



You and your Mental Health

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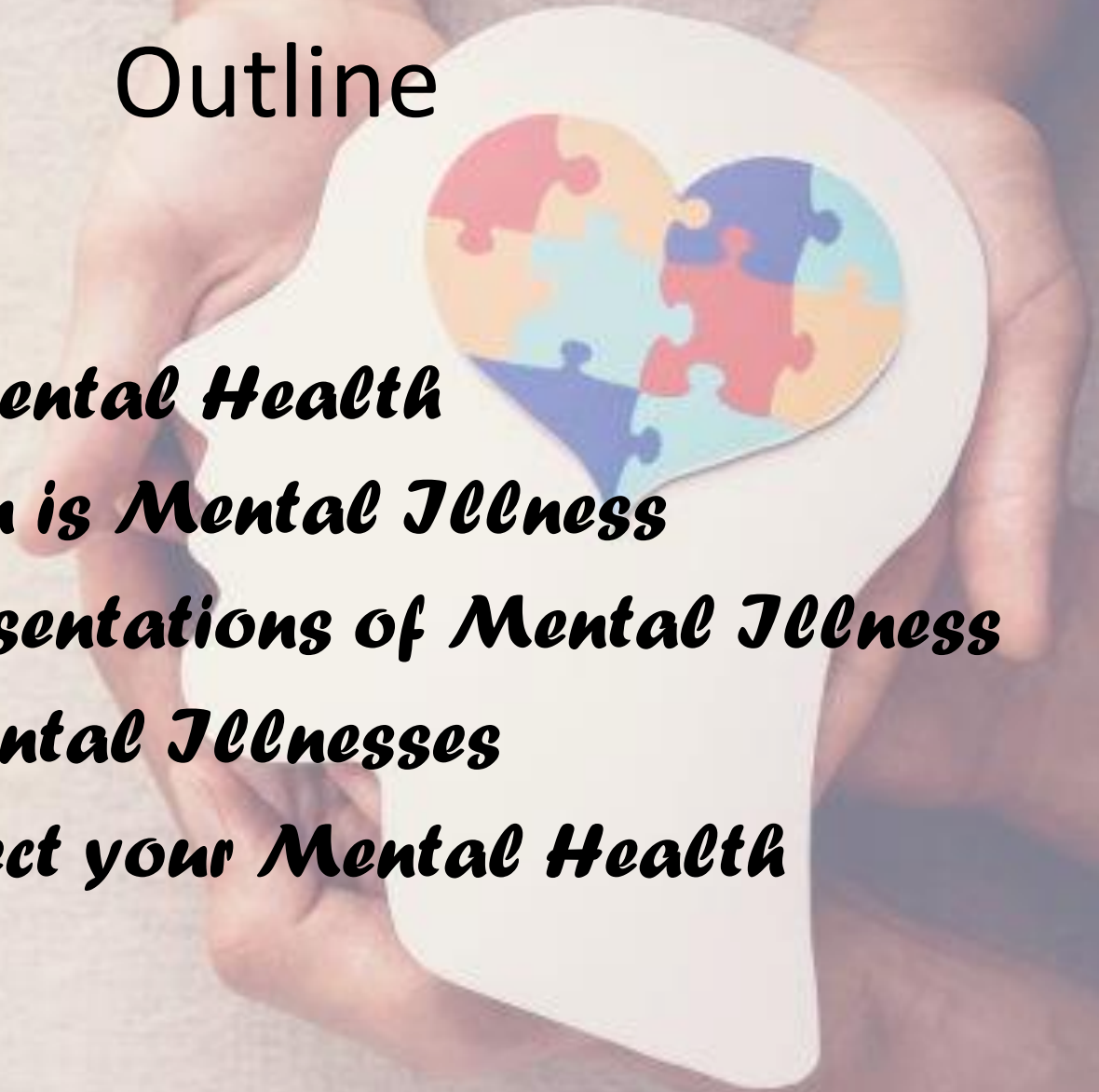
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Outline

- ***Definition***
- ***SDGs and Mental Health***
- ***How common is Mental Illness***
- ***Common Presentations of Mental Illness***
- ***Common Mental Illnesses***
- ***How to Protect your Mental Health***
- ***Conclusion***



Definition

- ***Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (Official Records of WHO, no. 2, p.100) .***



What is Mental Health?

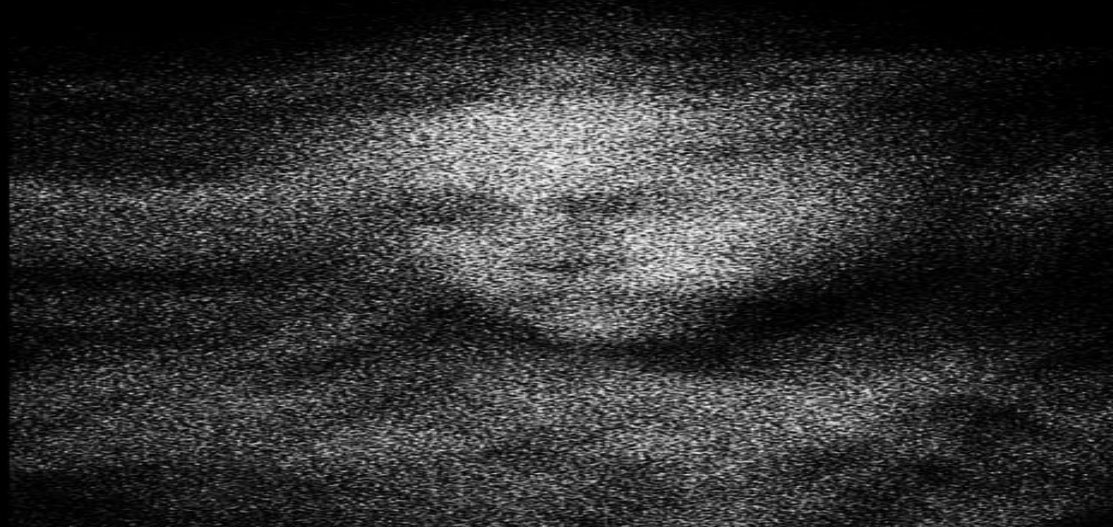
- *Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community.*

mental
health



Mental Ill Health

- *Mental illnesses are health conditions involving changes in emotion, thinking or behavior (or a combination of these).*



SDG and Mental Health

- ***The Sustainable Development Goals (SDGs) was introduced to continue the progress made by the MDGs, by incorporating the lessons learnt in charting a new way forward, with emphasis on ensuring that no one is left behind***

SDG and Mental Health



- ***SDG 3 is to ensure healthy lives and promote well-being for all at all ages and has 13 targets measured through 26 indicators.***
- ***However, a person's health and well-being are affected not only by disease and treatment, but also by social and economic factors such as housing, poverty and education***


SDGs and Mental Health

- *Items that are directly linked to Mental illness*
- *Items that are Mental Health Issues*



How common is Mental illness ?

- ***Mental disorders are among the most prevalent classes of chronic diseases in the general population, with lifetime-to-date prevalence often close to 50% of the population and with 12-month prevalence typically in the 15–25% range (WHO 2020)***

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- ***In Nigeria, an estimated 20%–30% of our population are believed to suffer from mental disorders*** (Family Characteristics and Mental Health Status of Secondary School Students in a Rural Community in Southwest Nigeria C. E. Nwachukwu, A. E. Akingbade, E. O. Olufunmilayo, T. A. Oyebamiji, O. F. Odefemi, B. N. Ikwunne, V. B. Adeyeye, O. O. Ojo, A. M. Adebayo International Journal of Mental Health and Addiction. 2021;)

Research



Prevalence and correlates of psychiatric morbidity, comorbid anxiety and depression among medical students in public and private tertiary institutions in a Nigerian state: a cross-sectional analytical study

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Prevalence and correlates of psychiatric morbidity, comorbid anxiety and depression among medical students in public and private tertiary institutions in a Nigerian state: a cross-sectional analytical study

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Abstract

Introduction: the study assessed the prevalence and factors associated with psychiatric morbidity (an array of psychological disorders), and comorbid anxiety and depression among medical students in Ekiti State, Nigeria. **Methods:** a cross-sectional study of medical students in two universities (one public and one private) in Ekiti state was conducted. A semi-structured questionnaire with adapted questions from the General Health Questionnaire and Hospital Anxiety and Depression Scale was used to obtain information on socio-demographic characteristics, psychiatric morbidity and comorbid anxiety and depression. Data was collected from April 2019 to August 2019. Data was analyzed using Statistical Package for Social Sciences (SPSS) version 21. **Results:** a total of 944 medical students participated in the survey. The overall prevalence of psychiatric morbidity and comorbid anxiety and depression among the respondents was 25.0% (CI = 22.1-27.8) and 14.3% (CI = 12.3-16.5) respectively. The factors independently associated with psychiatric morbidity included being a student of a private institution [adjusted odds ratio [AOR] =6.533, [95% confidence interval [C.I] =3.298-12.940], average academic performance [AOR =1.711, [95% C.I =1.173-2.496], below average academic performance [AOR =2.425, [95% C.I =1.313-4.478], and having a father or a mother with highest level of formal education below first degree [AOR =3.147, [95% C.I =1.579-6.272] and [AOR =2.053, [95% C.I =1.074-3.927] respectively.

The factors independently associated with comorbid anxiety and depression were being a student receiving less than one dollar equivalent per day as allowance [AOR = 1.953, [95% C.I = 1.135-3.360] and being a student from the Igbo ethnic group [AOR = 0.533, [95% C.I = 0.333-0.853]. **Conclusion:** the prevalence of psychiatry morbidity and comorbid anxiety and depression was high among medical students in Ekiti State, Nigeria. Periodic medical [mental health] screening for medical students may be appropriate to screen, detect and manage psychiatric comorbidities. This will help to ensure optimal mental health for this group of university students.

Introduction

Medical education encompasses training to become a medical practitioner; or a specialist. It requires mastering large volume of information, a longer duration of training and more intensive method of assessment [1]. Many medical students struggle with their own capacity to meet the demands of the curriculum [2-4]. It is also imperative for them to be balanced psychologically to ensure success in the training and future practice of medicine [5]. Medical schools are known to be stressful environments for students and hence medical students have been believed to experience greater incidences of psychological disorders [6]. Depression and anxiety are among the common mental health problems among medical students and are associated with poor academic performance, disability and poor quality of life. A better understanding of the magnitude and correlates of depression and anxiety is essential for planning appropriate intervention for those population groups. Globally, studies have reported high prevalence of psychiatric morbidity anxiety and depression among medical students [7-9]. The global prevalence of depression amongst medical students was 28.0% [6]. In the developed countries Becker found that 37% of young adults between the ages of 15 to 24 years in the United States of America had a diagnosable mental

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Prevalence and Correlates of Psychiatric Morbidities among Undergraduates in Health-Related Disciplines in Southwestern Nigeria

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Introduction

Psychiatric morbidity among university students especially health-related disciplines is vital because of its negative impact on their capacity to study.

The study assessed the prevalence and factors associated with psychiatric morbidity among students of College of Health Sciences, Ladoke Akintola University of Technology, Osogbo.

Methodology

Two hundred and seventy-seven students of the College of Health Sciences Osogbo were consecutively recruited into the study. Each student filled the socio-demographic questionnaire. Respondents were screened with the General Health Questionnaire while the Mini International Neuropsychiatric Interview (MINI) was used to make a psychiatric diagnosis.

Result

The mean age of the respondents was 26.3 years. Most (73.3%) of the respondents were 25 years and above, single (88.1%), Christians (79.4%) and from the Yoruba ethnic group (91.3%). Female respondents were 58.1% of the sample

The majority (77.6%) of the respondents were not satisfied with their monthly allowance. The main sources of finance were the parents (78.0%) while 11.6% were self-sponsored. The prevalence of psychiatric morbidities among the respondents was 25.3% while sixty (21.7%) had at least one psychiatric diagnosis. The risk of non-satisfaction with monthly allowance was 4.7-fold increase compared with satisfaction with monthly allowance ($B= 1.504$ $P=0.002$) and the risk of sponsoring oneself is 10.9-fold increase compared to those that were sponsored by their spouse in predicting psychiatric morbidity ($B= 2.319s$, $P=0.032$).

Conclusion

The research findings suggest a routine mental health assessment in the citadels of learning, in particular, the tertiary level/medical and paramedical professions.

Keywords: Health related disciplines, prevalence, psychiatric morbidities, undergraduates

Risk Factors for Mental illness

- ***Family history of mental illness***
- ***Parental Separation, Early parental deprivation***
- ***Dysfunctional Family system***
- ***History of Abuse(Physical , sexual, emotional)***
- ***Recent traumatic events (death, failure etc)***
- ***Recent change of role or status***
- ***Recent added responsibility***
- ***Relationships problems***
- ***Carrier Choice and progression***

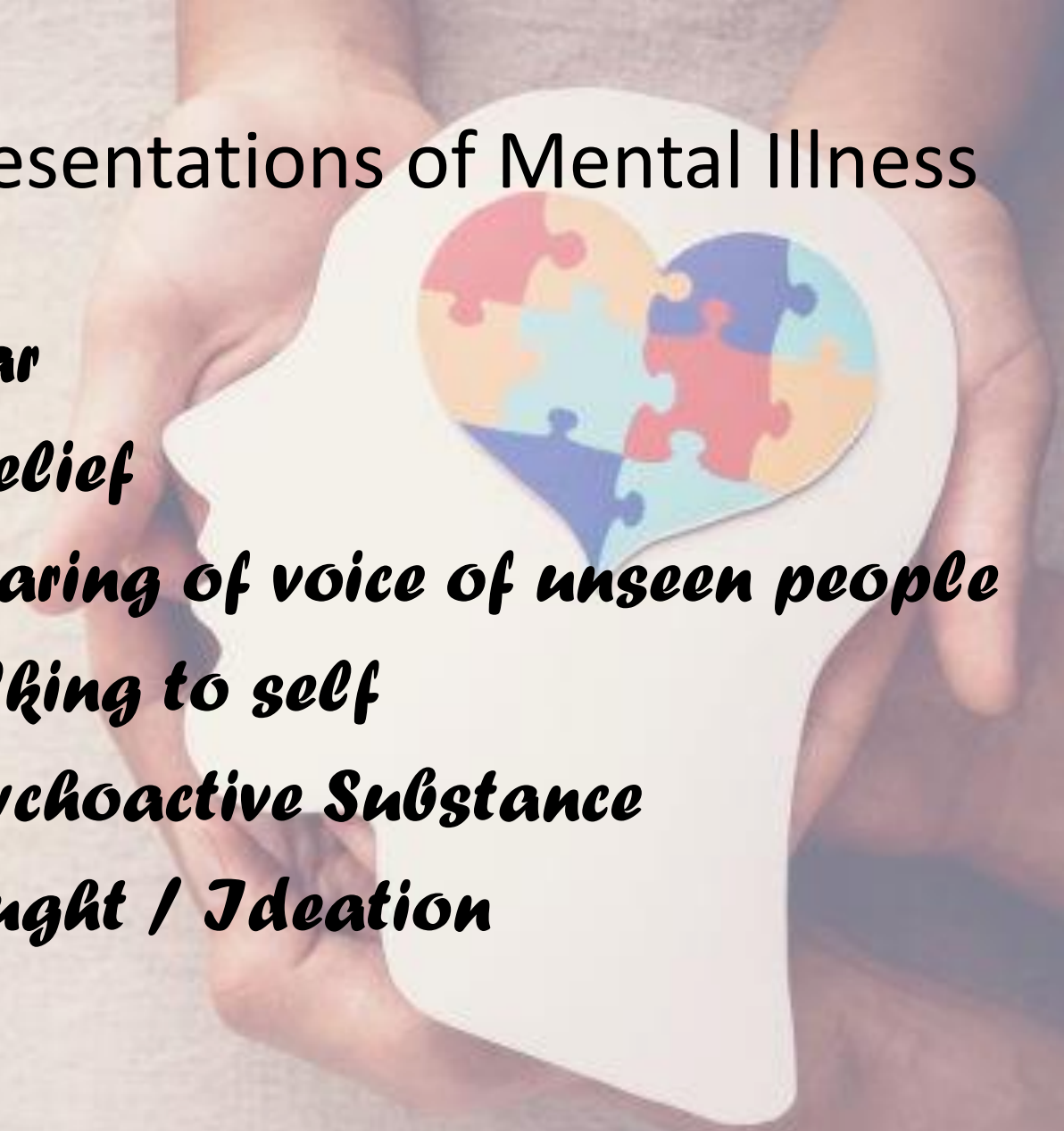
Common Presentations of Mental Illness



- ***Excessive Sadness***
- ***Excessive Happiness***
- ***Poor Sleep***
- ***Lack of concentration***
- ***Mood Swings***
- ***Irritability and excessive anger***
- ***Abnormal Behavior***

Common Presentations of Mental Illness

- ***Excessive Fear***
- ***Abnormal Belief***
- ***Excessive Hearing of voice of unseen people***
- ***Excessive Talking to self***
- ***Abuse of Psychoactive Substance***
- ***Suicidal thought / Ideation***



Common Mental Health disorders

- ***Depression***



Common Mental Health disorders...

- **Anxiety disorders**

Generalized Anxiety Disorder (GAD) Symptoms



Excessive anxiety and worry



Increased muscle aches or soreness



Impaired concentration



Fatigue



Irritability



Restlessness



Difficulty sleeping

Common Mental Health disorders...

- ***Substance Use Disorders***



Common Mental Health disorders...

- *Sleep disorders*



Common Mental Health disorders...

- ***Bipolar Affective Disorder***



Common Mental Health disorders...

- ***Psychosis***



How to protect your mental Health

- ***Protect your Physical Health***
- ***Regular Physical and Mental Examination***
- ***Adequate Rest***
- ***Exercise***
- ***Setting goal (SMART)***
 - ***Specific***
 - ***Measurable***
 - ***Accurate***
 - ***Realistic***
 - ***Time Bound***



Use of Adaptive Coping Strategies

- ***Talk with Mental Health expert when you psychologically down,***
- ***Positive reframing,***
- ***Acceptance***
- ***Religion***
- ***Humor***
- ***Active coping planning***



Use of Adaptive Coping Strategies...

- *Seeking help*
- *Solving problem*
- *Obtaining information*
- *Ventilating*



Early diagnosis and treatment

- ***Use of Drugs***
- ***Psychological treatment***
- ***Social treatment***



Management of disability

- ***Rehabilitation***



Conclusion

- *There is no health without Mental Health*
- *See the University Counselors and Members of the Mental Health Team for advice , diagnosis and treatment*

Recommendations

- ***Parenting Styles and principles and it's relationship with Emotional Intelligence should be understood by Parents and Caregivers***
- ***Regular Mental Health Screening along side with the General Medical Check***
- ***Mental Health issues should be duly managed to prevent Mental Illness***

Parting words

- ***“If you feel , see or hear something that others can't see , hear or feel please you need to see a Mental Health Expert”.***



SHALOM