



Community Empowerment through Structured Sports Programs to Support Mental and Emotional Health in India

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Abstract. Mental health challenges such as stress, anxiety, and sleep disturbances have become increasingly prevalent in Indian communities, especially among youth in semi-urban settings. While physical exercise is known to offer psychological benefits, its potential as a community-driven mental health intervention remains underutilized. This study explores the impact of structured sports programs in promoting psychological well-being through community empowerment using an Asset-Based Community Development (ABCD) approach. The intervention was implemented in a semi-urban region of Telangana, India, involving 120 participants and 30 trained youth facilitators. Community assets were mapped and mobilized to develop weekly sports sessions combined with group reflection activities. Mixed methods were used to evaluate outcomes: self-reported surveys on stress, sleep, and mood; qualitative reflection logs and participatory observation. The structure was rooted in ABCD principles to ensure sustainability and local ownership. Quantitative findings showed a 53% reduction in daily stress and a 44% improvement in sleep quality among participants. A substantial increase in group participation, emotional openness, and community involvement was also observed. Trained youth facilitators reported improved self-confidence and took active leadership roles in organizing sessions. The intervention led to the formation of a local taskforce, ensuring program continuity beyond institutional support. The program successfully reframed sports as a culturally appropriate tool for emotional expression and mental health awareness. It also fostered a cultural shift in how mental health is discussed within families and peer groups. Although self-reported data and short-term tracking limited generalizability, the results highlight the promise of scalable, community-owned, sports-based mental health strategies.

Keywords: Psychological well-being, Sports participation, Community empowerment, Mental health, ABCD approach

1. Introduction

India has witnessed a troubling rise in mental health concerns across diverse communities, particularly among youth and young adults (Choedon et al., 2023; Gaiha et

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al., 2020; Kalra et al., 2024; Votruba et al., 2023). Rapid urbanization, academic and work-related pressure, unemployment, social media overexposure, and limited access to mental health resources have all contributed to growing levels of psychological distress (Aggarwal et al., 2023; Gaiha et al., 2020; Kaur et al., 2023). This is reflected in the increasing prevalence of stress, anxiety disorders, depression, sleep disturbances, and a general decline in emotional well-being across demographic strata. According to local health reports and international surveys, one in seven Indians suffers from mental health issues, yet community-based support remains minimal and often fragmented.

In light of this escalating public health concern, there is a growing consensus among health practitioners, educators, and policymakers on the importance of non-clinical interventions, those rooted in everyday activities, social engagement, and preventive strategies (Votruba et al., 2023). Among such interventions, sports and structured physical activity have emerged as one of the most promising tools for psychological empowerment (Monje-Amor et al., 2021; Ochoa Pacheco & Coello-Montecel, 2023; Soleimani et al., 2023). Beyond their physical benefits, sports offer a unique intersection of emotional regulation, social bonding, identity formation, and resilience building. However, these potentials often remain underutilized, especially in lower and middle income communities where access to organized recreational spaces and structured programs is limited.

The challenge lies in translating data into practice, especially within vulnerable communities where structured sports programs are either underdeveloped or entirely absent. It is here that community empowerment becomes crucial. Empowering communities to develop, own, and sustain localized sports initiatives can create long-term systems of support that nurture both physical health and psychological resilience. Community-based sports programs, when designed thoughtfully, have the potential to foster inclusion, gender equity, emotional safety, and positive role modelling, essential ingredients for a healthier and more cohesive society.

This community service initiative aims to bridge the gap between research and action by designing and implementing structured sports programs in semi-urban and underserved areas in India. The focus is not merely on encouraging physical movement, but on embedding principles of mental health promotion within the sports activity itself. This includes creating safe spaces for emotional expression, integrating peer support, monitoring psychological indicators like stress and sleep quality, and ensuring inclusive participation across gender and age groups.

Activities are segmented into team sports (e.g., football, volleyball), individual sports (e.g., running, yoga), and recreational movement games for younger participants. Through weekly sessions, workshops, and community-led sports festivals, the initiative seeks to create a replicable model of psychosocial well-being intervention rooted in everyday life. Furthermore, drawing from the Mental Health through Sport conceptual model (Eather et al., 2023; Gouttebarga et al., 2021; Schinke et al., 2022), this initiative adopts a framework that views sports not only as a physical regimen but also as a psychosocial ecology, a space where identity, self-esteem, resilience, and social bonding can flourish. The integration of this model ensures that empowerment is not one-dimensional; rather, it addresses mental, emotional, and social health holistically.

The main objective of this community empowerment program is to enhance psychological well-being, particularly by reducing stress and strengthening emotional regulation through consistent and inclusive participation in structured, community-



organized sports activities. In addition to improving individual mental health outcomes, the program seeks to empower local youth and community volunteers by equipping them with the knowledge, skills, and mentorship needed to act as facilitators and advocates of mental health through sports. Ultimately, the initiative aims to establish a sustainable and community-owned system that ensures the long-term continuity, adaptability, and local ownership of sports-based mental health interventions, thereby fostering resilience, social cohesion, and holistic well-being across generations.

2. Methods

This community empowerment initiative adopts the Asset-Based Community Development (ABCD) approach as its core methodological framework. ABCD is a participatory and strengths-oriented model that emphasizes the identification, mobilization, and enhancement of existing assets within a community, rather than focusing on deficiencies or external dependencies (Boyd et al., 2008; del Cura Bilbao & Sandín Vázquez, 2021). By building on what the community already has, rather than what it lacks, this approach fosters a sense of ownership, dignity, and sustainability in program implementation.

In this program, the ABCD framework was applied in three interconnected phases: asset mapping, capacity building, and collaborative action. First, a series of community engagement sessions were conducted in semi-urban neighbourhoods in Telangana, India, to identify available human, social, and physical resources. These included youth leaders, retired athletes, community health volunteers, open public spaces, unused school grounds, and existing local traditions involving group physical activities. Through focused group discussions and participatory mapping exercises, the team was able to document both tangible and intangible assets, such as trust, local knowledge, and informal leadership, which would later form the foundation for program design.

The second phase involved capacity strengthening, particularly targeting local youth and volunteers who expressed interest in becoming community sports facilitators. A structured training module was developed based on insights from the initial statistical research, integrating basic concepts of mental health, emotional regulation, stress management, and inclusive facilitation techniques. Participants were also equipped with skills to design, lead, and adapt sports-based activities that promote psychological well-being, especially focusing on vulnerable groups such as adolescent girls, school dropouts, and individuals with mild anxiety symptoms.

The third phase centered around co-creation and implementation of structured sports programs, led by the trained local facilitators, but supported continuously by academic mentors and local health practitioners. Weekly sports sessions, thematic tournaments, and movement-based mindfulness workshops were conducted in community spaces. Special attention was given to ensuring gender inclusivity and accommodating different age groups. Moreover, regular reflective dialogues with participants and families were held to evaluate the psychosocial impact of the program. Qualitative observations were supported by simple evaluation tools, including self-reported mood trackers and group discussions on changes in sleep patterns, stress levels, and social bonding.

Crucially, the ABCD methodology ensured that the entire process was owned and driven by the community itself, with the external academic team serving only as facilitators and resource connectors (Kalaga V N S & Murari, 2025). Rather than imposing a ready-made mental health intervention, the approach allowed the community to define



well-being in its own terms and integrate sports into daily life in culturally relevant ways. This method not only empowered the community with practical tools for mental health resilience but also nurtured a local ecosystem of care that can adapt and grow beyond the lifespan of the project.

By grounding the intervention in the ABCD framework, this initiative successfully transformed sports from a mere recreational activity into a vehicle of psychosocial healing and collective empowerment. It demonstrates that when communities are seen as reservoirs of solutions not just recipients of aid, mental health promotion can become deeply rooted, inclusive, and sustainable.

3. Results and Discussion

3.1. Improved Psychological Well-Being among Participants

Over the course of a three-month intervention, the structured sports program yielded a measurable and meaningful improvement in the psychological well-being of 120 community participants. Weekly reflective surveys and mood-tracking journals indicated that 73% of participants reported a noticeable decrease in daily stress, while 68% experienced better sleep quality. These findings were corroborated by facilitators' observational notes, which recorded greater enthusiasm, emotional expression, and social engagement during sessions. Participants consistently showed signs of improved mood and reduced emotional tension, suggesting a positive shift in mental well-being triggered by regular participation in sports.

In addition to individual responses, facilitators observed a strong sense of group cohesion and emotional openness during activities. Laughter, team spirit, and collective encouragement became common dynamics on the field. These behavioral shifts illustrate how structured physical activity can create emotionally safe spaces for participants to process and release stress in socially acceptable ways. The recreational setting, free from clinical labels, allowed mental health promotion to happen organically through joyful and cooperative interactions, making emotional regulation an everyday practice.

The program's outcomes validated previous statistical research, which showed a strong positive correlation between sports participation and improved sleep ($r = 0.745$, $p = 0.035$) and a moderate negative correlation with stress levels ($r = -0.306$, $p = 0.005$). These consistent patterns suggest that increasing the frequency and duration of sports engagement contributes significantly to mental health enhancement. The alignment between empirical data and real-world community outcomes reinforces the idea that structured physical activity is a practical and effective intervention tool for psychological well-being across diverse populations.

One of the most transformative aspects of the program was the gradual involvement of women participants. Initially attending only as observers, many women eventually joined the activities and later reported increased self-confidence and reduced anxiety. Their active participation challenged traditional gender norms and expanded the inclusivity of the program. Sports became a vehicle not just for physical fitness but for social integration and emotional empowerment. This gender-inclusive dynamic demonstrated how community-based physical activities can foster psychological resilience and catalyze positive identity shifts, particularly for women in conservative social contexts.

Table 1 Summary of Psychological Well-Being Improvements



Indicator	Before Program	After 3 Months	Change
Participants reporting high daily stress	82%	29%	↓ 53 pp
Participants with poor sleep quality	64%	20%	↓ 44 pp
Participants showing better emotional regulation	22%	65%	↑ 43 pp

Note: pp = percentage points. Data derived from weekly reflective surveys and participant mood journals.

2. Empowerment of Local Youth as Mental Health Facilitators

A key achievement of the program was the empowerment of local youth to serve as mental health facilitators through structured sports activities. Out of 30 young individuals enrolled in the program's training module, covering mental health literacy, inclusive sports facilitation, and community mobilization, 26 successfully completed the entire curriculum. These trained youth went on to independently organize and lead a minimum of five community-based sports sessions each, reaching an estimated 200 community members directly. This level of involvement indicates not only commitment but also the potential for youth to be agents of grassroots psychosocial support.

The youth facilitators were trained to do more than just manage sports activities, they were equipped to conduct mindfulness-infused movement exercises and lead post-activity reflection circles, where participants discussed emotional changes, mood states, and stress experiences. These sessions fostered an open and supportive atmosphere, allowing participants to process their feelings collectively. Facilitators reported that many participants, especially adolescents and women, felt safer discussing their emotions in these informal, peer-led spaces compared to formal counseling settings. This innovative peer-led model significantly contributed to breaking down social stigma surrounding mental health.

The process also had a transformative impact on the facilitators themselves. Based on one-on-one interviews and focus group discussions, the majority of youth reported increased self-esteem, improved communication skills, and a renewed sense of purpose. Some facilitators even expressed a desire to pursue careers in physical education, social work, or psychology. Their experiences show that facilitation, when grounded in community values and meaningful service, can be a pathway for personal development and long-term professional aspiration. This aligns with the core philosophy of the Asset-Based Community Development (ABCD) approach, which emphasizes the mobilization of internal capacities over external aid.

The presence of peer-led sessions in everyday community life normalized conversations around emotional well-being. Youth facilitators, being close in age and culturally aligned with participants, were uniquely positioned to shift perceptions about mental health from taboo to talkable. This peer influence was especially impactful in conservative settings, where mental health is often misunderstood or ignored. As a result, topics like stress management, anxiety, and emotional balance became part of casual discussions, marking a cultural shift in the community's collective understanding of mental wellness. The success of this youth empowerment model demonstrates the scalability and sustainability of community-driven mental health advocacy.



Table 2 Summary of Youth Empowerment Outcomes

Indicator	Number / Percentage	Remarks
Youth enrolled in training program	30 youth	Selected from local community groups
Youth who completed full training	26 youth (87%)	Completed modules on mental health, facilitation, ABCD
Youth-led sports sessions conducted	Minimum 5 sessions per facilitator	Reached over 200 community members
Youth reporting increased self-confidence and leadership	23 youth (88% of those trained)	Based on interview and self-reflection notes
Youth interested in careers in wellness/education fields	15 youth (58%)	Expressed post-program aspirations

Note: Data compiled from facilitator logs, interviews, and post-program reflection assessments.

3.3. Establishment of a Sustainable, Community-Owned Program Structure

One of the most enduring outcomes of the initiative was the successful establishment of a sustainable, community-owned structure to continue and expand sports-based mental health support. Rather than depending indefinitely on academic or institutional guidance, the community took ownership of the program's continuity through a series of participatory planning meetings, reflective evaluations, and leadership dialogues. This participatory process culminated in the formation of a Community Sports and Well-Being Taskforce, composed of youth leaders, women representatives, school teachers, and health volunteers. The taskforce now functions as the operational core, managing the program independently.

The taskforce handles critical logistical aspects such as scheduling weekly sessions, rotating volunteers, managing shared equipment, and onboarding new participants. In addition, it has forged collaborations with local schools to integrate mental health education and structured physical activity into their extracurricular curricula. This strategic expansion ensures that the message of emotional well-being reaches younger generations in a formal educational setting, further embedding the initiative into the fabric of community life. The integration of diverse stakeholders ensures the structure is resilient and responsive to community needs.

A strong indicator of sustainability is the continued implementation of weekly sports sessions with over 80% attendance, even after the conclusion of external institutional support. Furthermore, two neighboring communities expressed interest in adopting the model and formally invited the taskforce to assist in initiating similar programs in their areas. This level of community-to-community diffusion suggests that the model is not only functional but also replicable, demonstrating one of the core aims of Asset-Based Community Development (ABCD), fostering locally governed, low-cost, and self-replicating systems of care and support.

The establishment of this taskforce underscores a vital lesson in sustainable development, when communities are empowered through inclusive, participatory processes, they can not only sustain but expand transformative programs with minimal



external funding. The reliance on local knowledge, human resources, and shared values allowed the initiative to flourish organically. This approach reflects the central tenets of the ABCD framework, where the emphasis is placed not on deficiencies, but on assets, relationships, and leadership that already exist within the community. Ultimately, this structure serves as a living model of how emotional resilience and mental health can be embedded in everyday life and governed by the community itself.

Table 3 Indicators of Community Ownership and Sustainability

Indicator		Outcome		Remarks
Community established	taskforce	Yes	(multi-stakeholder composition)	Includes youth, women, teachers, and health volunteers
Weekly sports sessions continued post-institutional support		Yes	(80%+ attendance rate)	Sustained by local scheduling and volunteer commitment
Integration with school programs		Initiated		Mental health education embedded in extracurricular activities
Equipment and resource management by community		Fully transitioned		Inventory managed locally by taskforce
Expansion to other neighborhoods		2 communities adopted the model		Replication assisted by original taskforce

Note: Data sourced from post-program community evaluation reports and monitoring logs.

3.4. Transforming Everyday Movement into Mental Health Advocacy

The implementation of structured sports programs within underserved Indian communities has demonstrated not only quantifiable improvements in psychological well-being but also a deeper, more transformative impact: a cultural shift in how mental health is understood, discussed, and addressed at the grassroots level. This discussion explores the intersection between physical activity, social context, and community-driven mental health advocacy.

Traditionally, mental health in many Indian contexts remains a sensitive and often stigmatized subject, especially in semi-urban and rural communities. However, integrating mental health promotion into culturally acceptable and joyful activities, like sports offers an accessible and non-threatening entry point for dialogue and healing. As observed in the program, many participants, particularly women, began to articulate their emotional experiences more openly after engaging in regular sports activities. This echoes the findings by Eather et al. (2023), who assert that structured physical activities create “emotionally safe environments” that help individuals externalize stress and anxiety without the pressure of clinical settings.

In particular, sports became a socially legitimate platform to engage in emotional expression. Through weekly group reflections and informal conversations during or after games, participants described improvements in mood, stress relief, and even stronger sleep cycles, validating the original correlation study, which found a statistically significant link between time spent on sports and reduced stress ($r = -0.306$, $p = 0.005$) and improved sleep quality ($r = 0.745$, $p = 0.035$). This aligns with the theory that sports



trigger neurobiological responses, such as the release of endorphins and serotonin, which positively impact emotional states (Penedo & Dahn, 2005).

Another critical aspect of this transformation was the role of local youth as facilitators. Unlike traditional top-down mental health campaigns, this initiative embedded mental health literacy and facilitation skills within the community itself. As reported, 26 out of 30 trained youth went on to organize multiple sessions and served as peer leaders, bridging the gap between academic knowledge and lived community experience. Their presence created a ripple effect, normalizing emotional conversations among peers and reducing the stigma of discussing mental health.

This mirrors Liu and Zhong's (2023) research, which showed that sports participation mediated by peer engagement improves subjective well-being by fostering a sense of class identity and communal health awareness. These peer leaders not only empowered others but also reported improvements in their own self-esteem, confirming the bidirectional benefits of youth-led intervention models.

The program also highlighted the unexpected yet vital involvement of intergenerational participants. Parents, elders, and younger children were drawn into the activities, not only as passive observers but as collaborators in creating a shared community rhythm. This supports Malm, Jakobsson, and Isaksson (2019), who argue that sports-based public health strategies are most effective when they are inclusive, intergenerational, and socially integrated.

The inclusion of family members created a feedback loop: as children participated in sports, parents noticed improvements in their behavior and emotional regulation, leading them to support the initiative more actively. Likewise, elders played a supportive role in logistics, cheering, and storytelling, enhancing social cohesion and emotional security. These dynamics turned the sports field into a psychosocial ecology, not just a playground, a concept consistent with Eather et al.'s (2023) "Mental Health Through Sport" model, which sees sports as embedded within broader systems of social well-being.

Perhaps the most profound change observed was a shift in community perception: from viewing mental health as a hidden illness to embracing it as a shared responsibility and collective practice. In this program, sports acted as a narrative tool that helped individuals reinterpret stress and emotion as manageable, natural experiences. Phrases like "playing helps me sleep" or "my mind feels lighter after a game" were common during feedback sessions, indicating a movement away from silence and shame toward empowerment and openness.

Chandrakanta Hiremath (2019) notes that while sports are rarely recognized as formal mental health interventions, they carry immense potential for social healing, particularly when embedded in community life. The challenge lies in recognition and scalability. This program offers a replicable model, where sports are not auxiliary activities but central tools for mental wellness, tools that are scalable, inclusive, and sustainable when driven by the community itself.

4. Conclusions

The implementation of structured sports programs in Indian semi-urban communities has yielded substantial improvements in the psychological well-being of participants. Quantitative data collected over a three-month period indicate significant reductions in self-reported stress levels, enhancements in sleep quality, and a general uplift in emotional resilience. These outcomes were particularly evident among youth and women,



many of whom transitioned from passive observers to active participants. The correlation and regression analysis from prior research were validated in practice, showing that frequency and duration of sports engagement are positively linked to mood regulation, self-esteem, and mental health stability. Moreover, the success of the training program for youth facilitators highlights the replicability of peer-led models in community mental health promotion.

Beyond measurable outcomes, the intervention fostered a deeper cultural transformation in how mental health is perceived and discussed within the community. As explored in the discussion, sports became a socially acceptable medium for emotional expression and collective healing. Participants not only experienced internal psychological shifts but also contributed to creating a more emotionally literate and connected community. The intergenerational involvement and emergence of local leadership underscore the broader social impact of the program. The integration of Asset-Based Community Development (ABCD) principles ensured that mental health advocacy was rooted in local values, traditions, and strengths making it both context-sensitive and sustainable. These findings reaffirm the value of embedding psychosocial support into everyday communal activities rather than isolating mental health as a clinical issue.

However, this study also acknowledges several limitations. First, the reliance on self-reported data may introduce response bias, especially in cultures where discussing emotional states is still emerging. Second, the short intervention window (three months) limits the ability to assess long-term sustainability and behavioral change. Future research should incorporate longitudinal designs to track lasting effects and identify whether behavioral adaptations persist over time. Additionally, exploring the role of digital tools—such as mood tracking apps or video-guided home activities—may expand the reach of such programs in rural or remote areas. Comparative studies across different cultural settings within India could also shed light on how localized norms influence the effectiveness of sports as a mental health tool. Overall, while the findings are promising, they open the door to more expansive, inclusive, and multidisciplinary explorations of sports-based community mental health interventions.

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