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Developing Psychosocial Support for Medical Students: A Review

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Abstract - Today, we live in a time of knowledge explosion, and the availability of healthy and qualified human resources has become the most important factor in every community's success. The areas of medical school student life, but none have examined the whole student experience. This strategy is intended to identify students' potential stressors and address them at the appropriate time. Teachers and mentors who reacted favorably agreed that these students are the prospective physicians of tomorrow and that, in addition to academic and clinical training, they should be provided with necessary psychological aid to ensure their well-being. Medical schools must explore how to assist students who are still upset for various reasons, including a lack of resources. Poor time management of daily activities, lifestyle, understanding of the medical profession and related expectations, study hours and the library's quality lecture, use of social networking sites, diet pattern, sleeping habits, and mode of entertainment were all assumed variables based on available studies in this field. Many students are left unattended due to their own behavior complexities, hesitation, poor English, poor adjustment with studies, 24 poor management of time and daily routine, suddenly becoming involved in irrelevant activities for example, emotional relationship, feeling of discrimination (academic and financial), poor interest in extra-curricular activities, indecisiveness and future uncertainties, Every citizen's right to education and health, including students at India's most prominent medical, dentistry, and paramedical colleges, are basic rights. In this paper discuss the various type of Developing Psychosocial Support for Medical Students.

Keywords - medical students, developing, phychosocial support, personality, learning, support, medical student

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1. INTRODUCTION

Today, we are living in the era of knowledge explosion when availability of healthy and skilled human resources have become the most vital component for success of any community. So much so that health and education have become worldwide priority including in India.

Educating students is essential if we are to improve our country's economy and advance a wide range of vital industries and subsectors. In recent years, India has surpassed all other emerging countries in terms of the number of medical colleges (both public and private). Students can begin medical school immediately after completing their 12th-grade schooling if they pass an admission exam. As a result, students who go on to higher school for a career face an abrupt rise in the level of academic difficulty. In addition, as they go through their program, they must deal with the stress of both academic and clinical requirements. Indeed, medical, dental, and para-medical educations are extremely rigorous and demanding throughout the course of their education. In our medical colleges, in addition to learning about the fundamentals of medicine, our students must also learn about clinical skills, communication, problem solving, stress coping, and moral, ethical, and legal duties. In order for them to reach their full potential, they need a variety of types of psychological care. Several studies have shown that medical students' general well-being is affected by the pressures they encounter during their medical training.[1]

2. MEDICAL STUDENTS

Medical students are defined as those who are enrolled in medical, dentistry, or paramedical schools and pursuing a professional degree. All students who are enrolled in a medical university and pursuing a graduate degree in Medicine and Surgery, Dental, Paramedical (Nursing, Physiotherapy, Occupational Therapy, Medical Radiology and Technician, Radio and Imaging

Technology & Diploma in General Nursing and Midwifery) are given attention.. Getting into a medical school is a huge accomplishment for a pre-med student because it means they are one step closer to achieving their lifelong goal of becoming a doctor. However, their journey has only just begun.[2]

3. SUICIDE AND SUICIDAL IDEATION AMONG MEDICAL STUDENTS

Medical student suicide is the most dramatic and terrible outcome of serious mental health issues. Among US medical students, Dyrbye et al looked at the incidence of suicide thoughts and how it connects to burnout. A total of 4,287 medical students from seven different medical schools participated in the study. A total of 49.6 percent of students reported experiencing burnout, and 11.2 percent had contemplated taking their own life in the last year. All nonresponders were believed to be free of suicidal thoughts in a sensitivity analysis that was done. There were 5.8 percent of people who had suicide thoughts in the past year. Suicidal thoughts were predicted by baseline levels of burnout, quality of life, and depressive symptoms in the longitudinal cohort. In 2006, 99 of the 370 students who matched the criteria for burnout recovered (268.8%). Overall, Dyrbye found that around 50% of medical students feel burnout and 10% have suicide thoughts while in medical school. – Suicidal ideation is more likely to occur after burnout, but recovery from burnout is less likely to result in suicidal thoughts.

Studies like this show how critical it is to educate medical students about mental health symptoms, the necessity of early detection, and the availability of high-quality mental health care for medical students.[3]

3.1 Personality, Learning Style, and Coping Skills

Study participants were all 30-year-old practicing physicians, and McManus et al. surveyed them to see if their learning style and personality traits predicted how they would approach their work and how they would feel about medicine as a career 5 to 12 years earlier, when they were medical school applicants or students. Participant information and self-report questions on personality traits were collected via a survey. Individual variations in attitudes toward work and the workplace atmosphere were shown to be mostly based on long-term variances in personality and learning style.

Medical school can be a challenge for students who are accustomed to doing well on tests and learning all of the material offered to them. A medical student's stress-related personality traits and coping techniques should be taken into consideration when assessing the student's overall mental health. The majority of the defense systems in place are "mature," but there are a few that aren't yet. Because of this, when a student is under a lot of academic pressure, their coping techniques might shift from mature to immature or "neurotic," depending on the student's previous coping skills. The amount of stress a student was able to handle before to medical school may no longer be able to handle the increased academic workload. As a result of psychotherapy, the inclination to use immature or neurotic defenses can be effectively examined and adjusted.[4]

3.2 Patterns Related to Year in Medical School

Mental health treatments are available to medical students on a regular basis during their training. There may be academic stress during the first year of medical school because of the shift from a less demanding curriculum to the rigors of medical school and also because of the study of abuse, trauma, or other psychological stresses, as seen in the two preceding case scenarios. While preparing for and expecting the first of a series of licensure tests, second-year students may seek mental health assistance.

The third year of medical school can be a stressful time for some students, highlighting the significance of interpersonal skills, teamwork, and adaptability while rotating among different specializations in the field. For students in their third year of medical school, researching mood and anxiety disorders or hearing about patients' traumatic experiences may lead them to seek out mental health care. Patients with terminal diseases are also likely to be encountered in the third year of medical school. Career decisions, interviews for residencies, and the second medical license board test can all be stressful during the third and fourth years of medical school.

Haglund et al. analyzed the third year of medical school. Trauma, personal maltreatment, and bad role models by superiors were mentioned by many students in the research. Personal growth at the end of the year was positively related with exposure to trauma, which shows that kids are more likely to be able to bounce back from adversity. Student vulnerability to depression and stress symptoms was increased as a result of additional stressful occurrences in the students' lives.[5]

During the first internal medicine clerkship, Ratanawongsa et al studied the experiences of third-year medical students with death and dying patients. In the course of their clinical rotations, many medical students had the opportunity to care

for patients who were nearing the end of their lives or dying. When it came to patient care, students benefited the most from team-based experiences in which teams recognized death as a reality, modeled EOL care, and appreciated each other's participation in patient care. Taking advantage of opportunities to learn how to deal with difficult emotions, comprehend the difficulties of entering residency, and create a feeling of self-efficacy as future doctors who offer end-of-life care allowed students to further develop their professional identities.

3.3 Medical Students as Patients Selection of Type of Psychotherapy

There are a number of factors that must be taken into consideration when a psychiatrist sees a medical student in need of psychotherapy: Every patient should have their medical and psychiatric history, social and emotional history, current connections, psychological functioning, and coping abilities documented just like any other patient. Using this data and other relevant parameters, a treatment strategy is devised.

Psychodynamic psychotherapy is useful for a medical student who has insight, the ability to control regression, and a secure home life. Cognitive therapy is most suited to students who think pragmatically (logically), who have a moderate to high demand for direction and guidance, and who are receptive to behavioral training and self-help (have a high degree of self-control.) Interpersonal counseling may be useful for a student who has had a recent, concentrated disagreement with their spouse or significant other, an atypical bereavement reaction, or a recent role transfer or life change. Finally, supportive psychotherapy may be a good option for students who have failed to develop in other forms of treatment, who have significant weaknesses, or who require high levels of guiding (such as in the event of extreme academic stress). The medical student's acute demands may also change during treatment, in which case a different form of therapy may be necessary.[6]

3.4 Personal Life Events During Medical School

Stressful life situations, such as the loss of a family member or the dissolution of a romantic engagement, might cause medical students who are normally able to handle these events to fall short. Because of the rigors of medical school, it is common for students to feel that they "don't have time" to attend to personal matters, such as weddings or births of children, because they are too busy studying and completing schoolwork. When a psychiatrist takes on the role of therapist, they may help students deal with the emotional event while still ensuring that they stay on track academically.

Student burnout and other forms of student distress were studied by Dyrbye et al in order to determine how common they are in medical school, how they vary from year to year, and the effect that personal life events have on these issues. 45 percent of medical students were found to be suffering from burnout, according to the researchers. There was a significant drop in the frequency of depression and at-risk alcohol use among more senior students, although there was an increase in the frequency of burnout (all p0.03). There was a correlation between burnout and personal life events in the last year. Burnout was shown to be more closely linked to a year of training in multivariate analysis than it was to a single life event. Medical students in the United States appear to be particularly susceptible to burnout, according to a study by Dyrbye et al. Research has shown a high correlation between professional burnout and personal life events despite the belief that work-related stress is the primary cause. Findings show that medical students are more likely to suffer from burnout when personal and curricular factors are taken into account. [7]

3.5 Transference and Countertransference in the Psychiatrist Medical Student/Patient Relationship

As the term suggests, transference occurs when a patient develops attitudes, beliefs, and sentiments that are a result of their previous connections with important persons, often their parents. Using the therapist as a fresh "object," the patient may reenact or recreate emotional interactions from the past. A type of emotional replication of the past in the present, transference is a good or bad experience in supportive treatment. Identification between a psychiatrist and medical student is typical in a doctor-patient connection; if used correctly, this may deepen the therapeutic relationship. If you're going to medical school, you'll likely find yourself having to "fit" your personal and professional lives into your academic schedule, but before you went to school, you were likely able to "fit" your academic schedule into your personal and professional lives. The psychiatrist treating the medical student may create a unique therapeutic relationship with the student since the student may feel more understood by a therapist who has had this considerable training.

The term "countertransference" was originally used to describe all of the therapist's sentiments toward a patient. The patient's experience can be

better understood through countertransference if it is properly addressed to. When treating a depressive patient, for example, a therapist may feel melancholy, and when treating a person with a personality problem, a therapist may feel manipulated. A medical student's psychiatrist is likely to bring up memories of his or her own experiences in medical school, both good and bad. These encounters can enhance empathy, but they shouldn't be put onto the medical student in an unwarranted way. Use these thoughts and sentiments to strengthen the treatment, rather than disturb it. In order to accommodate the medical student patient's busy schedule, the psychiatrist may need to be more flexible than usual. Similarly, the psychiatrist's personal sentiments during medical school might lead to an avoidance of certain issues and conflicts in the therapy sessions, which should be addressed in the therapeutic partnership.

4. STAGES OF PSYCHOSOCIAL DEVELOPMENT

Based on Freud's psychosexual theory, Erikson developed his phases of psychosocial development. He said that we are driven by the desire to be competent in various aspects of our lives. We go through eight phases of growth throughout our lives, according to psychosocial theory, from birth to old age. A problem or assignment must be resolved at each level. A healthy personality and a strong sense of competence are the end effects of successfully completing each developmental task. Feelings of inadequacy arise when these responsibilities aren't completed.

Additional to Freud's stages, Ericson discussed the cultural implications of development; particular cultures may need to resolve these phases differently based upon cultural and survival considerations.[8]

4.1 Trust vs. Mistrust

Children must learn from birth to 12 months old that adults are trustworthy. A child's essential survival needs are met when this occurs. Caregiver responsiveness and sensitivity helps a baby establish a feeling of trust; they perceive the world as a secure and predictable place since they are dependent on their carers. It is possible for a newborn to develop a sense of worry, dread, and distrust if his or her caretakers do not respond to their needs. People in the world are prone to become distrustful of others if newborns are mistreated if their needs are not satisfied.

4.2 Autonomy vs. Shame/Doubt

Early on, children understand that they can control their behaviors and influence their surroundings in order to achieve desired outcomes. Food, playthings, and clothes are just a few of the first things they begin to exhibit preference for as they get older. In order for a child to overcome guilt and mistrust, they must strive hard to develop their own identity. I'm in the "I'm going to do it" phase. A 2-year-old who wants to pick out her own clothing and get dressed, for example, may be showing signs of developing a feeling of self-reliance. Even if her costumes aren't suited for the circumstance, her ability to have a say in such fundamental matters affects her self-esteem. Her self-esteem and feelings of shame might take a hit if she isn't given the chance to influence her environment.

4.3 Initiative vs. Guilt

Preschoolers (those between the ages of 3 and 6 years old) are capable of taking the lead in social situations and exerting authority over their surroundings. Preschoolers, according to Erikson, must confront the dilemma of taking initiative vs feeling guilty. Preschoolers may acquire this skill by learning to set objectives and work toward them while engaging with others. When parents let their children to explore within bounds and then support their choices, they foster initiative, a feeling of ambition and accountability in their children. Children will gain self-awareness and a feeling of purpose via this program. A lack of self-confidence or an overly controlling parent might lead to feelings of guilt at this period.

4.4 Industry vs. Inferiority

When they're in elementary school (between the ages of six and twelve), kids are forced to choose between hard work and feeling like an outcast. To assess how they stack up against their peers, children begin to compare themselves. A sense of satisfaction and success in their academics, athletics, extracurricular pursuits, and family life can either help them feel better about themselves or lead to feelings of self-doubt and inferiority. Teens and adults who grow up with an inferiority complex sometimes don't learn how to get along with others because of unfavorable experiences at home or with their classmates.

4.5 Identity vs. Role Confusion

Confusion over identity and duty arises during adolescence (ages 12–18). Adolescents, in Erikson's view, are primarily tasked with forming a sense of identity. "Who am I?" and "What do I want to do with my life?" are two of the most difficult issues faced by adolescents. During this time, most teens experiment with a variety of personas to find which one works best for them; they try on different roles and ideologies, set objectives, and look for their "adult" self. At this period, the most successful adolescents have a strong sense of self and the ability to stand firm in the face of challenges and the differing viewpoints of others. Having a poor sense of self and experiencing role confusion can happen when teenagers are passive or don't actively search for their own identities or are forced to comply to their parents' expectations for the future. They will be unclear of who they are and what their future holds. As adults, teenagers who are unable to play a meaningful role in society are likely to have a difficult time "finding" themselves.

4.6 Intimacy vs. Isolation

People in their 20s and early 40s are concerned about closeness vs. solitude in their early adulthood. Adolescence is a time for us to discover who we are and begin to share our experiences with others. Young people, on the other hand, may have difficulty forming and maintaining meaningful connections with others if earlier phases of development have not been satisfactorily completed. Before we can have effective personal connections, Erikson stated that we must first have a strong sense of ourselves. Loneliness and emotional isolation are common experiences for adults who did not build a healthy self-concept throughout youth.[9]

4.7 Generativity vs. Stagnation

Middle adulthood begins at the age of 40 and lasts into the middle of one's sixties. Generativity vs. stagnation is the societal challenge of middle age. Developing your sense of generosity entails doing things like volunteering, mentoring, and raising children to help others find their calling in life. Through birthing and caring for others around them, middle-aged individuals begin to make a beneficial impact on the next generation as well as on society at large. Those who fail to grasp this skill may find themselves in a rut, feeling as if they aren't making a difference in the world, and lacking a passion for productivity and self-improvement.

4.8 Integrity vs. Despair

We are at the stage of life known as late adulthood, which lasts from the mid-60s till the end of life. Integrity vs. despair is Erikson's challenge at this point. When people reach middle age, they reflect on their life and either see their achievements or their failures, according to him. People who are happy of their achievements have a strong feeling of self-worth and few regrets in their lives. As a result, some people may feel as if their lives have been squandered at this point. It's all about imagining the alternative outcomes to what was. They confront the end of their life with bitterness, melancholy, and despair in their hearts.

5. WHAT IS PSYCHOSOCIAL SUPPORT?

As a person's psychological and social dimensions interact, the term "psychosocial" is used. In terms of psychology, relationships, family and community networks, social values and cultural practices are all part of the internal, emotional and intellectual processes, thoughts and reactions. People, families, and communities may all benefit from psychosocial assistance.

All psychosocial support is focused on improving the overall psychosocial well-being of families and communities.[10]

5.1 Health includes psychosocial well-being

The World Health Organization defines health as “a state of complete physical, ***mental and social well-being***” and not merely “the absence of disease or infirmity” .

(1) Psychosocial well being

Psycho-social well-being is best defined in three core domains:

a. Human capacity: In terms of both physical and mental well-being, it takes into account people's abilities and their knowledge. Realizing one's own talents and values is the same as recognizing one's own human capability.

b. Social Ecology: There are many different types of social connections and support, including those between individuals as well as those between communities. Cohesive interactions that promote social stability are essential for good mental health and well-being.

c. Cultural support: There are cultural norms and behaviors, as well as individual and societal expectations, that are influenced by the values of each community. Individual and social functioning are influenced by culture and value systems, and this has a significant impact on psychological and

social well-being.

(2) Psychosocial Well Being is reliant on the ability to mobilize resources from these key areas in response to a new set of circumstances.

Psychosocial support groups believe that difficult circumstances exhaust these resources, necessitating the need of outside resources such as Psychosocial Support. They say this is true.

International Federation's 2005-2007 Psychosocial Framework describes psychosocial support as "a process of supporting resilience within people, families and communities" [allowing individuals to bounce back from the consequences of various difficulties and assist them deal with them in the future]. Psychosocial assistance helps the rebuilding of social cohesiveness and infrastructure by keeping in mind the individual's and community's autonomy, dignity, and coping mechanisms."[11]

6. PSYCHOSOCIAL SUPPORT CAN BE BOTH PREVENTIVE AND CURATIVE

Preventive: A mental health problem is a mental health issue if it is not treated.

Curative: In other words, it is assisting someone in resolving psychological issues that may have emerged as a result of exposure to a variety of stressful situations.

Medical students can benefit from psychosocial help. Should have a beneficial influence on student well-being and satisfy basic psychological/social requirements of competence/relationships.[12]

7. CONCLUSION

In every country, health and education have long been recognized as top concerns. As the future backbone of a nation's economy, young people come to mind when we discuss educational opportunities. Students at India's most prominent medical, dentistry, and paramedical colleges have the right to an education and health care. Medical school entails a great deal of responsibility for aspiring doctors. Students who want to pursue a career in health care must devote a significant amount of their time and energy to this endeavor. Investing in a professional is a big investment for a country, and they can't afford to jeopardize their health. To ensure the success of these pupils, we chose to take care of them from the beginning of their instruction. When a student graduates from high school and enrolls in a professional institution, he or she is often confronted with an array of obligations, both personal and intellectual. As they are frequently unprepared and unmonitored, their stress levels rise. Student progress is frequently hindered by a variety of factors including poor daily routine organization; intelligence and uncontrolled emotions; a lack of communication skills; interpersonal difficulties; disorganization and undesirable personality traits; an increase in levels of stress and anxiety; a lack of a nutritious diet; a lack of enjoyable activities; poor language proficiency; and an inability or unwillingness to organize one's study schedule as one's primary means of instruction. The combination of these variables makes it difficult for students to take use of their educational opportunities for personal and professional advancement. It might be frustrating and distracting for a few pupils when their efforts go in vain. Distasteful behaviors or even school dropouts may occur among certain of our pupils.

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