counselors on college campuses, faculty and staff, as well as exercise professionals and anyone working with college students can benefit from the findings of this research study.

Research questions

- 1. Will participants vary in their self-reported ratings of anxiety and depression before and after the completion of an exercise program?
- Will participants' attitudes towards exercise and readiness to change occur durin the course of the study?
- 3. How much physical change will occur in this exercise program according to bod fat and cardiovascular health?

Methods

The study explored changes in physical fitness and on self-reports of anxiety an depression symptoms before and after participating in a six-week exercise program at Midwestern university.

Assessment tools that were used were the Burns' Anxiety and Depression Inventories and an Attitudes Towards Exercise Inventory. Quantifiable measures of physical fitness were assessed using the Tanita® Body Composition Analyzer, model TBF-300A-III for weigh and body composition, and the Rockport walking test was used as a measure of cardiovascular fitness. Polar' heart rate monitors were used during the Rockport walk test to measure time and heart rate. Participants recorded their activity using a log provided.

Population

Participants consisted of 45 females and 30 males. Ages of participants ranged from 18-39. 90% were 18 – 21 years old and 10% were 23-39. 62 participants were Caucasian, 4 Asian, 5 Black, 4 participants chose not to respond, and 3 participants responded, 'other'which included 1 Somali and 2 of mixed race.

	Control Pre Mean+(sd)	Treatment Pre Mean+(sd)	t-value	p-value	Control Post Mean+(sd)	Treatment Post Mean+(sd)	t-value	p-valu
BMI	24.2920 = 4.8626 (N=25)	24.0000 = 4.0936 (N=52)	0.28	0.7837	24.3304 ± 5.2394 (N=23)	24.1704 = 4.0917 (N=44)	0.14	0.8908
¥92	42.3910 = 4.7493 (N=21)	41.8569 = 7.2058 (N=39)	0.34	0.7336	43.5534 ± 6.9325 (N=20)	45.6371 ± 5.5311 (N=38)	1.26	0.2143
Body Fat	28.3360 ± 7.8075 (N=25)	20.4962 ± 10.3437 (N=52)	3.35	0.0013*	27.9391 ±8.2672 (N=23)	21.8750 ±10.5031 (N=44)	2.40	0.0191

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	Control Pre Mean+(sd)	Treatment Pre Mean+(sd)	t-value	p-value	Control Post Mean+(sd)	Treatment Post Mean+(sd)	t-value	p-valu
Anxiety	14.7200 ± 13.2149 (N=25)	12.7885 ± 11.8012 (N+52)	0.63	0.3198	13.7273 ± 9.8183 (N=22)	10.0000 ± 8.0322 (N+44)	1.05	0.1040
Burns Depression	5.1600 + 5.0388 (N+25)	6.3654 +0.8255 (N+52)	-0.79	0.1319	5.5652 + 5.9083 (N=23)	4.6364 +5.9541 (N=44]	9.91	0.545
Attitudes- Mental	4.0114 ± 0.2916 (N=24)	4.1122 ± 0.4377 (N=51)	-1.18	0.2418	4.0826 ± 0.4979 (N=22)	4.2996 ± 0.4421 (N=44)	-1.80	0.0763
Attitudes- Stage of Change	4.5521 ± 0.4297 (N=24)	4.5096 ±0.3569 (N=52)	0.45	0.6528	4.4545 ± 0.3906 (N=22)	4.579 ± 0.4568 (N=44)	-1.10	0.2763

Paired t-tests for Treatment Group Physical Characteristics						
	Mean Difference	Sd	t-value	p-value		
BMI (N-44)	-0.1750	0.7393	-1.57	0.1237	•	
VO2 Max (N=38)	3.7039	5.7313	3.98	0.0003*	ጽ	
Tanita Body	-0.1659	1.6494	-0.67	0.5082		
Fat (N=44)			*Si	gnificance is	set at p <.05.	

Paired t-tests for Control Group Physical Characteristics						
	Mean Difference	Sd	t-value	p-value		
BMI (N=23)	-0.0304	0.6335	-0.23	0.8199		
VO2 Max (N=20)	0.7009	4.6244	0.69	0.5007	₹	
Tanita Body Fat (N=23)	-0.3130	2.3692	-0.63	0.5328		



Paired t-tests for Treatment Group Survey Information							
	Mean Difference	Sd	t-value	p-value			
Burns Anxiety (N=44)	3.3636	7.8625	2.84	0.0069*			
Burns Depression (N=44)	1.7045	5.5430	2.04	0.0475*			
Attitudes- Mental (N=43)	01945	0.3688	-3.46	0.0013*			
Attitudes- Stages of change (N=43)	-0.0852	0.4881	-1.16	0.2531			
uninge ((x=43)		_	*Significance	is set at p <.0			

Paired t-tests for Control Group Surve Information						
	Mean Difference	Sa	t-value	p-value		
Burns Anxiety (N=22)	1.9545	9.0841	1.01	0.3244		
Burns Depression (N=23)	-0.3478	3.4590	-0.48	0.6344		
Attitudes- Mental (N=22)	-0.0702	0.4132	-0.80	0.4341		
Attitudes- Stages of Change (N=22)	0.0568	0.3929	0.68	0.5050		

Results

Results indicated significant differences existed between pre and post scores for the reatment group that participated in the six-week exercise program in categories of makey, depression, attitudes/beliefs that exercise can improve mental health, and VO₂ max scores. Non-significant differences were found between pre and post data in the measures of body composition and BMI for the treatment group. In the control group no significant differences were noted in anxiety, depression, attitudes towards exercise, body fat, VO-max or BMI.

Discussion

University counseling centers, exercise professionals and others working with the colleg population have a valuable and influential opportunity to instill knowledge, skills, and positive beliefs about health in a crucial time of student's development when they are at greater risk for anxiety and depression. Results of this study can help inform professionals that exercise may serve as an additional tool in helping to moderate the effects of anxiety or depression affecting students, while providing additional positive health benefits to the students as well.

Limitations

Limitations may exist in the generalization of the findings of this study because of the souvenient sampling method and the short duration of intervention. Future longitudinal esearch to assess changes over time may prove beneficial to further inform the body of esearch to n this topic. Another consideration is that anxiety and depression may fluctuate to ertain times throughout the sensets or when the instruments were administered

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