When Providers Become Seekers: The Harsh Ironic Reality

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The importance of mental health has been recognized by World Health Organization (W.H.O.) since its origin and is reflected by the definition of health in the W.H.O. Constitution as “not merely the absence of disease or infirmity”, but rather, “a state of complete physical, mental and social well-being” [1]. The fact that healthcare professionals are prone to mental health issues is not a recent finding. Numerous articles on the alarmingly high incidences of stress, anxiety, psychological burn out and depression amongst doctors have been published in the past [2]. The scenario concerning medical students is no different. Medical education has known to impose a significant psychological stress on undergraduate students [3]. Considerable degree and severity of psychological morbidity has been reported among medical students ranging from anxiety, stress, interpersonal problems, depression and suicidal ideation to psychiatric disorder [4-8] and they tend to have greater psychological distress than the general population [9]. The goal of medical education is to graduate knowledgeable, skillful and professional doctors and the current medical school curriculum has been designed accordingly. However, certain aspects of training may have unintended detrimental effects on students’ mental health [10]. Previous studies have reported a considerable degree of depression, anxiety and stress among undergraduate medical students and these levels are found to be significantly higher compared to students from other streams [11]. A study conducted in Bangalore, shows that 32.9% of surveyed students suffered from stress, 46.7% from anxiety and 33.7% from depression in varying degrees of severity [12].

While the prevalence of mental disorders was bad amongst undergraduate students, the medical interns fare much worse. Although the compulsory rotational internship does provide one with an all-round exposure, stress and anxiety commonly prevails owing to multiple factors such as long working hours and pressure of preparation for the entrance exams [13]. The to-be-introduced NEXT examination gives a glimmer of hope in this context and its impact remains to be seen [14]. While the causes behind these shockingly high numbers of cases of depression and suicide rates amongst medical students, hostel boarders and localities alike, are well reported, there seems to be a dearth of analysis regarding the inadequate resolution of these issues. So why aren’t we able to rectify this worsening trend?

The seeds of this issue are sown right in the early days of our secondary education. The teachers and the ability of the student to identify his/her preferred career choice are the factors that significantly influence the career decision and aspirations of students [15]. However, anyone with a more than average intellect, ability to study long hours and a knack for biology over other subjects is proclaimed by the parents, teachers and colleagues to be destined to enter the profession of medical sciences, or sometimes even the fact that the parents own a private hospital set up, is enough incentive for children to pursue it. Are these criteria enough for a young, naive mind to make such a huge life decision? Can a mere inclination towards biology or dislike for mathematics make one competent enough to understand whether one would prefer a career in healthcare? Shouldn’t one be guided regarding career choices by professionals in various fields? If yes, can the

school administration provide for the same in collaboration with the professional institutes in its vicinity? A general observation is that there is a rise in the proportion of students who regret enrolling in M.B.B.S and given a chance again, would rather opt for another stream [16].

The reasons for the worsening trends are plenty, but without any doubt, the lack of awareness and our failure to acknowledge mental health issues just as genuine and concerning as physical problems tops the list. This ignorance has led us to an ironical state of caregivers, who should be the most well informed regarding this issue, being the biggest sufferers. While lectures and symposia are important means of de-stigmatization, the simplest yet most effective measure would be to openly talk about it in our routine lives. As students staying in hostels, our colleagues become our family away from home. Often, the first person to notice stress associated changes in our behaviour is our roommate or a close friend. Hence, sessions must be held, not just to help one acknowledge the disease, but also to identify the signs of depression or anxiety in one's colleagues during the formative years of M.B.B.S. Crossing the first barrier of acceptance, the next hurdle lies in approaching a professional. For a medical student staying in the premises of a hospital, approaching a psychiatrist may seem to be an extremely easy process. Yet, most of the students are reluctant to take that step; and even if they eventually agree to seek professional help, they would prefer to visit a mental health professional outside the institute. I firmly believe that if the students, in their very first year in college, are introduced to the faculty members and residents of department of Psychiatry, such ice-breaking sessions would reduce inhibitions to approach them in the event of mental health issues. Another aspect is that of the students' parents. The awareness regarding mental health problems, although slowly increasing, is abysmally low in people not belonging to the medical profession and hence, just like in cases of substance use disorder or dementia, counselling of caretaker should be an important step in tackling this problem. If this intervention could be done at the start of the course, the parents would be much more vigilant and receptive of their ward's mental health issues.

Prevention is better than cure, and rightfully so, the progression of temporary sadness to depression could be broken with early intervention. M.B.B.S. is perceived by many to be the toughest undergraduate course in India, and while we may not be able to change this fact, suffering in silence is not the way to deal with it. Numerous relaxation techniques such as yoga, sports, excursions, etc should be taken up and students must be encouraged to do so by their peers and teachers. The incorporation of yoga sessions in the recently introduced Competency Based Medical Education curriculum is a good start in this context. While one may argue about the different causes and factors behind the scenario, the fundamental question still remains - "Why are we still not able to do anything – preventive or therapeutic? How many more students would have to lose the battle for us to acknowledge the strength of the enemy?"

Medical students are generally ones with an excellent academic record throughout their schooling. These are students who are habitually used to meticulous planning and having full control over their academics. The same approach during M.B.B.S is neither possible nor necessary. Ups and downs are an inevitable feature of this roller coaster ride where change is the only constant. One must learn to adapt and make oneself comfortable with the unpredictability of this course; the sooner the better. Having a preconceived notion of how the time at college should be, personally, socially or academically will only make us rigid and inflexible, ultimately hampering our capability to adapt and modify our approach according to the circumstances. Unfortunate events and rough patches are bound to befall us, and more often than not, we won't have a say in these instances which break us. Nevertheless, our success lies in the ability to 'NEVER GIVE UP' and the choice between giving up and going; that is completely in our hands.

REFERENCES

1. World Health Organisation: Mental Health: New Understanding, New Hope. The World Health Report. World Health Organization. 2001.
2. Grover S, Sahoo S, Bhalla A, Avasthi A. Psychological problems and burnout among medical professionals of a tertiary care hospital of North India: A cross-sectional study. *Indian J Psychiatry* 2018;60(2):175-88.

3. Mosley TH, Jr, Perrin SG, Neral SM, Dubbert PM, Grothues CA, Pinto BM. Stress, coping, and well-being among third year medical students. *Acad Med* 1994;69:765–7.
4. Aktekin M, Karaman T, Senol YY, Erdem S, Erengin H, Akaydin M. Anxiety, depression and stressful life events among medical students: a prospective study in Antalya, Turkey. *Med Educ* 2001;35:12–7.
5. Chandavarkar U, Azam A, Mathews CA. Anxiety symptoms and perceived performance in medical students. *Depress Anxiety* 2007;24:103–11.
6. Eller T, Aluoja A, Vasar V, Veldi M. Symptoms of anxiety and depression in Estonian medical students with sleep problems. *Depress Anxiety* 2006;23:250–6.
7. Dyrbye LN, Thomas MR, Shanafelt TD, Sreeramareddy CT. Perceived stress, sources and severity of stress among medical undergraduates in a Pakistani Medical School. *BMC Med Educ* 2006;81:354–73.
8. Shah M, Hassan S, Malik S, Sreeramareddy CT. Perceived stress, sources and severity of stress among medical undergraduates in a Pakistani Medical School. *BMC Med Educ* 2010;10:2.
9. Bayram N, Bilgel N. The prevalence and socio-demographic correlations of depression, anxiety and stress among a group of university students. *Soc Psychiatry Psychiatr Epidemiol* 2008;43:667–72.
10. Afsar N Kulsoom B. Stress, anxiety, and depression among medical students in a multiethnic setting. *Neuropsychiatr Dis Treat* 2015;1713.
11. Venkatarao E, Iqbal S, Gupta S. Stress, anxiety & depression among medical undergraduate students & their socio-demographic correlates. *Indian J Med Res* 2015;141(3):354-9.
12. Naveen S, Swapna M, Jayanthkumar K, Shashikala Manjunatha. Stress, Anxiety and Depression among students of selected medical and Engineering Colleges, Bangalore, A Comparative Study. *Indian Journal of Public Mental Health and Neurosciences* 2015;2(2):14-8.
13. Merchant H, Nayak A, Mukalwar A. A Study to assess the prevalence of Depression, Anxiety and Stress among Interns across the State of Maharashtra, India. *Indian Journal of Mental Health* 2018, 5(3):184-90.
14. Ranjan P, Ranjan R, Kumar M. National Exit Test: How Will One Size Fit All? *Ann Indian Acad Neurol* 2020;23(2):145-9.
15. Shumba A, Naong M. Factors Influencing Students' Career Choice and Aspirations in South Africa. *Journal of Social Sciences* 2012;33(2):169-78.
16. Merchant H, Nayak A, Mukalwar A. A Study to assess the prevalence of Depression, Anxiety and Stress among Undergraduate Medical Students across the State of Maharashtra, India. *Global Journal of Research Analysis* 2018,7(4).

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