

A comparative study on mental health among both medical and non-medical students

Ms. Deepmala¹, Dr. Shikha Sharma^{2*}

ABSTRACT

Mental health has to do with everybody's everyday life. Every day each one of us is adjusting to himself to his fellows and to all other aspects of his world. From the time of birth every human being faces a succession of changing circumstances in his various areas of living. The way in which he reacts to these situations determines the pattern of personalities and the quality of his mental health. The sample size of 60 consisted of medical and Non-medical students. Use the PGI Health questionnaire developed by Wig and Verma (1978) to compare mental health. There is significant difference in Mental Health of Medical and Non-medical graduate students. Results shows that, Medical student have high strength of mental health than non-medical students. Hence Medical student have high mental health rather than non-medical students.

Keywords: *Mental Health, Physical Well Being and Mental Well-Being*

Mental health has to do with everybody's everyday life every day each one of us is adjusting to himself to his fellows and to all other aspects of his world. From the time of birth every human being faces a succession of changing circumstances in his various areas of living. The way in which he reacts to these situations determines the pattern of personalities and the quality of his mental health.

WHO defined health as state of complete physical, mental and social as being a not just the absence of disease and infirmity. A sound mind is a sound body has been recognized as a social idea for many centuries. Mental health is the enable him to live harmoniously with his fellowmen. Mental health is not exclusively a matter of relation between people; it is also a matter of relation of the individual towards the community he lives in, towards the society of which the community is a part, and towards the social institutions which for a large part guide his life, determine his way of living, working, leisure, and the way his earns and spend his money, the way he sees happiness, stability and security.

¹M.Sc. Clinical psychology student, Department of Psychiatry, Geetanjali Medical College & Hospital, Udaipur (Raj.), India.

²Assistant Professor, Clinical Psychology, Department of Psychiatry, Geetanjali Medical College & Hospital, Udaipur (Raj.), India.

*[Responding Author](#)

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In 1950, a WHO expert Community on mental health reviewed the various definitions of mental health and observes “Mental health, as the committee understands it, is influenced by fluctuations of degree; the committee’s conceptions imply capacity in an individual to form, harmonious relations with others, and to participate in, or contribute constructively to, change in his social a physical environment.” It implies also his ability to archive a harmonious and balance satisfaction of his own potentially conflicting instinctive drives in that it reaches an integrated synthesis rather than the denial of satisfaction to certain instinctive tendencies as a means of avoiding the thwarting of others.

Mentally Healthy Individuals

The short way to describe mentally healthy individuals is to say that they are emotionally mature. They have learned how to adopt themselves in such a way as to find happiness and effectiveness in living. Their desire and satisfaction are adequate synchronized into well integrated personality. Mentally Healthy people feel comfortable about themselves and their abilities. They do not expect to do everything perfectly, nor do they underestimate their power. They tackle college, office and household work as the challenge to their strength and weakness. They use the gap between their ideals and their accomplishment as spurs to constructive improvement. Feeling sorry for themselves, blaming others, or escaping by means of narcotics is not a part of their repertory. Instead, they grapple with situation as they arise. They shape their environment if possible, if not adjust to it.

These individuals have generally satisfaction relationships with other people. They do not have inner needs, which make them bow to everyone, nor do they feel impelled to dominate others. They are able to consider the interest of other and to feel part of group. These mentally healthy people are characterized by a positive state of well-being. To the degree that it is possible in real world of today, they are happy, confident and satisfied. They are able to stay with job, to live effectively with codes of their society, and to adjust to new or emergency situations. They have attained high degree of personnel adjustment, and this is reflected in their daily life.

Mental health is aptly defined as the full and harmonious of the total personality, realizing one’s full potential in the world of the work, with satisfaction and contentment to oneself and benefits to society. There is dual factor theory of mental health- the negative mental (freedom for mental disorder) and the positive mental health (factor directly contributing to mental health) for obvious reason, the negative mental has to be attended first as it is more distressing and disabling. The dual factor theory postulates that there are different sets of factors that contribute to negative and positive mental health. Some factor when present only contributes to negative mental health. But their absence does not lead to positive only contributes to negative factor could be manifested as mental disorder (like neurosis, personality disorder, psycho-physiological disorder, etc.) or even as mental symptoms (like anxiety, depression, phobias, delusion, etc.) or even as negative state (like anger hostility, dissatisfaction, fear, loneliness, anxiety, etc.).

Similarly, some factors when present contribute only to mental health but their absence does not necessarily mean a mental health. The positive mental health could be manifested as a general feeling of well-being, self-confidence, personal competence, satisfaction, happiness, self-worth, belongingness, self-worth, belongingness, achievement, security, quality of life, creativity, originality, productivity, adjustment, etc. further positive, mental health is not mere sum total of all these desirable characteristics but also of how these factors are

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organized to characterize him as distinct entity from other and making him a part of this wonderful universe.

Recently there is growing concern about the long neglected positive aspects of mental health. After all it is argued, absence of mental ill health is not the same as having good mental health. One should think positively, act positively and be optimistic-all good thing of life is achieved in this way and same holds good for mental health also.

Criteria of Positive Mental Health

There have been many attempts to describe mental health in ideal terms which have generally led to lists of qualities which characterizes the mature, healthy, fully functioning, self-actualizing person; often enough, the terms are used interchangeably. From her analysis of many definitions Jahoda (1958) gives the following criteria of positive mental health:

- **Attitudes towards the self:** They include the accessibility of the self to consciousness; the correctness of the self-concept; its relation to the sense of identity and the acceptance by the individual of his own self.
- **Growth, development, and self-actualization:** the extent the individual utilizes his abilities; his orientation towards the future and his investment in living.
- **Integration:** the extent to which the psychic forces are balanced, a unifying outlook on life and a resistance to stress.
- **Autonomy:** the aim here is to ascertain whether the self-reliant person is able to decide with relative ease and speed what suits his own needs best.
- **Perception of reality:** a relative freedom from need distortion and the existence of empathy.
- **Environment mastery:** under this heading is listed: ability to love, works, and play; adequacy in interpersonal relationship; meeting situation requirement; adaptation and adjustment; and efficiency in problem solving. Overall, then, a coherent picture of the healthy, mature personality emerges.

Developmentally, the healthy person is highly differentiated and well-integrated. He neither underestimates nor overestimates his own ability. He accepts his shortcomings. He is more motivated by abundance than deficiency needs. There is a strong sense of personal identity, realistic self-esteem, detachment, and sensitivity to the self and others. He has self-respect. He has a sense of competence and actual competencies in psychological functioning (i.e., learning, memory, problem solving). His ego is strong, his behavior is flexible and adaptable and there is considerable stress tolerance.

Coping devices are evident then defenses. He is able to think for himself to take his own decisions. Within ecological possibilities, he is an autonomous agent, mastering problems rather than being the passive object of the forces of the environment, the social order, or inner drives. He sets reasonable goals for himself. He shoulders his daily responsibilities. He is not bowled over by his own emotions of fear, anger, love or guilt. With a secure sense of being and value, he can be compassionate, sympathetic, and loving towards others. Conscience and value are coherent, conscious and well-integrated.

Finally, the healthy personality is comfortable with him and valued by others. This is not to suggest that such person is without conflicts, or anxiety. Because of high ideals and self-confidence, he can over reach and know failure and frustration. He can hurt others and know guilt. As anyone, he is capable of foolish, thoughtless, and self-defeating acts. In his spontaneity and desire for experience, in a readiness to accept challenges "because it's

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there”, defeat and despair are predictable risks. But what distinguishes the healthy personality is that these do not lead to defensive retreat, hostile anger, or face-saving maneuvers. Instead, adversity is counteracted as possible, but above all it is the basic for further learning and wisdom. It is in the capacity to continue growth, rather than being without pain or suffering that the healthy person is best defined.

Cause of Mental Ill Health

Mental illness like physical illness is due to multiple causes. There are many unknown factors of agent, host and environment in the natural histories of mental disorders. Among the known factors are the following:

- **Organic condition:** Mental illness may have their origin in organic conditions such as cerebral arteriosclerosis, neoplasm, metabolic disease, neurological disease, endocrine disease such as tuberculosis, epilepsy, leprosy, etc.
- **Heredity:** Heredity may be an important factor in some cases. For example, the child of two schizophrenic parents is 40 times more likely to develop schizophrenic than is the child of healthy parents.
- **Social pathological causes:** To produce any disease, there must be a combination of genetic and environmental factors. The social and environmental factor associated with mental ill health comprise the following: worries, anxieties, emotional stress, tension, frustration, unhappy marriages, broken homes poverty, industrialization, urbanization, changing family structure, population mobility, economic insecurity, cruelty, rejection, neglect and the like. The social environment not only determines the individual's attitudes but also provides the “framework” within which mental health is formulated.
- **Environmental factors:** Other than psychosocial ones capable of producing abnormal human behavior are: Toxic substances-carbon disulfide, mercury, manganese, tin, lead compounds, are: 2) Psychotropic drugs-barbiturates, alcohol.(3) Nutritional factors-deficiency of thiamine, pyridoxine (4) Minerals-deficiency of iodine (5) infective agents-infectious disease (e.g., measles, rubella) during the prenatal, per natal and postnatal of mental functions (6) traumatic factor-road and occupational accident(7) radiation- nervous system is most sensitive to radiation during the period of neural development.

CRUCIAL POINTS IN THE LIFE CYCLE OF HUMAN BEINGS

There are certain key points in development of the human being, which are important from the point of view of mental health. These are

1. **Prenatal period:** Pregnancy is a stressful period for some women they need help not only for their physical but also emotional needs.
2. **First five years of life:** The roots of mental health are in early childhood. The infant and young child should experience a warm, intimate and continuous relationship with his mother and fathers. It is in this relationship underlies the development of mental health. It follows that broken homes are likely to produce behavior in children and this has been confirmed by several studies,
3. **School child:** Everything that happens in the schools affects the mental health of child. The programs and practice of the school may satisfy or frustrate the emotional needs of the child. Children who have emotional problems may need child guidance or psychiatric services. From the standpoint of the child's mental health and his effectiveness in learning, proper teacher-pupil relationship and climate of the classroom are very important.

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- 4. Adolescence:** The transition from adolescence to manhood is often a stormy one and fraught with dangers to mental health, manifested in the form of mental ill health among the young and juvenile delinquency in particular. The basic needs of the adolescents are:
 - (a) The need to be a needed by others
 - (b) The need of increasing independence,
 - (c) The need achieves adequate adjustment to the opposite sex
 - (d) The need to rethink the cherished beliefs of one's alders. The failure to recognized and understanding these basic needs may prevent sound mental development
- 5. Old age:** The mental health problems of the age have received considerable attention in recent times in develops countries. The causes of mantel illness in the age are organic conditions of the brain, economic insecurity, lack of a home, poor stratus and insecurity.

Thus, throughout his "seven age" the need of man remains the same –the need for affection, the need for belonging, the need for independent, the need for affection, the need for belonging, the need for independence, the need for achievement, the need for recognitions or approval, the need for a sense of personal worth and the need for the self –actualization. These needs only differ in degree qualitative importance at various ages.

Community and mental health problems in India

Mental health is among the more important public health issues. In view of the "Alma Ata Declaration", the goal being health for all by 2000 A.D defining health as physical, mental and social well-being, Shah (1982) has expressed the mental health is "the most essential and inseparable component of health... an integrated component of public health and welfare programs..." The emphasis is prevention of disease as well as maintenance and promotion of health in the community.

Mental health is an integral part of the health needs of any country. Enhance understanding of the health requirements have brought to light the importance of environmental and socio-culture causation, management and prevention of illness. The community mental health movement developed within the framework of marks a distinct trend by focusing on the web of interpersonal relationships and the general social milieu in which the individual is embedded, so as to evolve an integrated approach aimed at the prevention and the management of mental health problems in the community.

The magnitude of mental problems vis-à-vis the available resources in terms of manpower, funds and administrative support, have revealed a marked difference between the two. On the basis of the principles of decentralization and deprofessionalization (Illich, 1974) attempts have been made to bridge this gap through community participation, training of nonprofessionals, and volunteers in the delivery of mental health care. Such strategies facilitate the availability, accessibility and goal of minimal care for larger numbers then maximum care for a few.

Epidemiological studies on mental health problems conducted in different part of the country, using different criteria for "caseness", and different methodologies have revealed the magnitude of the problem. A consensus between these studies has revealed a 1% prevalence rate in the general population. According to WHO estimation 10-20/1000

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populations are affected by serious mental disorders at any point of time. This will constitute 10 million populations requiring some intervention from Mental Health professionals.

In a vast country like India with its ever-growing population, the magnitude of mental health problems tends to overshadow the available trained mental health manpower and health facilities. Projected figures from the Directorate General of Health Services report of 2000 revealed that nearly 1000 psychiatrists, 600 clinical psychologists, 500 psychiatric social worker and 800 psychiatric nurses, 108 medical colleges with psychiatric units in nearly half of them and 42 mental hospital are available to combat this problem. Estimate that have revealed that between 7 to 8 million people are in need of mental health care. Hence the necessity for utilizing the existing primary care infrastructure and manpower resources with appropriate short-term training. A beginning has been made by way of training of general practitioners (GP) other auxiliaries like multipurpose workers (MPW), health guides (HG), doctors of primary health centers (PHC) and anganwadi workers.

REVIEW OF LITERATURE

Verma, Nehra and Puri (1998) discussed the concept of mental health in terms of both quality as well as quantity. The dual factor theory of mental health is described which views the concept of mental health. Pointing out the difficulty in proposing a comprehensive definition of mental health, the authors argue that its measurement is also beset with many methodological problems. The authors offer some suggestions for future researches.

Castronova (1996) conducted a study on expanding the scope of college mental health provider Services the study describes a psycho-educational intervention group, which offer as an alternative to discipline, to help college student perpetrator of verbal and physical aggression. They learn non aggressive ways of dealing with anger feeling and frustrating situations the group intervention, co-led by a male and female counselor consists of 90-minute group incorporate practical coping strategies as an alternative to aggression behaviors. Preliminary results indicated a change in campus climate towards less peer acceptance of aggression as a mean of dealing with angry feeling.

Davidson, Flanagan, Roe and Styron (2006) suggested that transforming mental health requires dramatic changes in theory as well as in policy and practice, offering action theory as a corrective for clinical psychology that has yet to view people as active agents shaping their own lives. A participatory approach to policy development and adoption of action-oriented model of clinical practice provide examples of the shift, which results from treating people to enhancing their access to opportunities and offering them the vivo supports they need to pursue meaningful lives even while disabled.

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Need for the study

As discussed previously, students are at higher risk of depression, and that too stress, either as frustration or aggression. The importance arises to investigate their Mental Health which may be impacting their everyday performance and achievements. Stress patterns in students are associated with poor academic performance, reflected in lower course grades, being

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placed on academic probation, lower rates of college degree attainment, and spending fewer hours studying. Much of the contribution in these poor performance parameters can be accounted to poor mental health due to stress, adjustment problem, peer pressure, family and social problems etc. Therefore, young males were chosen for the present study. In the present study, measurement of Mental Health has been done through Mental Health Questionnaire. This is done to keep the study in line with modern consensus regarding appropriate ways of measurement. Mental Health is the most widely used tools for the measurement. The present study aims to investigate these variables in medical and non-medical students.

METHODOLOGY

Aim

To assess the status of Mental Health on medical and non-medical graduate students.

Objective

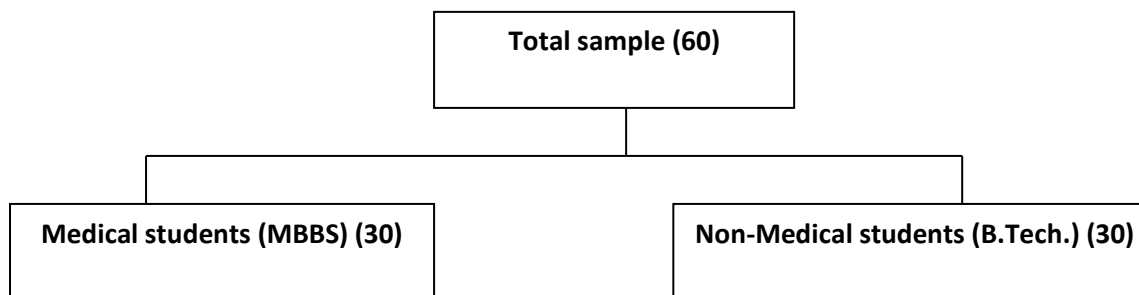
To compare the mental health of Medical and Non-medical graduate students.

Hypotheses

There would be significant difference in Mental Health of Medical and Non-medical graduate students.

Design and Sample

The nature of present research is exploratory and a two groups design is followed by purposive random sampling technique. The sample consisted of medical and Non-medical students. Sample of Medical students was from the Second to third year of MBBS students and the sample of Non-medical students was from the Second to third year of B. Tech. The distributing of sample is given below:



Variables

The following are the independent and dependent variables in the present study:

Independent variable: Mental Health.

Inclusion criteria.

- Both medical (MBBS) and non-medical (B. Tech.) subjects will take for the study.
- Both rural and urban subjects will take for the study
- Subjects who can read & write both Hindi and English languages

Exclusion criteria

- Subject who doesn't understand Hindi and English language

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- Subject who are suffering from gynecological problems, serious illness, hyper/hypotension, diabetics and hyper/ hypo thyroid.

Tools used

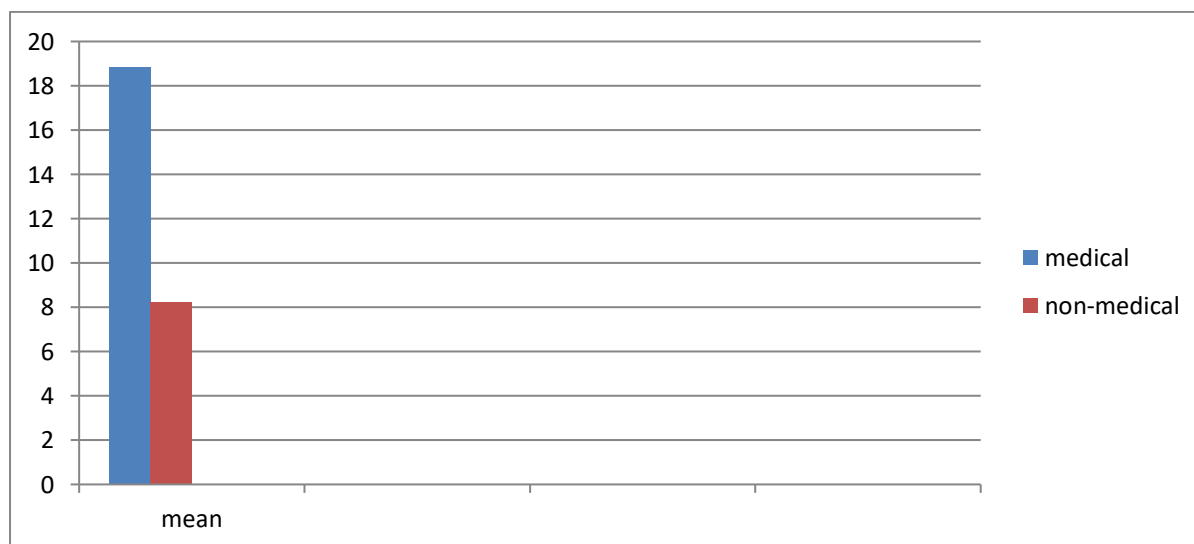
- 1. Mental Health Scale:** PGI Health questionnaire developed by Wig and Verma (1978) was selected to assess mental health. this scale is based on the definition given by WHO, that includes physical psychological and social well-being in defining mental health it consists of 60 items or statements that measure subject's physical & Psychological Health 50 items (1-50) are N-scale (i.e. neuroticism) and 10 items are L-scale (i.e. Lie scale) respond pattern for each item is to put tick mark against the item which refers to that respondent.
- 2. Statistically Analysis:** The data was analyzed using the following techniques:
t- test

RESULT

Table 1: Values of Mean, SD, and t-Value of Mental Health in Medical and Non-Medical Students.

	Mean	SD	t-Value	p-Value
Medical Students	18.8333	9.1981	5.7435	0.0001
Non-Medical students	8.2333	4.1927		

The inspection of table 1 showed that medical students mean is higher than scores (m=18.8333) that non-medical students (m=8.2333). It indicates that non-medical students have good Mental Health than medical students.



Graph: 1 mean score of medical and non-medical students

DISCUSSION

The present study was planned to study a comparison of mental health in medical and non-medical students graduate. For this purpose, two groups of 60 students were selected which includes medical (MBBS- 30 students) and non-medical (B. Tech = 30 students) were measured using t-Test.

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The obtained results on mental health show that there is significant difference between medical and non-medical students. It indicates that non-medical students have good mental health than medical students.

The education is most important part of the human life and the key to success for the better future of students to choose different kind of courses like CA and CS. Some may prefer B. Sc., may be B. Com or B.A. but most loveable course between generations is B. Tech and MBBS. The both courses have different pattern and that's why both student's pursue with their different life style.

Medical students have many academic, psychological and existential stressors, and medical school selection may favor individuals with perfectionist, self-critical and altruistic traits, which may predispose them to a vulner-ability to depression. (Dahlin et al., 2005)

It has been proven through various researches that medical students experience elevated stress levels throughout their medical school life (Kim KJ 2016, Shim et al., 2016). The personal and social expense they have to make in order to maintain respectable academic results, in a highly competitive environment, puts them under a lot of stress (Casey et al., 2016)

Time duration B. Tech took 4 years to complete the degree programme including all training and on other hand MBBS Degree took 5 year to be completed. For a student pursuing B. Tech time management is easier because of fix schedule and MBBS student faces many problems because of uneven schedule throughout the course.

The internship in MBBS is far difficult because of the dealing with the humans (literate or illiterate patients) and the uneven environment of the hospital then a B. Tech internship. There always an equal bourdon of ward duties and the studies on the MBBS students. MBBS students need to study more because of bigger syllabus as compare to B. Tech and one major problem is that after completing MBBS it is not get soured for a job until they get a master degree with them on other hand and during the 3rd-4th year students also face the family pressure, social pressure, money problem, and pressure of entrance. B. Tech there is more job opportunities after the bachelor degree.

About one third of the medical students worldwide suffer from depression or depressive symptoms (Puthran et al., 2016, Rotenstein et al., 2016). Beside depression, anxiety and psychosomatic disorder (Chinawa et al., 2016) constitute an emerging mental health problem. Additionally, medical students are at high risk of developing eating disorders as well (Memon et al., 2012).

Stress in students life, may be due to various reasons such as academics, personal situations, environment, time management or economic circumstances. (Mane et al., 2011)

CONCLUSION

Medical students have high mental health rather than non-medical students.

REFERENCES

- Alam and Javed (1991). Dependence Proneness in Relation to Prolonged Deprivation.
Casey, D. Thomas, S. Hocking, DR. Kemp-Casey, A. (2016), Graduate-entry medical students: older and wiser but not less distressed. *Australas Psychiatry* 24: 88-92.

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- Chinawa, JM. Nwokocha, ARC. Manyike, PC. Chinawa, AT. Aniwada, EC. Ndukuba, AC. (2016, 2017) Psychosomatic problems among medical students: a myth or reality? Int J Ment Health Syst Internet cited 15;10.
- Dahlin, M. Joneborg, N. or Runeson, B. (2005). Stress and depression among medical students: a cross-sectional study. Med Educ
- Kim, KJ. (2016). Factors associated with medical student test anxiety in objective structured clinical examination: a preliminary study. Int J Med Educ 7, 424-427.
- Mane, AB. Kumar, MKK. Paul, NC. or Shasidhar, HG. (2011). Differences in perceived stress and its correlates among students of professional courses. J Clin Diagnos Res.:5(6):1228-33.
- Memon, AA. Adil, SE-R. Siddiqui, EU. Naeem, SS. Ali, SA. Mehmood, K. Eating disorders in medical students of Karachi, Pakistan-a cross-sectional study. BMC Res. Notes. 2012; 5:84. doi: 10.1186/1756-0500-5-84.
- Puthran, R. Zhang, MWB. Tam, WW. or Ho, RC. (2016). Prevalence of depression amongst medical students: a meta-analysis. Med Educ.; 50:456–468. doi: 10.1111/medu.12962.
- Rotenstein, LS. Ramos, MA. Torre, M. Segal, JB. Peluso, MJ. Guille, C. et al. (2016) Prevalence of depression, depressive symptoms, and suicidal ideation among medical students: a systematic review and meta-analysis. JAMA. 316:2214–2236. doi: 1001/jama.17324.
- Shah. (1982). Community and mental health problems in India. New York. Basic Books.
- Shim, EJ. Jeon, HJ. Kim, H. Jung, D. Noh, HL. et al. (2016). Measuring stress in medical education: validation of the Korean version of the higher education stress inventory with medical students. BMC Med Educ 16: 302.
- Verma, Nehra, Puri (1998) The Indian Journal of clinical psychology.

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Conflict of Interest

The author declared no conflict of interest.

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