

Research Paper

Need for Psychological Counselling among Medical and Non Medical Students

Jenifer Roseline D^{1*}, Manoj R², Abida K³

ABSTRACT

Mental health is a critical factor influencing students' academic performance, personal growth, and overall well-being. This study explores the need for psychological counseling among medical and non-medical students, highlighting the prevalence of stress, anxiety, and other psychological challenges faced by both groups. Medical students often experience intense academic pressure, long study hours, and exposure to distressing clinical situations, contributing to high levels of stress and burnout. Non-medical students, while facing different academic demands, also encounter stress related to career uncertainty, peer competition, and personal life adjustments. The study examines the availability, awareness, and utilization of psychological counseling services in educational institutions. Findings suggest that while both groups require mental health support, medical students tend to underutilize counseling due to stigma and time constraints. The research underscores the importance of integrating psychological counseling into academic settings, promoting mental health awareness, and reducing barriers to seeking help. Strengthening support systems can enhance students' resilience, academic performance, and overall quality of life.

Keywords: *Psychological counseling, medical students, non-medical students, mental health, academic stress, counseling services*

Medical students experience an exceptionally high burden of psychological distress and mental health disorders compared to their peers in other undergraduate disciplines. The rigorous nature of medical education, characterized by an extensive workload, demanding clinical responsibilities, and exposure to emotionally distressing situations, contributes significantly to this heightened vulnerability. The pressure to assimilate vast amounts of medical knowledge, navigate clinical environments, and make critical patient care decisions often leaves medical students grappling with stress, anxiety, and burnout (Rotenstein et al., 2016). Moreover, exposure to suffering, death, and dying patients can be profoundly distressing, influencing both psychological well-being and professional development. While the prevalence of mental health disorders among medical students is widely documented in high-income countries (HICs), there is growing recognition of similar or even greater challenges faced by students in low- and middle-

¹Student, Dr. M.G.R Educational and Research Institute

²Head of the Department, Dept. of Psychology, Dr. M.G.R Educational and Research Institute

³Assistant Professor, Dr. M.G.R Educational and Research Institute

*Corresponding Author

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income countries (LMICs). In African countries, financial constraints, under-resourced learning environments, and socio-political instability exacerbate mental health stressors, making it even more difficult for students to cope with the demands of their education (Puthran et al., 2016).

Research consistently highlights the high prevalence of depression, anxiety, and burnout among medical students. Depression is a significant concern, with meta-analyses estimating its prevalence at approximately 27% globally, which is significantly higher than that of the general student population (Rotenstein et al., 2016). Anxiety is also common, with students frequently experiencing overwhelming fears about academic performance, clinical competence, and future careers. Burnout, characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment, is another major mental health challenge among medical trainees, often leading to disengagement, reduced empathy, and career dissatisfaction (Dyrbye et al., 2014). While much of the research on medical student mental health originates from HICs, evidence increasingly suggests that students in LMICs face similar, if not worse, mental health burdens. In Africa, medical students often struggle with poverty, inadequate healthcare infrastructure, and civil unrest, all of which add to their stress (Ngasa et al., 2019). Additionally, the limited availability of mental health services, stigma surrounding mental illness, and cultural barriers to help-seeking further worsen the situation. For instance, in Uganda, university counseling services exist, but they are constrained by financial and human resource limitations, long wait times, and concerns over confidentiality (Ssebunnya et al., 2012). Many medical students, therefore, suffer in silence, hesitant to seek professional support due to fears of stigma and potential career repercussions.

Despite the availability of some mental health services, utilization among medical students remains low globally. The reluctance to seek help is attributed to multiple factors, including stigma, concerns about confidentiality, and the fear that admitting to psychological distress could negatively impact future career opportunities (Guille et al., 2017). Many students worry that being diagnosed with a mental illness could be perceived as a sign of weakness or incompetence, leading to discrimination or bias during residency selection and professional advancement. Furthermore, limited awareness of available mental health resources and negative attitudes toward counseling contribute to low utilization rates. Many students believe they should be resilient enough to handle stress independently, a mindset reinforced by the culture of medicine, which often glorifies endurance and self-sacrifice (Schwenk et al., 2010). In resource-limited settings like Uganda, logistical barriers such as the high cost of mental health care, lack of trained professionals, and limited access to psychiatric services further discourage students from seeking help. Some universities have introduced peer counseling programs to bridge the gap in mental health support, such as the initiative at Makerere University, but these programs remain largely unevaluated in terms of their effectiveness and sustainability. In addition to institutional counseling services, broader wellness policies have been recommended, including curriculum reforms that promote a better work-life balance, structured mentorship programs, and the integration of mental health education into medical training. Some institutions have also incorporated mindfulness-based interventions and resilience training to equip students with coping strategies for managing stress effectively (Dobkin & Hutchinson, 2013).

One of the most emotionally distressing aspects of medical education is exposure to death and dying, which can trigger significant psychological distress among students. Death anxiety, defined as an intense fear or apprehension related to death and mortality, is

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particularly relevant for medical students given their frequent encounters with dying patients during clinical training (Neimeyer & Fortner, 1997). For many students, the first professional encounter with death occurs in the dissection room, where they engage with cadavers for anatomical studies. Subsequent experiences with dying patients during hospital rotations further expose them to the realities of mortality, which can be distressing if not adequately addressed. Studies suggest that while medical students do not necessarily exhibit higher levels of death anxiety compared to other student populations, certain subgroups, such as female students, may report greater distress (Abdel-Khalek, 2005). Without appropriate support, death anxiety may persist throughout medical training, affecting students' ability to provide compassionate end-of-life care. The impact of death anxiety on clinical practice can be understood through cognitive-behavioral theory, which posits that emotions, thoughts, and behaviors are interconnected. An intense fear of death may lead to avoidance behaviors, such as reluctance to discuss prognosis with terminally ill patients or discomfort in managing end-of-life care (Hagger et al., 2016).

METHODS

Operational Definition:

The need for psychological counseling in medical and non-medical students is assessed based on self-reported stress levels, psychological assessments, and academic performance indicators (Garlow et al., 2008). Standardized tools such as the Depression, Anxiety, and Stress Scale (DASS-21) and Generalized Anxiety Disorder Scale (GAD-7) measure symptoms of mental distress (Lovibond & Lovibond, 1995). Medical students often experience stress due to demanding coursework and clinical exposure, while non-medical students struggle with social and financial challenges (Dyrbye et al., 2014). High levels of emotional exhaustion, frequent burnout, and difficulty in maintaining academic focus indicate a greater need for psychological counseling (Guille et al., 2017). Help-seeking behaviors, such as frequent visits to mental health centers, discussions about emotional distress, or academic disengagement, serve as measurable indicators (Eisenberg et al., 2007). Universities can identify this need through periodic mental health screenings and student surveys. Addressing this need effectively improves mental well-being, academic success, and long-term personal development.

Conceptual Definition

The need for psychological counseling in medical and non-medical students refers to the necessity of professional mental health support to help students cope with academic pressure, emotional distress, and personal challenges (Gulliver et al., 2010). Medical students face intense workloads, exposure to patient suffering, and high expectations, leading to stress, anxiety, and burnout (Dyrbye et al., 2008). Non-medical students also experience psychological distress due to career uncertainties, financial struggles, and social pressures (Hunt & Eisenberg, 2010). Counseling provides structured support to enhance coping mechanisms, emotional resilience, and overall well-being (Rickwood et al., 2005). Research suggests that students who receive psychological counseling demonstrate improved academic performance, better mental health, and reduced emotional distress (Kitzrow, 2003). Stigma and lack of awareness often prevent students from seeking help, worsening their psychological struggles (Schwenk et al., 2010). Institutions must promote mental health services to ensure students receive the necessary support. Recognizing and addressing this need fosters a healthier academic environment and personal development.

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Objectives:

- To study the level of need for psychological counselling among medical and non-medical.
- To identify the factors contributing to the need for psychological counselling among medical and non-medical students.
- To compare the need for psychological counselling between medical and non-medical.

Hypothesis:

- **Ho:** There is no significant difference in the need for psychological counselling between medical and non medical.

Research design:

This study is a correlational quantitative design was adopted to identify the need for psychological counselling among medical and non medical. need for psychological counselling is a independent variable while medical and non medical students is dependent variable.

Sampling technique:

In this study, sampling selection was done by a simple random sampling technique. The sample for the study consisted of 200 medical and non medical students in which 100 medical student and 100 Non medical student, young adults between the ages of 18to25 years old.

Tool Used:

Psychological counselling need-PCNS developed by Dr. Vijaya Laxmi Chouhan and Ms. Gunjan Ganotra Arora.

Tool Description:

- **Psychological counselling Need Scale (PCNS):** The PCNS-CA (Psychological Cognitive Neuro Screening for Children and Adolescents) is a psychological assessment tool designed to evaluate cognitive and emotional thinking patterns in students. Developed by Dr. Vijaya Laxmi Chouhan and Ms. Gunjan Ganotra Arora, it consists of 25 statements requiring responses on a scale from "Always" to "Never." The tool categorizes scores into different levels of counseling needs, ensuring confidentiality in responses. Published by the National Psychological Corporation, India, it is used in various educational settings to identify students who may require psychological support or counseling.

Procedure

The study involved administering a questionnaire assessing the need for psychological counseling among medical and non-medical students. The questionnaire contained 22 items related to psychological well-being, stress levels, academic pressure, and emotional stability. Paper copies of the questionnaire were distributed to participants, consisting of 150 medical students and 150 non-medical students, aged 18 to 21 years. Each participant completed the questionnaire in approximately 5 minutes under standardized conditions. The data were collected and analyzed to compare the psychological counseling needs between the two groups.

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Statistical Analysis

The collected data were analyzed using descriptive and inferential statistics. Descriptive statistics (mean, standard deviation) were used to summarize the overall trends in psychological counseling needs. An independent t-test was conducted using SPSS Statistics 20 to compare the mean scores of medical and non-medical students, identifying any significant differences between the groups. This method helped determine whether medical students exhibited a higher or lower need for psychological counseling compared to non-medical students. The results were interpreted to provide insights into the psychological support required for students in different academic streams.

Inclusive Criteria:

- The participants in the age range of 18 to 25 years were selected.
- People who are willing to participate between these age limits can participate.
- Collage students were included in this study.

Exclusive criteria:

- People who are below 18 and above 25 were excluded.
- Non participation was excluded.
- Non responsive behaviour is excluded.

RESULT

Table:1 Psychological Counselling Need

GROUP STATISTICS					
	STUDENTS	N	Mean	Std. Deviation	Std. Error Mean
Psychological Counselling	Medical students	100	77.3000	11.85902	1.18590
	Non medical students	100	72.4100	11.31736	1.13174

The group statistics for the variable that were part of study. The mean score for medical students (77.30) is higher than that of non-medical students (72.41). Medical students, on average, perceive or engage in psychological counseling more positively than non-medical students. Standard Deviation (SD): Medical students: 11.86, Non-medical students: 11.32.

Table-2 Independent T Test Table

	Levene's Test for Equality of Variances		t-test for Equality of Means							
	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference		
								Lower	Upper	Upper
Psychological counselling	.051	.821	2.983	198	.003	4.89000	1.63927	1.65734	8.12266	8.12266
			2.983	197.569	.003	4.89000	1.63927	1.65730	8.12270	8.12270

Levene's Test for Equality of Variances

F = 0.051, Sig. = 0.821. Since the significance value (0.821) is greater than 0.05, we do not reject the null hypothesis of equal variances. This means we should interpret the row where Equal variances assumed. t-Test for Equality of Means, $t(198) = 2.983$, $p = 0.003$. The p-

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value (0.003) is less than 0.05, indicating a statistically significant difference between the groups.

The Mean Difference is 4.89, meaning one group scored 4.89 units higher than the other on psychological counseling. The 95% Confidence Interval (1.66 to 8.12) does not include zero, reinforcing that the difference is statistically significant. Since the t-test shows a significant difference ($p = 0.003$), we can conclude that the two groups differ meaningfully in psychological counseling. The positive mean difference suggests that one group has higher values in psychological counseling compared to the other.

DISCUSSION

This study aimed to compare the need for psychological counseling between medical and non-medical students. Psychological counseling plays a crucial role in managing academic stress, emotional well-being, and mental health challenges. Medical students are often perceived to have a higher need for counseling due to their rigorous academic workload, long study hours, and exposure to emotionally demanding situations. However, non-medical students also experience stress related to career uncertainty, academic pressure, and personal challenges.

The study found no significant difference in the need for psychological counseling between medical and non-medical students, suggesting that both groups experience psychological distress, albeit due to different factors. Previous research has shown that psychological well-being is influenced by multiple variables, including academic workload, personal resilience, coping strategies, and social support. For instance, Kumar et al. (2021) found that medical students experience high levels of stress, anxiety, and burnout due to the demanding nature of their studies. Similarly, Sharma and Patel (2022) reported that non-medical students also face mental health challenges related to career pressures, financial concerns, and social expectations.

The findings align with Singh et al. (2023), who emphasized that psychological distress is not exclusive to medical students and that non-medical students also require mental health support. Ali et al. (2024) found that structured mental health interventions, such as stress management workshops and mindfulness training, significantly reduce the need for counseling among students. The results also support Gomez and Lee (2020), who highlighted the role of emotional intelligence in buffering stress and reducing the demand for psychological counseling.

Moreover, external factors such as financial stress, peer pressure, and personal relationships significantly impact mental health. Chen et al. (2021) found that students from low-income backgrounds showed a higher need for counseling services due to financial instability and academic pressure. Similarly, Rahman et al. (2023) discovered that students who lack social support are more likely to seek psychological help.

This study highlights the importance of integrating mental health awareness programs, resilience training, and stress management workshops into both medical and non-medical curricula. Universities should implement structured psychological interventions, such as peer counseling, professional therapy services, and student wellness programs, to support students across different academic fields. The results suggest that academic background alone does not determine the need for psychological counseling, and both medical and non-

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medical students require tailored mental health support to cope with academic and personal challenges.

Summary

Psychological well-being is a crucial factor affecting students' academic performance and overall quality of life. With increasing academic pressure, career expectations, and societal demands, students often experience stress and mental health challenges. Medical students, in particular, face rigorous coursework and emotionally demanding clinical experiences, which may influence their perception and engagement in psychological counseling. This study explores the differences in psychological counseling needs between medical and non-medical students, based on statistical analysis. The study compared the psychological counseling needs of medical and non-medical students using group statistics and an independent samples t-test.

Interpretation of Results The findings suggest that medical students, on average, perceive or engage in psychological counseling more positively than non-medical students. This difference could be attributed to several factors: **Higher Stress and Awareness in Medical Students:** Medical students experience greater academic pressure, long study hours, and emotionally challenging patient interactions. Their exposure to mental health topics in their curriculum may increase awareness and acceptance of psychological counseling. **Social Stigma and Accessibility Among Non-Medical Students:** Non-medical students may face societal stigma that discourages seeking psychological help. They may also have less exposure to mental health resources compared to medical students, who are often in hospital environments. **Coping Mechanisms and Resilience:** Medical students might develop coping mechanisms and resilience due to their training, leading them to actively seek psychological support when needed. Non-medical students may rely on alternative coping strategies, such as peer support or avoidance, instead of professional counseling. **Implications and Recommendations.**

Given the statistically significant difference in psychological counseling engagement, several key actions can be taken: **Enhancing Awareness Among Non-Medical Students:**

- Universities should implement awareness programs to reduce stigma and encourage help seeking behavior. Counseling services should be actively promoted to non-medical students.
- **Providing Tailored Mental Health Support:** Medical students should have specialized mental health programs addressing their unique stressors. Non-medical students should be encouraged to use counseling services, with outreach efforts targeted at their specific needs.
- **Integrating Psychological Counseling into University Policies:** Institutions should make psychological counseling a mandatory part of student orientation programs. Regular mental health check-ups and counseling sessions should be easily accessible to all students.

CONCLUSION

The study highlights a significant difference in the psychological counseling needs of medical and non-medical students. Medical students engage more positively with psychological counseling, likely due to their high-stress environment and greater exposure to mental health awareness. Non-medical students, however, may require targeted interventions to address potential stigma and limited access to counseling services. Universities and

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policymakers must take proactive steps to ensure mental health support is equitable, accessible, and effectively meets the needs of all students.

Limitations of the Study

1. **Sample Size and Generalizability:** The study included 150 medical and 150 non-medical students, which may not be representative of the broader student population. A larger and more diverse sample could improve the generalizability of the findings.
2. **Self-Reported Data:** The study relied on self-reported questionnaires, which may be influenced by social desirability bias or underreporting of psychological distress due to stigma around mental health.
3. **Lack of Longitudinal Data:** The study provides a cross-sectional analysis, capturing psychological counseling needs at a single point in time. A longitudinal study would offer better insights into how counseling needs evolve over time.
4. **Limited Consideration of External Factors:** The study did not extensively analyze factors such as financial stress, family background, peer relationships, or personal coping mechanisms, which could influence the need for counseling.
5. **Variability in Academic Pressure:** The study assumes that medical students experience greater stress due to their curriculum, but stress levels can also be high in non-medical fields such as law, engineering, or business, leading to variations in counseling needs.
6. **Limited Focus on Coping Strategies:** The study does not explore whether students with strong coping mechanisms, resilience, or support networks have a lower need for counseling compared to those without such resources.

Future Scope of the Study

1. **Longitudinal Research:** Future studies can adopt a longitudinal approach to track changes in psychological counseling needs over time, considering academic progression, stress adaptation, and coping strategies.
2. **Larger and More Diverse Sample:** Expanding the sample size across multiple institutions, regions, and cultural backgrounds will enhance the generalizability of the findings and provide a more comprehensive understanding of counseling needs.
3. **Inclusion of Clinical Assessments:** Incorporating psychological screening tools or professional mental health evaluations can provide a more accurate diagnosis of students' psychological well-being beyond self-reported data.
4. **Exploring Contributing Factors:** Future research can analyze how factors such as financial stress, family background, peer support, academic pressure, and social stigma influence students' need for psychological counseling.
5. **Comparison Across Different Academic Fields:** Expanding the study to include students from law, engineering, humanities, business, and arts can offer insights into how different fields of study impact mental health and counseling requirements.
6. **6. Gender and Socioeconomic Analysis:** Investigating how gender, economic status, and family environment affect the likelihood of seeking counseling could help develop targeted mental health support programs.

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Conflict of Interest

The author(s) declared no conflict of interest.

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