

Mental Health Distress and Wellness among Medical Students

Liranso GS^{*1}, Mohan SS², Prakash M¹, and Vicky VD¹

¹PhD Research Scholars, Department of Social Work at Mangalore University, India²Assistant Professor & Research guide, Department of Social Work at Mangalore University, India

***Corresponding author:** Liranso GS, PhD Research Scholars, PhD Scholar, Department of social work at Mangalore University, India, E-mail: liranso.2006@gmail.com

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Abstract

The aim of this article was to assess the mental distress more extensively than has been done before and to determine likely predictors of distress and well-being issues. Moreover, the significant improvement needed in connection to medical students in the context of psychological signs, symptoms of mental distress, and solutions for the students with mental health distress and wellness perspectives were addressed. Medicine has always been demanding both during training and in practice. On the other hand, medical education is perceived as being stressful, and a high level of stress may have the unhelpful effect on cognitive functioning and learning of students in a medical school. The volume of knowledge and skills acquired in a complex professional setting while the emotional demands of working with ill people can prove a significant burden and source of distress for many medical students. We made some necessary conceptual clarifications about the terminologies. Our assumption at the outset is that a terminology remains a controversial issue for the mental health and illness because there are markedly different ways of speaking about mental normality and abnormality in contemporary society. Rather than assuming that there are competing claims about the same issue, or set of issues, we need to take a step back and check on different frameworks of understanding. The goal of medical education is expected to train knowledgeable, competent, and professional physicians equipped to care for the nation's sick, advance the science of medicine, and promote public health. Therefore, this article was exploring some of the different perspectives and arguments about the psychological signs of medical students to achieve the above-mentioned goal of medical education.

Keywords: Medical Students; Medical Education; Mental Health Distress

Introduction

Medical education is perceived as being stressful, as it is characterized by many psychological, social, and cultural changes in students. Also, medical students' mental health distress has been the dominant discourse. On the other vein, medical schools undertake an extensive selection process to identify intelligent and altruistic individuals with a strong commitment to these goals and then spend years trying to prepare those individuals to achieve them both service competence and psychological capacity. The psychological signs of medical student mental health distress in our society that there can be disastrous results when a student, often due to fundamental psychological problems, feels pushed beyond his or her ability to endure the stresses of life [1].

Furthermore, psychological distress is a general term used to describe unpleasant feelings or emotions that impact your level of functioning. In other words, it is psychological discomfort that interferes with the daily living activities. Psychological distress can result in negative views of the environment, others, and the self. Sadness, anxiety, distraction, and symptoms of mental illness are manifestations of psychological distress [2]. Psychological distress is widely used as an indicator of the mental health of the population in public health, in population surveys and in epidemiological studies and, as an outcome, in clinical trials and intervention studies. Yet the concept of psychological distress is still vague for some. Indeed, a closer look at the scientific literature shows that the expression "psychological distress" is often applied to the undifferentiated combinations of symptoms ranging from depression and general anxiety symptoms to personality traits, functional disabilities and behavioral problems [3].

Likewise, medical students' personal issues or problems tend to show signs that they are struggling in some way. The severity of the distress is one factor that will determine the best reaction. Many students may feel depressed or distress at one time or another. However, when symptoms of distress are constant over a long period of time or when they interfere with academic responsibilities and social relationships, it may be a cause for concern. Recently there is a growing attention to psychological distress among medical students [4].

In addition, stress among medical students and a resident have been investigated in several studies. At the start of medical school, medical students have mental health similar to nonmedical peers, but frequent studies suggest that students' mental health worsens during the medical training. Several stressors threaten medical students' mental health. Common stressors include: adjustment to the medical school environment, educational debt, heavy workload, sleep deprivation, difficult patients, poor learning environments, financial concerns, information overload and career planning. These stressors can lead to catastrophic consequences such as anxiety, depression, impaired academic performance, impaired competency, medical errors and attrition from medical schools [4].

Therefore, the article presents critical points to the potential to decrease medical student distress, inform strategies to minimize student distress and maladaptive coping and enhance well being.

Methods

This journal reviews focused on the current literature on medical student distress. The review method was based on the recent literature from reliable sources like PubMed, WHO, PsycINFO, and Global Health using search terms such as psychological signs, symptoms of mental distress, and solutions for the students with mental health distress and wellness perspectives. Comprehensive overviews of mental health distress and wellness models were markedly included journals published since 2000. Moreover, the review aimed at to find out the realistic treatment of mental health distress and wellness, and suggested the further research would conduct well to blend inquiry with further interventions.

Results

Mental health has become a critical issue on college campuses. Medical school is a stressful and challenging time in the academic career of physicians. Because of the psychological pressure inherent to this process, all medical schools should have easily accessible medical student mental health services. Some schools of medicine provide these services through departments of psychiatry or other associated training programs. Since this stressful lifestyle often continues through residency training and life as a physician, this is a critical period in which to develop and utilize functional and effective coping strategies. When psychiatrists provide the mental health treatment to medical students, it is important to consider transference and counter transference issues, over intellectualization, and instances of strong idealization and identification [5].

Moreover, medical education does not provide a favourable environment for medical students' mental health. In general, the proportion of medical students suffering from psychological distress is similar to that in the general population before they begin medical education. However, during medical education, the proportion is substantially higher, ranging from 21% to 56%, and in two studies the proportion had doubled by the end of the first year. A longitudinal study showed that the commonest mental health problem among medical students was anxiety (41.1-56.7%), followed by depression (12-30%) and stress (11.8-19.9%). These findings suggest that certain aspects of medical education have harmful consequences on students' psychological wellbeing, thereby hindering the noble aim of medical education to produce medical doctors with the desired personal qualities and professional competency [6].

Some studies show that female students experience more stress than their male peers during medical education, while others found no association between sex and psychological distress. The reported stressors for medical students appear to be associated with the medical curriculum. The demanding, intense environment of medical education has created excessive pressure on medical students' psychological wellbeing that can have unfavourable effects at personal or professional level. Furthermore, mental health contributes to overall individual wellbeing [6]. On the other hand, women are more active to manage stress and engaged to stress management activities that connect them like spending time with friends or family, and with other people, and attending church services. However, no differences by race were observed with regard to stress [6].

According to Muhammad and his colleagues [6] a few studies found a significant association between race and psychological distress among medical students, while others found none; further work showed that medical students from ethnic minorities experience more stress than others. Marital status has also been reported to be associated with medical students' mental health, married students being less likely to experience psychological distress. Poor previous academic achievement has also been associated with psychological distress; although one study reported no association between psychological distress and academic achievement or involvement in extracurricular activity and several others reported that mental health was not associated with academic qualification before medical education. A multicentre study reported that psychological distress was associated with the parents' total income; the highest and lowest income groups were less likely to develop psychological distress than the middle income group. It was also reported that medical students who had good relationships with their parent, siblings, peers and lecturers were less likely to experience psychological distress.

However, Yusoff and his colleagues [7] found that race was significantly associated with stress, anxiety and depression; involvement in extracurricular activities significantly decreased stress and depression; and mother's educational level and cumulative grade point average decreased anxiety scores. In addition, medical students who were top academic performers during secondary school were less likely to develop depression than those with average marks. Other factors, such as entry qualification, religion, residency status, parental income and parental concerns about students' welfare were not associated with mental health. Therefore, race

and previous academic achievement have consistently been associated with the mental health of medical students before and during medical education, and sex, marital status, social relationships and parental income have been shown to be affected during medical education.

Studies that investigate the mental health of physicians in practice have shown that the stresses that begin in medical school tend to continue throughout the years of practicing medicine. Stress in doctors is a product of the interaction between the demanding nature of their work and their often obsessive, conscientious, and committed personalities. In the face of extremely demanding work, a subjective lack of control and insufficient rewards are powerful sources of stress [5]. As Julie and his colleagues, medical school is inherently a stressful, challenging academic experience, which may make medical students vulnerable to depression, anxiety, and burnout. The potential psychological distress in medical school students has been studied by various researchers. Subsequent to medical school, life for a practicing physician also often lends itself to a chronically stressful lifestyle. This study is directly in line with Yusoff and his colleagues [7] reported that the prevalence of psychological distress among medical students during medical training was high. However, there are very few studies exploring on the psychological health of prospective medical students.

Also, the mental health and optimal psychological functioning of medical students is of importance to the training of effective physicians. Medical student mental health services should be available, accessible, and affordable at every medical school for those who need them. When medical students undergo psychotherapy, their individual personality traits, temperaments, and coping styles must be explored and assessed. Defenses and coping strategies utilized prior to medical school may be inadequate in the setting of rigorous medical education. Students with no prior mental health history may find themselves in need of psychotherapy and sometimes medication management.

Likewise, medical students may self-refer for mental health services at predictable times in the curriculum. During the first year there may be academic stress while transitioning from a less challenging curriculum to the rigors of medical school and also during course work, which entails the study of abuse, trauma, or other psychological stressors. The second year may bring students in who seek mental health services while preparing for and anticipating the first in the series of medical licensing board examinations [5].

On the other vein, medical school is a time of significant psychological distress for physicians in training. Psychiatric pathology, including but not limited to depression and anxiety, is more common in medical students than their age matched controls. Medical student wellbeing is affected by positive aspects of medical training but also by multiple stressors. Attention to individual students' psychological functioning can help promote wellbeing and minimize burnout. Helping students cultivate the skills to sustain their wellbeing throughout their careers has important payoffs for the overall medical education enterprise, for promotion of physician resilience and personal fulfillment, and for enhancement of professionalism and patient care.

Discussion

More than a decade of research around the world has shown that early intervention can often minimize or delay symptoms, prevent hospitalization and improve prognosis. Even if a person does not yet show clear signs of a diagnosable mental illness, these red flag early warning symptoms can be frightening and disruptive. Encourage the person to have an evaluation by a mental health or other health care professional, learn about mental illness, including signs and symptoms. Receive supportive counseling about daily life and strategies for stress management, and be monitored closely for conditions requiring more intensive care. Each individual's situation must be assessed carefully and treatment should be individualized. Comprehensive treatment to prevent early symptoms from progressing into serious illness can include ongoing individual and family counselling, vocational and educational support, participation in a multi-family problem-solving group, and medication when appropriate [8]. Sometimes pressure/stress might also come via engaging to large social networks/media like Facebook friends, Twitter, and etc. feeling jealous of their posts and lives, trying to keep up with their status updates, and lacking confidence [9].

Finally, students need to take responsibility for communicating their needs and seeking support within the colleges. Students are encouraged to disclose to, and advise, the colleges about any mental health conditions they may have as soon as possible; prior to enrolment disclosure can be made through their service procedures. Students are encouraged to take care of their own mental health, for example by ensuring that they get adequate rest, take any prescribed medication, and access appropriate support, including the support available through counselling services. However being a medical student one should understand the importance of personal health mechanisms and alternatives of reducing the stress to become good healthy practitioner by maintaining stability and showing enthusiasm towards learning and practices.

Conclusion

To sum up, the aim of this article was to assess the psychological distress more extensively than has been done before and to determine likely predictors of distress and wellbeing issues. Moreover, the significant improvement needed is the connection to medical students in the context of psychological signs and academic performance of medical students, symptoms of mental distress, and solutions for the students with mental health distress and wellness perspectives were addressed in this chapter. Researches have consistently found that the proportion of medical students who experience high levels of psychological distress is significantly greater than that found in the general population. However, available information is insufficient to draw firm

conclusions on the causes and consequences of student distress. Large, prospective, multicenter studies are needed to identify personal and training-related features that influence depression, anxiety, and burnout among students and explore relationships between distress and competency. The findings of high level of stress among the medical students in the initial years also suggest that, when students are admitted to the medical school, special care must be taken to find out obvious psychiatric problems or psychological stress among them. Finally, there is a need for establishing counselling and preventive mental health services as an integral part of routine clinical services being provided to the medical students.

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