

## **Psychological Morbidity among Medical under Graduates**

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### **I. Introduction**

Presence of psychological morbidity in medical undergraduate students has been reported from various countries across the world<sup>(1)</sup>. Among all psychological problems, Stress is one of the common problems faced by medical students. Stress is a situation that leads to tension, pressure or negative emotions such as anxiety, depression and anger<sup>(2)</sup>. Young adulthood is characterised as an identity forming period in which individuals experience social and physical changes as well as various conflicts in emotional, behavioural, sexual, economic and academic areas<sup>(3)</sup>. Medical school is recognized as a stressful environment that often exerts a negative effect on the academic performance physical health and psychological well being of the students<sup>(4)</sup>. Medical students are expected to learn and master a huge amount of knowledge and skills<sup>(4)</sup>. Generally the excessive working hours, competitive academic environment, lack of recreational activities, lack of peer support, staying away from home and financial problems are common stressors among medical students<sup>(5)</sup>. The personal and social sacrifice they have to make in order to maintain good academic results in a highly competitive environment puts them under a lot of stress<sup>(4)</sup>. Stress has been found to be associated with anxiety and depression; interpersonal conflicts sleep problems and lower academic and clinical performance, reduced concentration and reduced self esteem<sup>(6)</sup>. Student distress may influence professional development and adversely impact academic performance contributing to academic dishonesty and play a role in alcohol and substance abuse<sup>(7)</sup> and may also play a role in attrition from medical school<sup>(1)</sup>. Such situation invariably affects patient's lives and health of community<sup>(6)</sup>. Several studies suggest that prevalence of depression, anxiety and stress is higher among medical students than in general population and age matched peers<sup>(3,5)</sup>. Indian studies to document this burden are very few. So this study was conducted among medical undergraduates studying in Meerut.

### **II. Material And Methods**

A cross sectional study was done among medical undergraduate students . A complete information about purpose of study, and maintaining their confidentiality of diagnosis and identity was given, prior to study. Total 234 medical undergraduates gave their consent to participate in study. A predesigned and pretested Self reported standard questionnaire using DASS 21 Scale<sup>8</sup> was prepared. . DASS 21<sup>8</sup> rating scale questionnaire consists of three domains namely depression, anxiety and stress. The score was tabulated, analyzed and scaled to classify the depression, anxiety and stress levels. These levels were graded according to method .Among all 234 students , the complete information was obtained from 200 students (85.4%).,which was further analysed.

### **III. Results And Discussion**

In all ,total 200 students who responded 62 %( 124) were males and 38 %( 76) were females as shown in Table no 1. As per standardized DASS 21 SCALE<sup>8</sup> among 200 medical undergraduates 74(37%), were absolutely normal and were not suffering from any psychological morbidity. While study done by Iqbal S et al<sup>(1)</sup>, reported 49% respondents as normal while study done by Maher D et al<sup>(7)</sup> reported that 48% medical undergraduates did not suffer from any psychological morbidity.

Study reveals that psychological morbidity status among medical undergraduates is very high. The prevalence of depression among medical students in the present study was 63% which is higher than study done by Iqbal et al<sup>1</sup> (51.3%) but similar to study done by Abdallah AR et al<sup>(5)</sup> and higher than study done by Maher Det al<sup>7</sup> ( 24.4%) .

Similarly the prevalence of anxiety in the present study was 63.5% which is similar to study done by Iqbal S et al<sup>1</sup> (66.9%) and lower than study done by Abdallah AR et al<sup>5</sup> . The prevalence of stress in the present study was 54% ,similar to study done in India<sup>1</sup> while in Malaysia by Maher D<sup>7</sup> et all reported prevalence of stress as (16.9%) which is lower than the present study. Table no 3 show sex wise distribution of psychological morbidity among medical undergraduates. Males were found to have more depression and anxiety than females but lesser stress than females. Table 4 reveals various grades of psychological morbidity as mild, moderate, severe and very severe. It was found that among depressed students (19.5%) are suffering from mild , (28%) moderate ,(7.5%) severe and (5%)from extremely severe depression which was similar to the findings by Iqbal et al<sup>1</sup>. Similarly among students having anxiety disorder (15%) are suffering from mild, (23%)4 moderate,(12.5%)severe and (10%) from extremely severe anxiety which is also almost comparable to the findings of Iqbal et al<sup>1</sup> having mild(10.5%),moderate(22.9%),severe(19.8%) and extremely severe(13.6%)

anxiety. Similarly among students having stress (21%) are suffering from mild,(19.5%) moderate, (8.5%)severe and (2.5%) extremely severe stress disorder which is again comparable to the findings of various studies<sup>1,5,7</sup>.

**IV. Conclusion And Recommendation**

Study revealed that prevalence of psychological problems whether it is stress, anxiety or depression is alarmingly high among medical students. More than half of the medical undergraduate students were found to be affected with psychological problems. Especially prevalence of extremely severe depression, extremely severe anxiety and extremely severe stress are the conditions which require immediate medical and psychotherapeutic interventions. So many such students remain undiagnosed, and suffer the burden.

Study recommends that organized interventions should be initiated to prevent excessive psychological illness among medical students. To relieve students from their academic stress and adjustment, a problems student’s health support society should be formed by students themselves having a batch representative and a teacher in charge, who can actually see through the hidden problems of the suffering students and can help and support them and can refer them to best possible service point.

There should be establishment of student counselling unit with involvement of teacher, psychiatrist and psychotherapist providing supportive, preventive and curative mental health services. Teachers should be informed about the magnitude of psychological morbidity among students, and also should be trained in medical unit to handle such issues.

**References**

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**TABLE 1: Distribution of students**

SEX	Normal DASS SCALE SCORES	TOTAL STUDENTS
MALE	42	124(62%)
FEMALE	32	76(38%)
TOTAL	74 (37%)	200(100%)

**TABLE 2: Overall Psychological morbidity status**

PSYCHOLOGICAL PROBLEM	NO=200	%
DEPRESSION	126	63%
ANXIETY	127	63.5%
STRESS	108	54%

**TABLE 3: Sex wise distribution of Psychological morbidity**

SEX (n)	DEPRESSION		ANXIETY		STRESS	
	NO	%	NO	%	NO	%
MALE(124)	82	66.1%	76	61.2%	60	48.3%
FEMALE(76)	44	57.89%	41	54%	38	50%

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**TABLE 4: Grades of Psychological morbidity**

GRADES	DEPRESSION N=200		ANXIETY N=200		STRESS N=200	
	NO	%	NO	%	NO	%
NORMAL	80	40%	79	39.5%	97	48.5%
MILD	39	19.5%	30	15%	42	21%
MODERATE	56	28%	46	23%	39	19.5%
SEVERE	15	7.5%	25	12.5%	17	8.5%
EXTREMELY SEVERE	10	5%	20	10%	5	2.5%