Research Paper

Studying the Relationship Between Gambling Addiction and General Mental Health

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ABSTRACT

Gambling is defined as the act of wagering or betting money or something of value on an winning more money or items of value than was wagered. Gambling entails putting anything of value, such as money, on the line in the hopes of winning more than you put up. Adolescent gambling behaviour can range from not gambling at all to experimenting with it, from occasional or regular social gambling to excessive and pathological gambling. Our emotional, psychological, and social well-being are all part of our mental health. It has an impact on how we think, feel, and act in our daily lives. It also influences how we deal with stress, interact with others, and make decisions. Mental health is crucial at all stages of life, from birth to adolescence to adulthood and old age. The ability to adjust to everyday pressures is frequently used to assess a person's mental health. People with good mental health may use their strengths, be productive, make decisions, and participate actively in their communities. Mental health issues are frequently confused with mental illnesses. Sample was taken from the gamblers and was used to study the relationship between gambling addiction and mental health. The questionnaire for gambling addiction was the gambling symptom assessment scale (G-SAS) and for General health questionnaire (GHQ-12). Positive correlation was shown between the two variables.

Keywords: *Spirituality, Gratitude, Demographic Variable, Students*

Gambling is defined as betting money or something of value on an event having an uncertain outcome with the primary goal of gaining more money or material items. Gambling thus necessitates the presence of three elements: consideration, chance, and prize. The outcome of the wager is usually obvious within a short time. Gambling is defined as the act of wagering or betting money or something of value on an uncertain outcome with the intention of winning more money or items of value than was wagered. Gambling entails putting anything of value, such as money, on the line in the hopes of winning more than you put up.

Adolescent gambling behaviour can range from not gambling at all to experimenting with it, from occasional or regular social gambling to excessive and pathological gambling. Our emotional, psychological, and social well-being are all part of our mental health. It has an

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impact on how we think, feel, and act in our daily lives. It also influences how we deal with stress, interact with others, and make decisions. Mental health is crucial at all stages of life, from birth to adolescence to adulthood and old age. The ability to adjust to everyday pressures is frequently used to assess a person's mental health. People with good mental health may use their strengths, be productive, make decisions, and participate actively in their communities. Mental health issues are frequently confused with mental illnesses. However, whether or not a person has a psychiatric problem, mental health refers to their mental well-being.

GAMBLING

Gambling (also known as betting or gaming) is the staking of money ("the stakes") on an event with an uncertain conclusion in the hopes of gaining more money.

Gambling thus necessitates the presence of three elements: consideration (a stake), risk (a chance), and a reward. In this context, the term "gaming" usually refers to situations where the activity has been expressly legalised.

Participating in any game or activity in which you risk money or a valued object in order to win money is referred to as gambling.

Equally likely events or outcomes have the same possibility of happening in each case. Each instance is totally autonomous in pure chance games; that is, each play has its own set of rules. As indicated by texts and equipment discovered in tombs and other locations, gambling is one of humanity's oldest occupations.

It was controlled, which usually meant severely limited, in ancient Chinese and Roman legislation, as well as the Jewish Talmud, Islam, and Buddhism, and in ancient Egypt,habitual gamblers might be punished to forced labour in the quarries. The origins of gambling are thought to be divinatory: man sought knowledge of the future and the intentions of the gods by tossing marked sticks and other items and interpreting the results. Playing a game of chance for money or other stakes is an activity or practise which is also knowns as gambling.

Types of Gamblers:
There are different types of gamblers
- Professional gamblers
- Antisocial or personality gamblers
- Causal social gamblers
- Serious social gamblers
- Escape gamblers
- Compulsive gamblers
- Stock market gamblers

Professional gamblers
They gamble for a living and hence consider it a profession. They are adept at the games they choose to play and have the ability to manage their gambling budget and time. As a result, professional gamblers are not gambling addicts. They carefully wait for the ideal bet before attempting to win as much as possible.

Antisocial or personality gamblers

use gambling as a way to get money by illegal means. They are likely to be involved in fixing horse or dog races, or playing with loaded dice or marked cards. They may attempt to use a compulsive gambling diagnosis as a legal defence.

Causal social gamblers

Gamble for recreation, sociability and entertainment. For them gambling may be distraction or a form of relaxation. Gambling does not interfere with family, social or vocational obligations.

Serious social gamblers

They devote more time to gambling. Gambling is a popular form of leisure and pleasure, however these people prioritise their families and careers over gambling. This type of gambler is similar to a "golf nut," who gets his or her relaxation from playing golf. Serious social gamblers keep control of their gambling.

Escape gambler

To obtain comfort from worry, despair, rage, boredom, or loneliness, gamble. They gamble to get away from problems or crises. Rather than euphoria, gambling produces an analgesic impact. Compulsive gamblers are not relief and escape gamblers.

Compulsive gambler

having given up control of their gaming Gambling is the most significant aspect of their lives for them. Gambling addiction is a degenerative disease that affects all part of a gambler's life. Their families, friends, and employers will suffer if they continue to gamble. Furthermore, obsessive gamblers may engage in acts that are against their moral values, such as stealing, lying, or embezzling. No matter how much they want to or how hard they try, compulsive gamblers are unable to stop gambling.

Stock market gamblers

Stock trading, commodities trading, binary options, spread betting, derivatives, and a plethora of other ways to play the stock market are all forms of gambling. However, no flawless system for predicting the stock market has yet been developed (not for a lack of trying, mind you). Buying and selling stocks and shares, trading commodities, and any other ways to stake money on the fate of a stock or asset will always include an element of chance until that day comes.

GAMBLING ADDICICTION:

Gambling addiction is a chronic disease with several harmful psychological, physical, and societal consequences. It's classified as an impulsivity disorder. It's in the fifth edition of the Diagnostic and Statistical Manual of the American Psychiatric Association (APA) (DSM-5). Problem gambling is hazardous to one's mental and physical well-being. Depression, migraines, anguish, digestive difficulties, and other anxiety-related problems may occur in people who suffer from this addiction.

Gambling's repercussions, like those of other addictions, can lead to emotions of hopelessness and powerlessness. This can lead to suicide attempts in some situations. Problem gambling has become more prevalent globally in recent years. Around 5.77 million persons in the United States needed treatment for gambling disorders in 2012.

In moderation, gambling is a socially acceptable activity. Another story is gambling addiction. If left untreated, a gambling addiction can negatively affect your financial situation, relationships, and other aspects of your life. That behaviour will be beyond your control. You will continue gambling, even in the face of negative social, financial, or legal consequences. The majority of people with gambling addictions are men. But this type of addiction can also affect women. Addicts frequently try to disguise their illness, but a gambling addiction is particularly tough to conceal. Even if you gamble alone at home, your addiction may begin to manifest itself in other parts of your life. It even has similarities to obsessive compulsive disorder. Other facts regarding compulsive gambling include the fact that men are more likely than women to develop the illness in their early teenage years.

Women's disorders, on the other hand, worsen at a far faster rate than men's. Other ostensibly gender-based distinctions in gambling addiction include men's proclivity for more interpersonal kinds of gaming blackjack, craps, or poker, vs women's proclivity for less interpersonal machines or bingo. Men with problematic gambling are less likely than their female counterparts to seek counselling for concerns other than gaming. Problem gambling is defined as gambling that has more than one symptom but fewer than the five required to be classified chevalier.

TYPES OF GAMBLING ADDICTION
- Problem gambling
- Compulsive gambling

1.2.1a PROBLEM GAMBLING:
Problem gambling, also known as ludomania, is an addictive activity that leads to pain and bad consequences. If specific diagnostic criteria are met, DSM-5 may classify problem gambling as a mental disease. Pathological gambling is a prevalent disorder that has social and family consequences. The illness has been reclassified as an addictive disorder by the DSM-5, with sufferers demonstrating many parallels to individuals who suffer from drug addictions. The phrase "gambling addiction" has been around for a long time in the rehabilitation community. [The American Psychiatric Association has traditionally recognised pathological gambling to be an impulse-control issue rather than an addiction.

However, evidence imply a stronger link between pathological gambling and drug use disorders than between PG and obsessive-compulsive disorder, owing to the similarities between problem gambling and substance abuse behaviours. Problem gambling is a public health issue, and its comorbidity with other health conditions may allow for screening in healthcare settings; nonetheless, there is still a great deal of uncertainty and research in the topic. The goal of this project is to look into any links between problem gambling and a variety of other health issues, such as substance abuse, mental health issues, and behavioural addictions.

1.2.1b COMUPLSIVE GAMBLING:
Gambling disorder, often known as compulsive gambling, is the inability to stop gambling despite the negative consequences. Gambling entails putting something valuable at risk in the hopes of gaining something even more valuable. Gambling, like narcotics or alcohol, can trigger the brain's reward system, leading to addiction. If you have a problem with compulsive gambling, you may disguise your habit, deplete resources, amass debt, or even turn to theft or fraud to maintain your addiction. Compulsive gambling is a dangerous disorder that can lead to death. Although treating compulsive gambling can be difficult,

many people who suffer from the disorder have found relief via expert care. A compulsive gambler, often known as a pathological gambler, is unable to control their urges. This could have serious implications. The desire to gamble grows so strong that the only way to release anxiety is to keep gaming. Sufferers are frequently ignorant of or deny that they have a problem. Admitting that there is a problem with gambling is the first step in solving it. For some, this realisation comes only after they have hit rock bottom. This illness was previously classified as a compulsive disorder, however the DSM-5 now classifies it as an addiction disorder.

MENTAL HEALTH:

Our emotional, psychological, and social well-being are all part of our mental health. It has an impact on the way we think, feel, and act. It also influences how we deal with stress, interact with others, and make decisions. Mental health is crucial at all stages of life, including childhood, adolescence, and adulthood. If you have mental health difficulties, your thinking, mood, and behaviour may be affected throughout your life. Many factors play a role in mental illness, including:

- Genes and brain chemistry are examples of biological influences.
- Trauma or abuse are examples of life experiences.
- Mental health issues run in the family

Mental health issues are frequent, but there is assistance. People with mental illnesses can improve, and many will recover entirely. The word "mental health" refers to a person's emotional, psychological, and social well-being. The ability to adjust to everyday pressures is frequently used to assess a person's mental health. People with good mental health may use their strengths, be productive, make decisions, and participate actively in their communities. Mental health issues are frequently confused with mental illnesses.

However, whether or not a person has a psychiatric problem, mental health refers to their mental well-being. Mental health refers not only to emotional well-being but also to how people think and behave. There are a number of different factors that have been found to influence mental health. A person's ability to enjoy life is frequently used as an indicator of mental health and wellness. It is often defined as the degree to which a person enjoys the most important aspects of their life. A mental health problem is not the outcome of a single occurrence. Multiple, interconnected reasons have been discovered. Genetics, environment, and lifestyle all play a role in whether or not someone develops a mental illness. A demanding career or home life, as well as catastrophic life events, make certain people more vulnerable. Biochemical mechanisms and circuits, as well as basic brain structure, could be involved.

None of this implies that you or your family are broken or have done something "bad." No one is to blame for mental illness. Many people can recover, including meaningful roles in social life, school, and job, especially if they begin therapy early and take an active role in their own rehabilitation.

TYPES OF MENTAL HEALTH:

- Anger
- Anxiety and panic attacks
- Bipolar disorder
- depression

- Obsessive compulsive disorder
- Stress

1.3.1a ANGER:
Anger is a negative emotion defined by hostility toward someone or something you believe has wronged you on purpose. Anger can be beneficial. It might help you vent negative emotions or encourage you to discover answers to issues. However, extreme rage might be problematic. Anger causes increased blood pressure and other physical changes, making it harder to think clearly and harming your physical and mental health.

1.3.1b ANXIETY AND PANIC ATTACKS:
In typical, nonthreatening conditions, a panic attack involves quick, fleeting sensations of terror and powerful physical reactions. You may sweat profusely, have difficulty breathing, and feel your heart racing during a panic attack. You might think you're experiencing a heart attack. When you worry too much about having another panic attack or adjust your actions to avoid having one, you can develop panic disorder. Anxiety is the feeling of being anxious, tense, or terrified about something that is about to happen or that we believe will happen in the future. Anxiety is a typical human reaction when we believe we are in danger. It can be felt in our ideas, feelings, and actions.

1.3.1cBIPOLAR DISORDER:
Bipolar disorder, formerly known as manic depression, is a mental health illness that involves emotional highs (mania or hypomania) and lows (depression) (depression). May feel gloomy or hopeless when you are depressed, and you may lose interest or pleasure in most activities. You may feel ecstatic, full of energy, or abnormally irritable when your mood switches to mania or hypomania (a milder form of mania). Sleep, energy, activity, judgement, conduct, and the ability to think clearly can all be affected by mood fluctuations. Mood swings can happen once a year or several times a year. While the majority of people will have some emotional symptoms in between bouts, some will not.

1.3.1d DEPRESSION:
Depression (major depressive disorder) is a widespread and significant medical condition that has a negative impact on how you feel, think, and act. It is, fortunately, also curable. Depression produces unhappiness and/or a loss of interest in previously appreciated activities. It can cause a slew of mental and physical issues, as well as a reduction in your capacity to operate at work and at home. In any given year, depression affects about one in every 15 persons (6.7 percent). One in every six people (16.6%) will suffer from depression at some point in their lives. Depression can strike at any age, but it is most common in the late teens and early twenties. Women are more susceptible to depression than males. According to some research, one-third of women will have a significant depressive episode over their lives. When first-degree relatives (parents/children/siblings) suffer from depression, there is a high degree of heritability (about 40%).

1.3.1eOBSESSIVE COMPULSIVE DISORDER:
Obsessive-compulsive disorder (OCD) is characterised by a pattern of unwanted thoughts and anxieties (obsessions) that cause you to engage in repetitive actions (compulsions). Obsessions and compulsions create severe distress and interfere with daily tasks.

1.3.1f STRESS:

Internal or external pressures cause a physiological or psychological response. Stress causes changes in almost every system in the body, affecting how people feel and act. Stress leads directly to psychological and physiological disorder and disease, affects mental and physical health, and lowers quality of life as a result of these mind–body changes. In linguistics, emphasis is given to a word or syllable in speech by saying it louder.

REVIEW OF LITERATURE

HOWARD J. SHAFFER AND DAVID A. KORN (2002), this article examines the prevalence of gambling and related mental problems. It examines the expansion of gambling in North America, as well as the psychological, economic, and social effects on public health, before looking at the costs and benefits of gambling, as well as the history of gambling prevalence research. The epidemiology of gambling-related issues is studied using a public health approach. The incidence of mental disorders that are frequently associated with gambling problems is examined, as well as international prevalence statistics. An assessment of groups prone to gambling-related disorders, as well as methodological and conceptual issues that may influence epidemiological research and gambling prevalence rates, is included in the analysis. The primary public health issues linked to gambling are examined, and recommendations are made.

SEFA AWAWORYI CHURCHILL (2018), The development in the number of online gambling sites, as well as easy access to gaming outlets, has resulted in a significant increase in the prevalence of gambling among the British people. Because of the social and economic implications, this rising incidence is becoming a big issue. This study uses fresh data from England and Scotland in a population-based sample to look into the impact of gambling on depression. We find evidence of a positive relationship between gambling behaviour and depression using both the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) and the Problem Gambling Severity Index (PGSI) measures of gambling addiction. Furthermore, when the impacts are broken down by gambling venue, our findings show that online gambling poses a greater mental health risk than gambling at venues or outlets.

HENRY R. LESIEUR ND RICHARD J. ROSENTHL M.D. (1991), This is a review of the literature on pathological gambling conducted for the American Psychiatric Association's work group on disorders of impulse control not otherwise categorized. It explains the phases of the pathological gambler's career and introduces the new DSM-IV criteria. Pathological gambling and psychiatric illnesses are among the topics tackled, as are substance misuse, family issues, children, finances, and crime. There are also summaries of psychoanalytic, personality, behavioural, sociological, psychologically based addiction theories, and physiological research.

R M CUNNINGHAM- WILLIM, L B COTTLER et.al (2011), his research looked at the incidence of problem gambling and its links to other mental and substance abuse disorders. METHODS: In St. Louis, Missouri, the Diagnostic Interview Schedule was used to obtain epidemiological data on problem gambling and other disorders from 3004 individuals in 1981. RESULTS: Pathological gambling was found to be present in 0.9 percent of the population, with 46 percent of those polled gaming recreationally. Problem gamblers (those with at least one gambling-related problem) made up 9.2% of the sample and were more likely to be White (69%), male (78.2%), and young than nongamblers. They were more likely to have antisocial personality disorder, alcoholism, and cigarette addiction, among other psychiatric disorders.

JULIA KIM, ARON AMAEV ET.AL (2021), Subjective knowledge of problem gambling may be a barrier to seeking help and sticking to a treatment plan. However, little research has been done on the influence of poor problem gambling knowledge on clinical and social consequences. The goal of this research was to create and test the psychometric features of a new scale that reflects poor illness awareness in people who have a gambling problem. The Gambling Awareness and Insight Scale (GAS) is a self-report measure that evaluates the core theoretical constructs of illness awareness in problem gambling, namely General Disorder or Problem Awareness, Accurate Symptom Attribution, Awareness of Treatment Need, and Negative Consequences attributable to problem gambling. The psychometric qualities of the GAS were evaluated using data from Dynata, an online survey platform.

KATHRYM J. ROBERTS (2016), Suicide risk factors in gambling disorder (GD) populations have been reported in the literature as greater severities of gambling behaviour and poorer mental health. This is the first study in the UK to look at the links between current suicidality (thoughts and plans) and gambling severity and mental health variables using empirical data from a UK GD treatment clinic (National Problem Gambling Clinic, UK). During the clinic's admissions procedure, self-report data from 122 participants was collected using a range of methods, including questionnaires and a structured 90-minute interview with a psychologist. Although there was a high rate of reported suicidality (present suicidal thoughts [28.7%] and plans [6.6 percent]), just one measure of gambling severity (estimated total losses) was determined to be significant.

TERRY J. KNAPP (1987), Pathological gambling is a diagnosable mental illness with specific signs and symptoms. It's a common ailment that's only going to become more common in the future. Diagnostic signs and symptoms, sub-varieties, epidemiology, and psychometric analysis, as well as psychodynamic, behavioural, group, self-help, and programmatic therapy, are all covered in the literature. There are specific recommendations for future research.

DOMINIC SAGOE, STALE PALLESEN ET. AL (2017), Longitudinal studies of gambling behaviour in the transition from adolescence to emerging adulthood are scarce. We investigated the relationships and patterns of change between mental health symptoms and gambling behaviour throughout time. At the ages of 17 (N = 2055), 18 (N = 1334), and 19 (N = 1277), a representative sample of Norwegians completed questionnaires comprising demographic, mental health, and gambling variables. Three types of gambling behaviour were discovered using latent class analysis: consistent non-gambling (71.1%), consistent non-risk gambling (23.8%), and risky and problem gambling (23.8%). (5.1 percent). At age 17, being male, displaying more physical and verbal violence, and having more depression symptoms were all linked to an increased probability of belonging to the risky-and-problem gambling category. Overall, the risky and problem gambling category had the most participants.

2.1 Rationale of The Study:
The present study measures gambling addiction and its effects on mental health.
Gambling is a global phenomenon that occurs in practically every country. Gambling is extremely popular among Indians. It is played for a variety of purposes. Some people play for the sake of fun and excitement, while others may like the competition with other players. Whatever the motivation for gambling, it has an impact on us. It could be either favourable or bad. It all relies on the gambler and the surrounding circumstances. There are two categories of regular gamblers: those that gamble responsibly and moderately. Mental health

issues and substance abuse are common among problem gamblers. People with mental health issues are more likely than the general population to engage in problem gambling when ill. There are good points too such as improves brain power i.e. it requires a lot of attention and this stimulates neurological networks within your brain. It even improves your decision – making skill, also increase focus and mental alertness but it affects our mental health to i.e. excessive loss of money might lead the person to depression, compulsive gambling despite the negative consequences might lead to chronic stress which can result in further consequences as hypertension.

Thus, due to excessive gambling metal health is being affected.

RESEARCH METHODOLOGY

Gambling addiction is a progressive addiction that can have many negative psychological, physical, and social repercussions. It is classed as an impulse-control disorder. It is included in the American Psychiatric Association (APA's) Diagnostic and Statistical Manual, fifth edition (DSM-5). Gambling is harmful to psychological and physical health. Gambling is not a financial problem, but an emotional problem that has financial consequences. It also impacts the way in which the person with the disorder relates to his or her family and friends. Mental health refers to cognitive, behavioral, and emotional well-being. It is all about how people think, feel, and behave. People sometimes use the term "mental health" to mean the absence of a mental disorder. There are different types and ways by which mental health is being affected because of gambling addiction like stress, anxiety and health issues. The purpose of this study is to examine the effects on mental health due to gambling addiction.

Aim
To study the relationship between gambling addiction and mental health.

Objectives
1. To study the relationship between gambling addiction and mental health.
2. To conduct an exploratory study between the two variables and find out a relationship for the same.

Hypothesis
Gambling addiction have been studied previously with variable like Depression and psychological problems, but the main purpose of this research is to explore this variable with other variables like general health (physical, social, environmental) to understand more about the relation with gambling addiction.

The hypotheses for the study will be:
H1: There will be a significant positive correlation between gambling addiction and general health.

Type of the Study:
The nature of study for this particular research is a quantitative study. A quantitative study is a research method which relies on the variables measured by a numerical system, analyzing the measurements using various statistical models, and reporting relationships, in addition to associations among the variables being studied. Goal of this type of research is to understand, describe and predict the nature of phenomenon with the help of development of models and theories. Quantitative research includes techniques like experiments and surveys, experimental research, correlational study, etc.

Surveys- Surveys are the study conducted within a group of participants, which are selected from a larger population, and data or opinions are collected from these selected participants are then analyzed, collected and measured. This data is collected through interviews, self-report questionnaire. This quantitative study is using measurable data to conclude data, it has used a large sample of population present. The survey method has been used to collect data for the following, such as interviews and online surveys, and questionnaires. The quantitative research is used to prove facts that have been hypothesized in this particular research.

Research Sample:
There were total 152 responses in which (113 male & 39 female) Participants involved in the present study of ages between 18 to 28 years of age. The data was collected with the help of Snowball sampling i.e. (a method of recruitment in which study participants are invited to help researchers find new possible subjects).

Inclusion criteria - The participants in this study came from various colleges and communities in Delhi and Gurgaon. With the use of convenience sampling, data was acquired from colleges such as Amity University Gurgaon, Gargi College, and Jesus and Mary College. The data acquired for the study was not discarded in any way.

Exclusion criteria - Any participant with a history of a significant medical, neurological, or mental problem was not included in the data collection for the study.

Research Data:
The correlation research design was used in this study. The researcher employs a co relational design in order to recognise the relationship between any two variables. Positive, negative, and zero correlation are the three forms of correlation between variables.

Tool for Data Collection:
The participants were given two questionnaires to evaluate gambling addiction and mental health individually. The questionnaire for gambling addiction was the gambling symptom assessment scale (G-SAS) and for General health questionnaire (GHQ-12). (G-SAS) The gambling symptom assessment scale has 3 domains that measures gambling addiction. It includes urges, thoughts and gambling behaviour. There are total 10 questions in the questionnaire. The gambling urges have 4 questions, gambling related thoughts have 3 questions and gambling behaviour have 3 questions. In G-SAS questionnaire 5 point scale were used for the participants to answer the question from 1 to 5. (GHQ-12) The general health questionnaire scale has 2 domains that measures mental health questionnaire. It includes psychological distress and social dysfunction. There are total 10 questions in the questionnaire. In this questionnaire psychological distress questions were 5 and social dysfunction were 5. In GHQ-12 questionnaire 4 point scale were used for the participants to answer the question from 1 to 4.

Procedure
Firstly, the students were asked to complete the informed consent forms. The students were also told and explained clearly about the confidentially of all their responses that it will be only used for the collection of the data and the research purpose. Then, the importance and purpose of the study was explained to the students. Both the questionnaires were then distributed in the journalism classes during the middle of the term. All the students was given proper instructions for how is the student going to answer the question. The students

were administered with gambling addiction questionnaire (G-SAS) at the end of each period. The general health questionnaire (GHQ-12) was then administered at the beginning of each period. The students were given as much time as needed to complete the assessment. The scoring of both the assessment was done separately. Hence the data was collected and computed with the help of SPSS package.

Statistical Error
The analysis of the study was done with the help of SPSS package. The version of SPSS was 28.0. To compare the two groups' the statistical tool used is Pearson correlation test and descriptive statistics.

Ethical Consideration:
1) The use of unethical methods in the development of the questionnaires will be avoided.
2) There will be no harm done to any of the participants in any way.
3) The confidentiality of each participant's research data will be assured.
4) The confidentiality of each participant's information will be ensured.
5) Any ambiguity that the participant may have about the questionnaire will be clarified.
6) Each participant's dignity in the research will be valued and prioritised.
7) Any overemphasis on the study's purpose and goal can be avoided.
8) Any discussion about the study will be conducted in a clear and honest manner.
9) Every participant's full consent will be obtained prior to the start of the study.
10) There will be no bias in the research.

RESULTS

The aim of the present study was measuring gambling addiction and it's effect on mental health. For the purpose of the data collection, the data was collected with the help of 152 participants (N=152) in which there were unequal ratio of male and female participants (m=113, f= 39) from different college and societies and the result were estimated with the help of SPSS version 28.0.

Table 4.1 Shows the descriptive statistics of all the 152 participants with minimum, maximum, mean and standard deviations of the sample with all the variables of gambling addiction and general health.

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
GHTOTAL	152	10.00	38.00	16.4342	5.02533
GTOTAL	152	10.00	46.00	19.0197	6.30407
Valid N (listwise)	152				

Out of the sample of 152 subjects, on average the students had the minimum score of gambling addiction was 10.00 and the maximum was of 38, with a mean of 16.4342 and a standard deviation of 5.02533.

The minimum score of general health questionnaire is 10.00 and the maximum 46, with a 19.0197 and a standard deviation of 6.30407.

Table 4.2 shows the correlations between gambling addiction and mental health. With the help of results obtained through SPSS, the following hypothesis were estimated-

Correlations

		GTOTAL	GHTOTAL
GTOTAL	Pearson Correlation	1	.579**
	Sig. (2-tailed)		.000
	N	152	152
GHTOTAL	Pearson Correlation	.579**	1
	Sig. (2-tailed)	.000	
	N	152	152

**. Correlation is significant at the 0.01 level (2-tailed).

With the help of results obtained, the following hypothesis were estimated- According to the above shown table, a positive correlation was seen when comparing the results of gambling addiction and general health, with a significance value of 0.1 level (p<0.01 level). So as per findings of result, the hypothesis of this study was accepted as there was a positive correlation between gambling addiction and mental health and has a significant correlation value at .0579 (p = 0.0579).

DISCUSSION

The aim of the present study was to study relationship of gambling addiction and mental health. The sample consisted of 152 participants (113 males and 39 females). The sample was collected from the people of Delhi and Gurgaon of different college and nearby societies. The data was collected from colleges such as Amity university Gurgaon, Bharati college and Jesus and Mary college with the help of snowball sampling method.

The obtained data was analyzed and hypotheses were tested with co relational, descriptive statistics to identify the relationship between gambling addiction and mental health. Out of 152 of total sample, on an average its perceived that there's a relationship between gambling addiction and mental health.

According to the results obtained, there was a relationship between gambling addiction and mental health. So, the hypotheses of this study were accepted and there was a positive correlation. In the scoring process (GHQ -12) Scores were done reversed i.e., high scores mean low mental health and low scores means high mental health. So, by scoring we know if a person has high gambling addiction, they will have low mental health.

SUMMARY

The aim of the present study is to study the relationship between gambling addiction and mental health. Hypotheses formulated in the present study were accepted. As per the results of the study mental health is being affected in a positive way to gambling addiction.

Limitations of the Study
1. One of the limitations of the study is that it cannot be standardized to overall India because it is not possible to collect the data from people of all over India.
2. Another limitation of the study is that the consent form of the study was not filled with sincerity and honesty.
3. The sample size of the population was very small/ when conducting a fomal research, the research gives more beneficial data only when the sample is large, or atleast large enough. The larger the subject population, better the analysis of the sample.

Future Framework of the Study:
1. As researcher, more research on all the variables of mental health and gambling addiction.
2. The sample population could be increase to have more reliable data without any source of error.
3. Different aspects could be taken to evaluate the relationship.

Implications of the Study:
The study on the relationship between gambling addiction and mental health. By the results we know that if a person has high gambling habits their mental health is being affected. This study can be used as an awareness to tell them how their habits are affecting them and their surroundings.

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Conflict of Interest
The author(s) declared no conflict of interest.