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A survey study on the mental health issues affecting adolescents on entering in homoeopathic medical education and its impacts

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Abstract

The adolescent period marks the tremulous period of life in regards to mental health. A variety of factors contribute to the onset of mental health issues in this age group and they become vulnerable to social exclusions, discrimination, risk taking behaviors, learning difficulties, physical illness and human rights violations. The physical and mental strain of Medical education makes them further vulnerable. Added to this the uncertainty in starting Homoeopathic education makes them more susceptible to developing mental health issues. In this survey, the mental health disturbances in adolescents on entering homoeopathic medical education and its impacts were studied. The emotional disturbances were first identified using DASS 21 scale and after evaluating its results they were given a second questionnaire to identify the impacts of these disturbances [Depression, Anxiety and Stress].

Keywords: Adolescents, DASS 21, emotional disturbances, homoeopathic education, mental health and its impacts

Introduction

The adolescent period marks one of the most tremulous period in regards to mental health, marking not only the formative years of life during which the characters are built up but also marks the critical period for all individuals from childhood to adulthood. Ensuring that they are well supported during this facet of life in all aspects, like physical, mental and social, thus invariably forms a strong foundation for healthy and productive adulthood. Mental health conditions form the major disease burden for adolescents globally. Statistics have estimated that one in seven adolescents suffers from mental health issue. These adolescents become vulnerable to social exclusions, discrimination, risk taking behaviors, learning difficulties, physical illness and human rights violations^[1].

Medical education comprises of physically and mentally taxing years of study and training. The competition, the pressure of university training, financial stress, etc are leading to an increased prevalence of mental health issues in the medical aspirants. This is even more pronounced in the initial years of the course when the adolescents are forced to adapt into their forming personality and also with their professional aspiration^[2, 3]. While this is the fate for medical stream in general, lets take into context of them entering alternative medical stream especially homoeopathy. The majority of these students enter the course with a inherent disappointment of not getting into their first choice. When to this unresolved disappointment further burden is added by their academia, they become vulnerable and succumb to mental health issues such as Depression, Anxiety and Stress.

The Mental issues, especially the emotional disturbances, are found to lead into various behavioral impacts, which are often utilized as coping mechanisms by them. The leading disorders are depression, anxiety and stress, which are influenced by various factors such as media and gender bias, Discrimination, Violences [physical, sexual, bullying, etc], exposure to adversity, pressure to conform to peer group, self-exploration and gender identifications, Family situations, physical & mental impairment, and lack of supportive environment.^[1] These factors are the major root cause but they have numerous grape vines which have led to the mental illness being major disease criteria worldwide.

In this survey, the emotional disturbances that form the basis of all mental issues affecting adolescents are considered as the main issue and the changes taking place in the activities,

behaviour or habits of the adolescents who have entered the medical field are considered as the impact. Which is why, in this questionnaire, the targeted mental issues are depression, anxiety and stress; whereas the impacts are behavioral disorders such as suicide & self harm, eating disorders, psychosis and risk-taking behaviors.

Aims and objectives

AIM

To identify the mental health issues affecting adolescents on entering into homoeopathic medical education and its impacts.

Objectives

Identifying the triggers and coping mechanisms in adolescents. Aiding in the planning of the Homoeopathic interview.

Review of literature

Mental health issue - emotional disturbances

The major emotional disturbances that affect the adolescents are depression, anxiety and stress [4]. In a study conducted to identify the perceived causes for the presence of emotional disturbances, five distinct categories of perceived causes were observed. The presence of these causes are considered to be at risk for developing emotional distress and related mental health issues [5]. Nearly 1 in 3 adolescents are observed to experience severe anxiety disorder. These numbers are steadily increasing between 2007 and 2012, now it is estimated that 20% of adolescents have severe anxiety disorder and the corresponding hospital admission for suicide has also doubled [6]. Depression is a major health problem affecting all age groups and often tend to be associated with significant disability in adolescents. It was observed in a study that the prevalence of depression/affective disorders ranges from 1.2% to 21% in the clinic-based studies; 3%–68% in school-based studies and 0.1%–6.94% in community studies [7]. Adolescents often face various stressors and they tend to develop resilience to it. However it was observed that, although resilience is negatively linked to stress it is positively linked with the development of anxiety and depression [8].

Impacts of mental health issues

WHO, in correspondence with the UNICEF had conducted a survey in which it was identified that the mental health issue forms the major factor affecting the adolescents and had categorized them into emotional, behavioral and intellectual disorders. Often the emotional disturbances tend to impact the behavioural and intellectual aspects of the adolescents. These impacts include suicide, self-harm, risk-taking behaviors, drug abuse, eating disorders, behavioral disorders and psychosis. Although there are individual questionnaires for these impacts from NIMH [9] and other such websites, there are no valid questionnaire is available authoritatively approved according to UNICEF.

Behavioral disorders

Behavioral disorders are more common among younger adolescents than older adolescents. Attention deficit hyperactivity disorder (ADHD), characterized by difficulty paying attention, excessive activity and acting without regard to consequences, occurs among 3.1% of 10-14 year-old's and 2.4% of 15-19 year-old's. Conduct disorder

(involving symptoms of destructive or challenging behaviour) occurs among 3.6% of 10-14 year-old's and 2.4% of 15-19 year-old's. Behavioral disorders can affect adolescents' education and conduct disorder may result in criminal behaviour.

Eating disorders

Eating disorders, such as anorexia nervosa and bulimia nervosa, commonly emerge during adolescence and young adulthood. Eating disorders involve abnormal eating behaviour and preoccupation with food, accompanied in most instances by concerns about body weight and shape. Anorexia nervosa can lead to premature death, often due to medical complications or suicide, and has higher mortality than any other mental disorder.

Psychosis

Conditions that include symptoms of psychosis most commonly emerge in late adolescence or early adulthood. Symptoms can include hallucinations or delusions. These experiences can impair an adolescent's ability to participate in daily life and education and often lead to stigma or human rights violations.

Suicide and self-harm

Suicide is the fourth leading cause of death in older adolescents (15-19 years) [2]. Risk factors for suicide are multifaceted, and include harmful use of alcohol, abuse in childhood, stigma against help-seeking, barriers to accessing care and access to means of suicide. Digital media, like any other media, can play a significant role in either enhancing or weakening suicide prevention efforts.

Risk-taking behaviours

Many risk-taking behaviors for health, such as substance use or sexual risk-taking, start during adolescence. Risk-taking behaviors can be an unhelpful strategy to cope with emotional difficulties and can severely impact an adolescent's mental and physical well-being. Worldwide, the prevalence of heavy episodic drinking among adolescents aged 15-19 years was 13.6% in 2016, with males most at risk. The use of tobacco and cannabis are additional concerns. Many adult smokers had their first cigarette prior to the age of 18 years. Cannabis is the most widely used drug among young people with about 4.7% of 15-16 years- old's using it at least once in 2018.

Perpetration of violence is a risk-taking behaviour that can increase the likelihood of low educational attainment, injury, involvement with crime or death. Interpersonal violence was ranked among the leading causes of death of older adolescent boys in 2019 [1, 11, 12].

Medical field

Various studies have shown that students in professional courses specifically in medical field face an increasing chance of experiencing mental health issues during their academia. The factors such as new environment, financial and housing stresses, separation from family, academic stress, peer pressure, etc., have played an active role in the onset of various mental health issues. The common ones are depression, stress and anxiety which are categorized as emotional disorders. These issues in turn lead to various behavioral disorders which are often used as coping mechanisms by these aspirants [2, 3].

In a meta-analysis, it was observed that there was an overall prevalence of 27.2% of depression or depressive symptoms, 11.1% of suicidal impulses among medical students. Also only 15.7% of the medical students who screened positive underwent psychiatric treatment [13].

Homeopathic medical field

The homoeopathic field of study, although becoming popular still is mostly second choice of career for the medical aspirants. The majority of students in BHMS are here not because of their choice but due to circumstances. This, causes an unresolved disappointment within them which in-turn makes them more vulnerable to the onslaught of mental health issues common to the medical academia.

Dass 21 scale

The DASS 21 scale consists of 21 questions which is intended to identify the symptoms and severity of the psychological distress related to depression, anxiety and stress. Each question carries a score of 0 to 3 [0-never, 1-sometimes, 2-often, 3-almost always]. Based on the scoring, each of these issues are categorized into five groups as normal, mild, moderate, severe and very severe. After the scale is filled, the scores are tallied and each of these emotional disorders are categorised into five groups [normal, mild, moderate, severe and very severe] based on the total score [14]. They are as follows.

Category	Depression	Anxiety	Stress
Normal	0-9	0-7	0-14
Mild	10-13	8-9	15-19
Moderate	14-20	10-14	19-25
Severe	21-27	15-19	26-33
Extremely severe	28+	20+	34+

Materials and Methods

Study setting

Sarada Krishna Homoeopathic Medical College, Kulasekharam.

Study design

A cross sectional survey study.

Sample

Size – 30 adolescents

Sampling method

Purposive sampling.

30 adolescents selected were given the questionnaire to fill anonymously using roman numerals as codes to preserve their identities.

Inclusion criteria

Adolescents from ages 18 & 19 and of both sexes.

The first and second year medical students.

Exclusion Criteria

Those who are not willing to participate in the survey.

Those above 19 years old.

Method

The thirty students were selected based on the inclusion and exclusion criteria. The target group was first asked to fill the standard DASS 21 scoring in order to identify the mental issues such as depression, anxiety and stress they are suffering from or that has started to manifest in them. When the scores indicated the presence of stress, anxiety or depression, the second questionnaire was given to them and were asked to fill them. After the DASS 21 scoring, the participants were asked to fill in the second questionnaire, which consists of thirty-six yes or no type questions formed based on the various manifestations of mental issues displayed by the adolescent age group as surveyed by various organizations such as WHO, UNICEF, NIMH etc. The main manifestations of the mental health issue manifestations developed in adolescents are psychosis, suicide and self-harm, behavioral disorders, eating disorders and risk-taking behaviors. The answers collected from the adolescents are analyzed and they are considered to manifest a specific issue when they answer positive for two or more questions in each category group which is not revealed to them. [Questions: - 1-6: psychosis, 7-14: suicide/self-harm, 15-20: eating disorders, 21- 28: behavioral disorder, 29-36: risk taking [if they say yes in all the questions or most of the questions under each criterion further analysis would be necessary.]

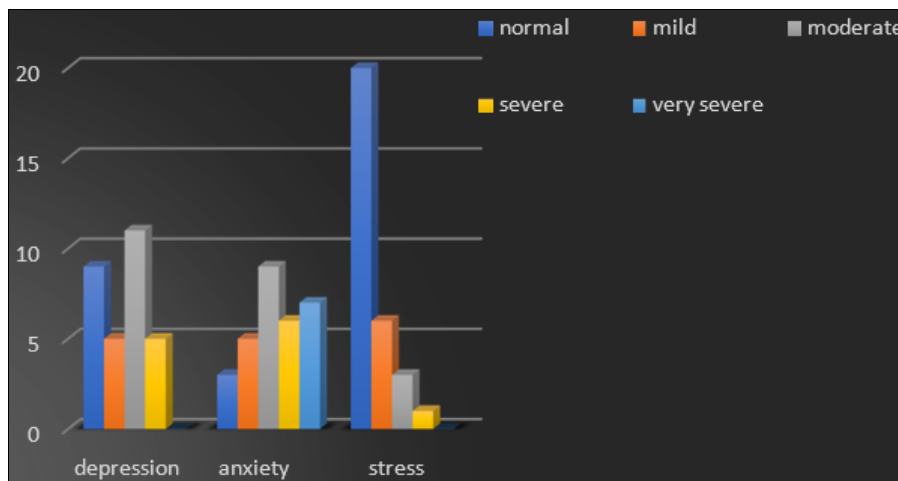


Fig 1: Bar chart of results of DASS 21 scale.

Observation and results

From the data collected using DASS 21 and analyzing them, the students who participated in the study have been suffering from emotional disturbances and in-turn, mental issue impacts were also evident. From the collected data, it is observed that all three emotional disturbances are prevalent amongst these students.

- **Depression:** amongst the thirty samples it turned out that around thirty percent were normal, 17 percent were having mild and severe forms of depression and thirty six percent were having moderate level of depression.
- **Anxiety:** amongst the thirty samples it turned out that ten percent were normal, seventeen percent had mild anxiety, thirty percent had moderate level of anxiety, twenty percent had severe and twenty three percent had very severe forms of anxiety.
- **Stress:** amongst the thirty samples sixty seven percent were stress free, twenty percent with mild level of stress, ten percent were moderately stressed and three percent were severely stressed.

From the DASS 21 score, it is evident that even among the small group of adolescent students who have just entered the medical stream, the prevalence of emotional affections is evident and specifically the anxiety seems to be most prevalent amongst the selected target group. They were asked to fill the second questionnaire and the data was also processed.

From the second questionnaire, it can be observed that the prevalence of various impacts previously discussed among these students. From the collected data, it is observable that amongst the thirty samples,

- 25% show manifestations and signs of developing psychotic traits.
- 7% show manifestations and signs of developing suicide and self-harm tendencies.
- 19% show manifestations and signs of developing eating disorders.
- 26% show the manifestations and signs of developing behavioural disorders.
- 23% show the manifestation and signs of developing risk taking behaviour.

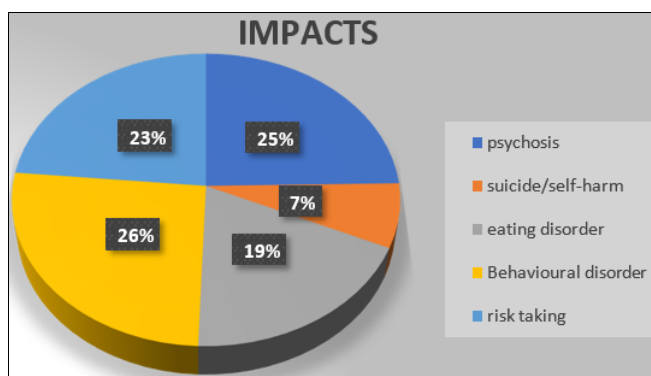


Fig 2: Pie chart of the impacts observed in the study sample.

Discussion

Studies have shown that 1 in 3 individuals are affected by severe anxiety [6] and 1.2 to 21% of prevalence of depression in clinical based studies [7]. Stress is also prevalent among the teenagers however they tend to become

resilient towards it. Although this resilience has a negative impact on stress it tends to have positive impact on depression and anxiety [8]. In this survey it was evident that mental health issues are prevalent among students who have just entered the homoeopathic medical education.

The effect of these issues are the appearance of psychosis, suicide and self-harm, behavioral disorders, eating disorders and risk-taking behaviors. They often tend to develop these issues as a coping mechanism to escape from the strain arising due to these emotional disturbances. This is very concerning and requires immediate intervention. During this survey it was observed that, the difficulty in adapting to the changes in their environment, the lack of acceptance to what is demanded from them, the academic expectations, the acceptance of homoeopathic field when their aspiration were denied, are some of the reasons for their ailment.

Conclusion

Adolescents being in the formative period of development suffer from various issues and the current lifestyle changes have resulted in rather drastic impacts on them, which also invariably affect society at large. Adolescents are majorly affected and become difficult to identify because of various issues and the most common being their difficulty in expressing themselves and the stigma that “adolescents actually act up because of hormonal changes and that it would resolve with age” prevails. Added to this, the taxing medical education also causes the onset and prevalence of such diseases more frequent. On entering Homoeopathic medical education, which is often not their first choice they are more vulnerable to develop Depression, Anxiety and Stress.

In this survey, it was evident that the tend to develop stress on entering the Homoeopathic medical education or they are already stressed after the public exams and their disappointments. This stress eventually leads to Depression and Anxiety. This is even more evident in hostelers than in day scholars. The results of these are psychosis, behavioural disorders, risk taking, suicidal tendencies, self-harm and eating disorders. The students become vulnerable and adapt to these traits as a coping mechanism.

This questionnaire is prepared for diagnosing the mental issues of depression, anxiety and stress among Homoeopathic students and, if diagnosed, how it affects them individually. The early identification and treatment of these issues paves way for their adulthood without severe consequences.


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APPENDIX-1

DASS 21 NAME _____ DATE _____ 

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.
The rating scale is as follows:
0 Did not apply to me at all - NEVER
1 Applied to me to some degree, or some of the time - SOMETIMES
2 Applied to me to a considerable degree, or a good part of time - OFTEN
3 Applied to me very much, or most of the time - ALMOST ALWAYS

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	N	S	O	AA	D	A	S
1 I found it hard to wind down	0	1	2	3			
2 I was aware of dryness of my mouth	0	1	2	3			
3 I couldn't seem to experience any positive feeling at all	0	1	2	3			
4 I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3			
5 I found it difficult to work up the initiative to do things	0	1	2	3			
6 I tended to over-react to situations	0	1	2	3			
7 I experienced trembling (eg, in the hands)	0	1	2	3			
8 I felt that I was using a lot of nervous energy	0	1	2	3			
9 I was worried about situations in which I might panic and make a fool of myself	0	1	2	3			
10 I felt that I had nothing to look forward to	0	1	2	3			
11 I found myself getting agitated	0	1	2	3			
12 I found it difficult to relax	0	1	2	3			
13 I felt down-hearted and blue	0	1	2	3			
14 I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3			
15 I felt I was close to panic	0	1	2	3			
16 I was unable to become enthusiastic about anything	0	1	2	3			
17 I felt I wasn't worth much as a person	0	1	2	3			
18 I felt that I was rather touchy	0	1	2	3			
19 I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)	0	1	2	3			
20 I felt scared without any good reason	0	1	2	3			
21 I felt that life was meaningless	0	1	2	3			
TOTALS							

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Appendix-2

S.NO	Question	Yes/NO
1.	Have you had any strange or odd experiences lately that you cannot explain?	
2.	Do you ever hear things that other people cannot hear, such as noises, or the voices of other people whispering or talking?	
3.	Do you ever have visions or see things that other people cannot see?	
4.	Do you ever feel that people are bothering you or trying to harm you?	
5.	Has it ever seemed like people were talking about you or taking special notice of you?	
6.	Are you afraid of anything or anyone?	
7.	Do you find your self without any pleasure?	
8.	Is there a family history of suicide?	
9.	Do you think that your problems are unresolvable?	
10.	Do you think about harming yourself or dying?	
11.	Have you made any attempts to commit suicide in the past?	
12.	Do you make plans for methods of committing suicide or harming yourself?	
13.	Do you feel compelled or commanded to harm yourself?	
14.	Do you feel depressed and lonely and think about harming yourself or dying?	
15.	Do you feel the need to over/under eat?	
16.	Do you feel that you have control by either over eating or under eating?	
17.	Do you avoid eating because you feel that you gain weight or think that your body is not good?	
18.	Do you find yourself becoming anxious on thinking about eating?	
19.	Do you feel the impulse to eat?	
20.	Do you continue eating even when you don't feel hungry?	
21.	Do you behave in some way when feeling anxious, depressed or faced with difficult situations?	
22.	Do you behave in some way when you are alone?	
23.	Do you find it difficult to be yourself when around people?	
24.	Do you find it hard to connect with people?	
25.	Do you think that you cannot be yourself when you are around people?	
26.	Do you get extremely angry, emotional, etc for trifles?	
27.	Do you find it hard to express yourself even to close friends?	
28.	Do you feel safe to remain in the confines of your room instead of venturing out into the open?	
29.	Do you get thrill on doing things you should not be doing?	
30.	Do you feel yourself having the power while doing things you are told not to do?	
31.	Do you talk to strangers?	
32.	Are you in a relationship and has it ventured into intimate contacts?	
33.	Do you bunk school in order to get the thrill?	
34.	Do you find yourself making fun of or bullying people just so you could feel that you have some power, etc?	
35.	Do you find yourself tempted to steal, or behave harsh just to feel the hype of it?	
36.	Have you drunk or smoked?	

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