

Mental Health Screening of Young Adults in a Medical College at Kozhikode District, Kerala

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ABSTRACT

Background: A large portion of the disease burden in young people is due to mental disorders. These problems affect their academic performances. Medical students during their training period undergoes through a stressful situation which can affect their academic performances and can end up with substance abuse. This study is an attempt to have an insight into the mental health problems of young adults - medical students.

Materials and methods: A cross-sectional study was carried out in KMCT Medical College in 2017. The data was collected by self-administering predesigned and pretested structured questionnaire. Data collected was entered in Microsoft excel and analyzed using SPSS software (version 14.0).

Results: 105 students participated in the study, 70.47% were females and 29.53% were males. 53.8% of the study participants responded that they felt anxious, sad, angry/irritable, or tensed at various occasions in the recent past. 56.6% of the study participants said that their present symptoms were not out of proportion to the cause. 52.8% of the participants felt loss of interest sometimes in the recent past. 12.3% had felt it often. 3.8% of them often felt hopelessness in their life. 1.9% of the study participants had a thought of self harming. 48.5% of the participants responded that their symptoms affected their daily activities especially studying and other activities. 4.7% said they are having suicidal thoughts.

Conclusion: 28% of the students were having symptoms of mental health problems which should be addressed without delay.

Keywords: Mental health, screening, college students

INTRODUCTION

Mental disorders are seen at large in young people in all societies. Most mental disorders are seen 12–24 years of age, although they are often first detected later in life. ⁽¹⁾ Development problems like lower educational achievements, substance abuse, violence, and poor reproductive and sexual health are due to poor mental health. Youth is defined officially by the UN to be between the age range of 15 and 24 and is also known as the transition phase in which individuals go from being an adolescent to becoming a young adult. ⁽²⁾ Life events, like applying for university, new found freedom and exploring relationships, taking place during this age may well differ from child, adolescent and adult populations. ^(3,4) Recognizing and detecting mental illness at an earlier age could mean preventing further deterioration of mental health ^(4,5,6) Mental health problems affect 10–20% of children and adolescents worldwide. Action is imperious to reduce the burden of mental health problems in future generations and to allow for the full development of vulnerable children, adolescents and youth worldwide. ^(6,7,8)

In the 1970s, research showed increasing trends in rates of depression among young people. Last forty years common mental disorders (CMDs) are defined by depression, anxiety and somatoform disorders. In a survey conducted in United States of adolescents suffering from mental disorder showed that anxiety was most common among adolescents having mental disorders.

Research on Common mental Disorder in young people is very limited more focus has been given to communicable forms of diseases and reproductive health. (4-8) Mental health needs of young people are very crucial to contribute fully to the development of their communities. (9)

Mental health problems can have a profound impact on all aspects of campus life. It can effect at individual level on all aspects of campus life: at the individual level, the interpersonal level and even the institutional level. (10) At the individual level, mental health problems can affect all aspects of the student's physical, emotional, cognitive, and interpersonal functioning. Common symptoms of depression may include disturbed mood, fatigue and low energy, sleep and eating problems, impaired concentration, memory, decision-making, motivation and self-esteem, loss of interest in normal activities, isolation and social withdrawal, and in some cases suicidal or homicidal thoughts. Mental health problems may also have a negative impact on academic performance, retention, and graduation rates. Psychological distress is manifested by test anxiety, less effective time management as well as use of study resources. Psychological distress is a concern as it can affect academic performance.

In India, we have close to eight lakh allopathic medical practitioners, they play an active part in the success or the failure of the health system, but their own mental health condition is alarming - which is a "public health crisis". Before they graduate to become registered doctors, they undergo an intensive four-and-a-half-year training, followed by an exhausting one-year internship. According to a survey published in the Indian Journal of Psychiatry, as many as 30% of doctors in India are suffering from depression, while 17% of them have even thought of committing suicide. Psychological morbidity - the condition of being diseased - among medical students eventually deteriorates their academic performance, and, at the same time,

increases the risk of substance abuse. Attrition from the profession, inability to maintain an effective doctor-patient relationship, failure to establish healthy interpersonal relationships, suicidal thoughts, hopelessness, feeling of worthlessness and guilt are some of the complications that eventually creep in. In the long run, they end up contributing to the failure of the healthcare system in the country. For medical students the training is extremely taxing and can take a toll on their mental and physical health. (11,12)

This study is an attempt to have an insight into the mental health problems of young adults - medical students, as there are only few studies that highlights the importance of mental health screening in young adults in Kerala.

MATERIALS AND METHODS

This cross-sectional study was carried out in KMCT Medical College under KMCT Group of Institutions in Kozhikode, Kerala during the year 2017. This screening was conducted as a part of SSGP (Students Support and Guidance Program) under the guidance from KUHS (Kerala University of Health Sciences) students' support and guidance cell. By convenient sampling method a total of 105 students from the fifth semester were selected for the study. The nature and purpose of the study was explained to the students and it was emphasized to choose the answer which they actually felt. Questionnaires were distributed to the participants in the campus settings and were collected onsite after 30 minutes. Confidentiality was assured and informed consent was taken. The data was collected by self-administering predesigned and pretested structured questionnaire. The questionnaire contained two parts:

1. Part I included Socio demographic information including age, sex, religion, etc.
2. Part II included questions focusing on symptoms of mental disorders like anxiety, depression etc.

Data collected was entered in Microsoft excel and analyzed using the statistical

package for social science (SPSS) software (version 14.0). Frequencies and percentages were calculated for all the categorical variables. Mean and Standard deviation were calculated for all numerical variables.

RESULTS

Out of the 105 students participated in the study, 70.47% were females and 29.53% were males. The mean age of the study participants was 21 ± 2 SD. 46.23% of them belonged to Hindu religion, 26.8% belonged to Christian religion and 26.97% belonged to Muslim religion. 64% of them were hailing from an urban area and 36% of them were from a rural area. While analysed the occupation of the parent - father, it was found that 23.6% of them were professionals, 17.2% of them were semi professionals, 49.4% of them were skilled workers, 8.6% of them were unskilled workers and none were unemployed. While occupation of parent- mother was analysed, it was found that 12.9% of them were professionals, 11.8% of them were semi professionals, 6.4% of them were skilled workers, 5.3% of them were semi skilled workers and 63.4% of them were homemakers.

98% of the study participants responded about their feelings in recent past i.e., whether they were anxious, sad, angry, irritable, tensed or stressed out. 53.8% of the study participants responded that they felt anxious, sad, angry/irritable, or tensed at various occasions in the recent past. 0.9% was experiencing sadness, irritability as well as tension. 2.8% experienced sadness as well as anger and irritability. 11.3% responded that they were both angry as well as stressed. 1.9% was very anxious and stressed. 1.9% was experiencing sadness as well as tension. 9.4% were experiencing irritability, 0.9% anxiety, 3.8% sadness and 7.5% irritability. 3.8% responded that they had no feelings at all.

56.6% of the study participants said that their present symptoms were not out of proportion to the cause. And 32.1% of them

said that their symptoms were out of proportion to the cause.

3.8% of them experienced palpitations, 5.7% experienced excess sweating, 4.7% experienced loss of appetite, 4.7% experienced increase in appetite, 14.2% experienced insomnia, 0.9% experienced decreased libido, 14.2% experienced that they are sleeping more than usual; and 9.4% of them experienced multiple symptoms like palpitations, loss of appetite, insomnia and excessive sweating in the recent past.

52.8% of the participants felt loss of interest sometimes in the recent past. 12.3% had felt it often. 33% of them said that they had never felt loss of interest. 4.7% of them said they often felt worthlessness while only 43.4% of them said they felt it sometimes; and 47.2% of them never experienced worthlessness.

3.8% of them often felt hopelessness in their life. 34% felt it sometimes and 55.7% of them had never felt it at all in the recent past. 2.8% of the participants often felt helplessness in their life. 31.1% of them felt helplessness sometimes in life; and 59.4% of them had never felt helplessness in their life. 23.6% of the study participants sometimes felt that their life is not worth living. 0.9% of them had that feeling often and 69.8% of them had never felt so.

1.9% of the study participants had a thought of self harming. 12.3% of them sometimes felt they should harm themselves and 79.2% of them responded that they never had a thought about self harming. 48.5% of the participants responded that their symptoms affected their daily activities especially studying and other activities.

7.5% of the participants themselves said they are suffering from anxiety. 4.7% of them said they are suffering from depression. Another 4.7% said they are having suicidal thoughts and 5.7% of them said they are having both anxiety as well as depression. 5.4% of them said they are having multiple clinical impressions like anxiety and suicidal thoughts, depression and aggressiveness, anxiety and addiction,

depression and addiction; anxiety, addiction and OCD (obsessive compulsive disorder).

Characteristics of the study participants	Number (%)
Feeling anxious, sad, angry/irritable, or tensed	56 (53.8)
Symptoms out of proportion to the cause	33 (32.1)
Decreased libido	1 (0.9)
Loss of interest	55 (52.8)
Symptoms affecting daily activities	50 (48.5)
Suicidal thoughts	5 (4.7)

DISCUSSION

Mental health problems can have a profound impact on all facets of campus life: at the personal level, the interpersonal level and even the college level. Poor mental health is strongly linked to health and development concerns in young people especially lower educational achievements, substance abuse, violence, and poor reproductive and sexual health. College is a critical context for studying youth mental health. ⁽¹³⁾ This study aims to recognize the mental health problems of young adults in our medical college.

Zivin et al conducted a baseline web-based survey of students attending a large public university in 2005 and a two-year follow-up survey by using a brief screening instruments to measure symptoms of mental disorders (anxiety, depression, eating disorders), as well as self-injury and suicidal ideation; in which it was found that more than half of students suffered from at least one mental health problem. ⁽¹⁴⁾ In our study only 28% of the study participants reported with symptoms of mental disorders where 7.5% of the participants themselves said they are suffering from anxiety, 4.7% of them were suffering from depression, 4.7% from suicidal thoughts, 5.7% from both anxieties as well as depression and 5.4% of them said they are having multiple clinical impressions.

A community based study by Soman et al found that suicides constituted more than 50% of deaths in women aged 15 to 24 years. ⁽¹⁵⁾ In our study 4.7% of the study participants had suicidal thoughts predominantly females, which points out that their concerns should be addressed to prevent suicides. Doctors do not admit that

they need help with their mental health. Doctors are too shy or scared to accept that they themselves have to seek help, especially for issues relating to mental health. ^(11,12) It is important to address the concerns of students and healthcare professionals and identify the signs of depression at an early stage to prevent suicides.

Results of this study is based on self report to brief mental health screening and only fifth semester students were taken for the study. Also the cross sectional design does not make it possible to establish the path of causality. Further study on a large sample as well as multicentre studies are required to realize the in depth magnitude of the problem.

CONCLUSION

28% of the students were having symptoms of mental health problems which should be addressed without delay.

REFERENCES

1. Fernandes AC, Hayes RD, Patel V. Abuse and other correlates of common mental disorders in youth, a cross sectional study in Goa, India. *Soc Psychiatry Psychiatr Epidemiol* (2013) 48:515–523
2. UN, UNESCO: Acting with and for youth. Available from: <http://www.unesco.org/new/en/social-and-human-sciences/themes/social-transformations/youth/2012>
3. Yu JW et al. Use of mental health counseling as adolescents become young adults. *J Adolesc Health* 43(3):268–276
4. Gore FM et al. Global burden of disease in young people aged 10–24 years: a systematic analysis. *Lancet* 377(9783): 2093–2102
5. Fahey N et al. Education mitigates the relationship of stress and mental disorders among rural Indian women. *Ann Glob Health*. 2016 ; 82(5): 779–787
6. Merikangas KR et al. Lifetime prevalence of mental disorders in U.S. adolescents: results from the national comorbidity survey replication–adolescent supplement (NCS-A). *J Am Acad Child Adolesc Psychiatry* 49(10):980–989

7. Patel V, Flisher AJ, Nikapota A, Malhotra S. Promoting child and adolescent mental health in low and middle income countries. *J Child Psychol Psychiatry* 49(3):313–334
8. Fatusi AO, Hindin MJ. Adolescents and youth in developing countries: health and development issues in context. *J Adolesc* 33(4):499–508
9. Shidhaye R, Patel V. association of socioeconomic, gender and health factors with common mental disorders in women: a population based study of 5703 married rural women in India. *International Journal of Epidemiology* 2010;39:1510–1521
10. Kitzrow MA. The mental health needs of today's college students: challenges and recommendations. *NASPA Journal*, Vol. 41, no. 1, Fall 2003
11. Suicides among doctors a public health crisis, says IMA. Available from: <https://www.thehindu.com/news/cities/Delhi/suicide-among-doctors-a-public-health-crisis-says-ima/article23396037.ece>
12. Why need to think about stress among young doctors. Available from: <https://www.hindustantimes.com/analysis/why-we-need-to-think-about-stress-among-young-doctors/story-mqKg1iwHUsEloudk3o1v0M.html>
13. Weitzman, Elissa R. Poor mental health, depression and associations with alcohol consumption, harm and abuse in a national sample of young adults in college. *The Journal of Nervous and Mental Disease*: 2004 April; 192(4):269-277
14. Zivin K, Eisenberg D, Gollust SE, Golberstein E. Persistence of mental health problems and needs in a college student population. *Journal of Affective Disorders* Oct 2009.117(3):180-85
15. Soman CR, Safraj S, Raman Kutty V, Vijayakumar K, Ajayan K. Suicide in South India: A community-based study in Kerala. *Indian J Psychiatry*. 2009 Oct-Dec; 51(4): 261–264.

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