

Mental Health Promotion by Medical Students: An Untapped Potential

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Psychological distress and poor mental health have increased in recent years in India. Some of the factors that have been responsible are the COVID-19 pandemic,¹ technological addiction,^{2,3} poor work-life balance,⁴ growing urbanization,⁵ breaking of extended families,⁶ and myriad other factors. COVID-19 has exacerbated the mental health crisis. A meta-analysis of observational studies done during COVID-19 found that approximately one-third of the Indian population suffered from psychological distress and the negative sequelae on mental health are likely to continue.¹

There is a shortage of specialist mental healthcare providers in India. About 197.3 million people have mental disorders in India, and a large majority of them have either no or only limited access to mental healthcare.⁷ According to recent data the median number of psychiatrists in India is 0.2 per 100,000 compared to the global median of 3 per 100,000 which itself is very low.⁸ The statistics for psychologists, social workers, and nurses are even more dismal at 0.03, 0.03, and 0.05 per 100,000 respectively.⁸ The National Mental Health Program (NMHP) launched in 1982 involved primary health centers (PHCs) in mental health.⁷ However, they were already overburdened with limited functionaries, the multiplicity of tasks, enormous patient loads, inadequate training, non-availability of drugs, and poor referral services. So, these also failed in bridging the gap for mental health services in India. The recent mental health crisis has compounded this problem.

Therefore, the role of *mental health promotion* becomes paramount in such situations. What is *mental health promotion*? This is a new concept developed in the West.⁹ Before we define that, let us look at three aspects of prevention. The level of prevention with which most physicians and psychiatrists are familiar is *tertiary*

prevention which refers to those actions taken after the onset of a disease or an injury with the intention of assisting diseased or disabled people. For mental health, this level helps to maintain and facilitate progress toward maximization of the pre-morbid level of functioning for people suffering from mental ailments. This is usually done through prescribing psycho-tropic medications, providing counseling, and making social adjustments.

The second level with which physicians, mainly primary care providers, are familiar is *secondary prevention* which refers to actions that block the progression of an injury or disease at its incipient stage. For mental health, this level entails measures to help people such as those who are in distress, those who are struggling with anger issues, or those who have some anxiety and other forms of mild aberrations. Here the role of counseling and social adjustments take the front seat while medications are adjuvant therapies as needed.

The third (often referred to as the first but seldom practiced by healthcare providers) level of prevention is *primary prevention or health promotion* which refers to those preventive actions that are taken prior to the onset of a disease or injury. For *mental health promotion*, this entails developing preventive behaviors such as stress management behaviors, relaxation, and adequate sleep behaviors, effective communication behaviors, anger management behaviors, anxiety reduction behaviors, healthy eating behaviors, healthy physical activity, and exercise behaviors, time management behaviors, financial management behaviors, recreation, and leisure management behaviors, and adequate work-performance behaviors.

Do our overburdened psychiatrists, physicians, and

other healthcare providers have time to spend on *mental health promotion*? Perhaps it would be asking too much and not a wise use of their time, especially given their specialized training to provide secondary and tertiary care. However, medical students who are in their formative learning years of growth can be utilized for performing *mental health promotion*.

History taking for medical students starts with their clinical rotations and *mental health promotion* can be an integral part of that process. All students must enquire about mental health. According to the World Health Organization (WHO), *mental health* consists of four things: (1) realizing one's abilities; (2) coping with normal stressors; (3) working productively and fruitfully; and (4) ability to make contributions to one's community.¹⁰ According to Marie Jahoda (1907-2001), an Austrian British social psychologist, mental health consists of (1) being realistic; (2) being self-accepting; (3) being invested in living; (4) being independent; and (5) exhibiting environmental mastery by (a) demonstrating ability to love; (b) showing adequacy in work, love, and play; (c) adequacy in interpersonal relationships; (d) being efficient in meeting situational necessities; (e) being able to adjust and adapt; and (f) being efficient in problem-solving.¹¹ These aspects can be easily elicited during the history taking by the medical students and comforting *mental health promotion* measures instituted as needed.

Medical students can try the three-pronged approach to counseling their patients regarding *mental health promotion*: (1) promoting stress management for mental equilibrium; (2) emphasizing the balance between work and rest for physical health; and (3) inspiring relationships for a richer social life.

For managing stress, the medical students' curriculum must include modules in this regard, that will be beneficial to them, as well as to their patients. Unfortunately, to my knowledge stress management skills are not taught to medical students during their training. Techniques for practicing relaxation in everyday activities through yoga, progressive muscle relaxation, autogenic training, biofeedback, visual imagery, self-hypnosis, humor, mindfulness meditation, etc. must be imparted to medical students with the intent that they will disseminate it to their patients.¹² Further, improving communication through assertiveness, understanding behavioral styles, and developing emotional intelligence must be given emphasis. Emotional intelligence entails self-awareness or knowing one's emotions, mood management or handling feelings so that they are appropriate, self-motivation so that feelings can be directed toward a goal, empathy or ability to recognize feelings in others and tuning into their

verbal and non-verbal cues, and managing relationships through conflict resolution and negotiation.¹³ Skills for managing anger and resolving conflicts, coping with anxiety, managing time, managing finances, and keeping a self-reflective diary, log, or journal of stressors, and ways of coping must be learned by medical students and disseminated further.¹²

For work-life balance, the medical students can talk to their patients about spending eight hours of work every day and eight hours of sleep at night, practicing sleep hygiene measures that include having a set time for sleeping and waking, shutting down external stimuli while sleeping, having a quiet restful place, etc. In addition, healthy eating, and adequate physical activity for 30-60 minutes every day must be emphasized.

The method to inspire relationships for a richer social life is a bit complex and a bit philosophical. However, relationships are very strong stressors and must be effectively managed. In the stress management modules themselves, medical students can be introduced to relationship enriching techniques and the faculty can serve as role models. This can be done in four ways: (1) by not comparing oneself with others; (2) by providing unconditional love in all relationships; (3) by not expecting anything from anyone – being self-sufficient in all respects – If someone does something for one then being genuinely grateful; (4) by serving others or being willing to assist others in their development and/or being reliable in one's dealings with others.¹⁴

To summarize, mental health is a public health crisis in India and there is an unmet need to fill the void of mental health services. *Mental health promotion* is a potent antidote to reducing the disease burden and improving coping skills among the masses. Medical students are a useful conduit to apply *mental health promotion* in their everyday interactions with their patients. For this to happen stress management training must be included in the medical curriculum and medical students should be encouraged to use the learned techniques in their lives as well as disseminate those further for *mental health promotion*.

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