

Features of students' mental health

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Abstract: The state of health of students in higher education is increasingly attracting the attention of specialists from various fields of medicine. This is due to the important role played by the group in society. Among the problems related to the protection of students' health, neuropsychiatric disorders occupy an important place. During the study of mental problems of different groups of the population, it became clear that this problem is even more relevant for students. Intensive work and study regimes place high demands on the compensatory mechanisms of the psyche, in which nervous disorders lead to stress, psychological and sociological conflicts, as well as the consumption of psychoactive substances, which is one of the most pressing problems of today. Extensive psychopathological, genetic and social psychological research is conducted in this area.

Introduction

Education in higher education belongs to a more risky age group for the occurrence of mental pathologies, which may be related not only to the biological nature of mental illnesses, but also to stress loads, which are an additional condition for the active development of the latent disease process. realize. (3) Another factor that is specifically important for student youth is the time factor, because even relatively short-term educational maladaptation leads to a significant backlog of study schedules, which in many cases leads to a one-year dropout (academic leave). (7)

The World Health Organization's Department of Mental Health has included research in the field of psychiatric epidemiology in US universities on its list of the most prestigious publications, thus highlighting the relevance and necessity of studying the health of students. Researchers have set a goal --- to study mental disorders while studying at university. At this time, 188 specially selected male students were selected because they did not have any symptoms of mental or somatic illness when entering the college. Until the age of 45 or death, they were observed every two years, using questionnaires. As in other studies of the selected population, the coefficient of compliance with the probability of disease was taken as 20-25 percent. The prevalence of alcoholism

(14 percent) and severe depressive disorder (6 percent) (when entering college) among these selected students was consistent with their lifelong incidence. (8)

According to the literature, the main indicators of neuropsychiatric disorders, which manifest themselves as nervous fluctuations (19 percent), were found in freshmen. During the study period, depending on the faculty and educational institution, the indicators of all neuropsychiatric diseases varied between 5.8-14.8 percent. (4)

The authors, who assessed the prevalence of neuropsychiatric disorders among students, found a rate of 56.6 percent. (3) 51-70.5% of patients with neurological diseases are aged 19-25. (18) ED Krasik (1982), among others, analyzed the diseases of students in many multidisciplinary universities. They determined that the prevalence of neuropsychiatric disorders in technical, medical-biological, physical-mathematical and humanitarian faculties was 1: 1.5: 2: 6. (3) Various authors believe that the greatest risk for the development of these diseases among the studied students occurs in the 1st and 2nd years and reaches a maximum in the 3rd year. This is due to the adaptation challenges of adapting to new professional and living conditions. After that, the probability of developing these diseases decreases, and in the 4th-6th courses of education it is reduced to a minimum. 46.6% of illnesses occur during exam sessions, when mental stress peaks and intense stress occurs. (3,4, 7, 8, 10) The leading syndrome of neurotic disorders is asthenic. It occurs psychogenically during the teaching activities of students and has a relatively strong effect of maladaptation. The number of those expelled from educational institutions in such cases is 6.4 percent of all patients in this course. (3) Disadaptation is generally characterized by a deterioration in success and makes academic leave a necessity. (3)

The results of selective and clinical-epidemiological studies show the presence of exogenous-organic neuropsychiatric disorders among students (VN Sudakov, 1990, VD Semke, BS Polojij, 1990). The share of non-mental exogenous-organic disorders in the general structure of neuropsychiatric diseases reaches 44%, while non-mental disorders occupy up to 78% in the structure of mental disorders. Exogenous-organic neurosis-like and psychiatric-like clinical signs are often observed among students with asthenic (63 percent), exclusive (15 percent), and hypothalamic (8 percent) syndromes. (MN Mixaylova, 1991)

In the study of outpatient mental pathologies in young people, the focus is on diseases that occur during education, while affective disorders are not very deep, and the non-mental level is not sufficiently studied by doctors. At the same time, some epidemiological data show that affective disorders among students surveyed reach 20-30 percent, and suicidal thoughts related to depression are twice as common among young people as among other age groups. (7)

At an early age, outpatient mental patients are rarely the focus of psychiatrists. Latent depressive disorders are often atypical and disguised, making them difficult to detect. At the same time, in many cases, the perception of the patient's condition and its mental disorder is not understood not only by

the patients themselves, but also by their relatives. For example, an analysis conducted at a Moscow university polyclinic shows that 80 percent of all psychiatric illnesses among students are outpatient psychiatric illnesses, and about 64 percent are latent subclinical depression. According to the polyclinic, mental illness is the main problem in the daily problems of absenteeism, and in the second place (after colds) it is the cause of truancy, the number of cases during the year and 31-47% of academic vacations. (6)

Depressive disorders among students (asthenic, adynamic, anxiety-melancholy) have different nosological nature: These include cyclothymic, schizophrenic, organic and somatogenic disorders. Their main feature is the rarity of relatively simple syndromes. In many cases, the picture of subdepression is psychopathologically polymorphic, and in addition to the complex of affective symptoms, there are senestopathy, various disorders of consciousness, widespread somato-vegetative symptoms. Non-depressive syndromes are characteristic of all subdepressive syndromes, and they usually occur depending on the season. Adynamic subdepression, characterized by leading intellectual disorders, is widespread among students, is very difficult to recognize as a disease, and in many cases is the main cause of student maladaptation. (6)

According to researchers from the United States, Germany, Finland and Poland, the prevalence of schizophrenia among students seeking psychiatric care is 3-25 percent. At the same time, students are 6-8% more likely to develop schizophrenia than the rest of the population (although it takes 2-10 years or more after the onset of the disease). Up to 74 percent of students are admitted to the university as patients. According to various sources, 6.6 --- 13.3 percent of students with schizophrenia are expelled from the institute. (3) MNKrasik, which studied the prevalence of schizophrenia among students of different universities, found higher rates among students of physics and mathematics, while lower rates were found among students of technical faculties, while students of humanities and medical-biological faculties took middle places. The worst cases are observed in the 1st-3rd courses, and in the 5th-6th courses a low rate is observed (3,6, 7). The identification of this issue is necessary for the provision of psychiatric care in various higher education institutions, as the process of schizophrenia can significantly affect the social and labor opportunities of sick students.

Detection of mental disorders, especially the intake of psychoactive substances (tobacco, alcohol, drugs, psychotropic substances, etc.) occurs due to certain difficulties. Students in this group are rarely admitted to hospitals and psychiatric hospitals, and do not seek psychoneurological dispensaries even in cases of detected decompensation. This is due to a lack of attention to treatment, treatment by doctors of other specialties, as well as a psychological barrier that prevents you from seeing a psychiatrist. High-intensity work and education, the availability of psychotropic drugs, and the ability to self-medicate --- these are just some of the reasons why health workers use psychoactive substances. According to a study conducted in the United States, alcohol and drug abuse among doctors is 8-12 percent, as well as among other populations.

Among the risk factors leading to the use of psychoactive substances, such as family history (positive in 85.6 percent of cases), environmental factors, lack of methods of resistance to stress, lack of preventive measures and availability of medicines. (13) On average, the use of various psychoactive substances begins before the age of 23, and in most cases it occurs before the age of 20 (see table) (10).

The age of onset of use of various psychoactive substances

Psychoactive substance	Age
Nicotine (smoking)	15.0
Alcohol	17.0
Marijuana (hashish)	18.2
Sedatives	19.6
Heroin	20.1
Analgesics	21.7
Cocaine	21.4
Tranquilizers	23.8

According to American sources, no serious cases of drug use were found among medical students and resident doctors. The level of use of psychotropic drugs by students-doctors and representatives of other groups of society is the same. In addition, the level of use of psychotropic drugs among resident physicians is very low, except for benzodiazepines and alcohol — the abuse of these two drugs by physicians is widespread [10]. According to the study, alcohol (87.5 percent), marijuana (10 percent), cigarettes (10 percent) and cocaine (2.8 percent) are more common among senior medical students than those who use drugs for entertainment. In some cases, alcohol abuse is also reported, for example, according to the University of Kentucky, about 6 percent of students consume Sterno alcohol [10]. Students between the ages of 26 and 30 are more likely to take drugs for fun, and self-medication is more common among doctors over the age of 40. Young doctors can be content with marijuana for entertainment, and the risk of becoming addicted to this drug is not considered high. Later, this habit can lead to the use of more dangerous drugs, sedatives [10].

High levels of mental illness among psychoactive substance users have led to research to create a "portrait" of the addict. For this purpose, more and more alcoholism has been studied. The main accompaniments of his mental illness are depression, sociopathy and transition. According to retrospective studies, alcoholics' personality traits are often impulsive, narcissistic, addictive, anxious, hypochondriac, and ambivalent (15). Students and doctors often try to hide their passion for drugs, thus trying to maintain their professional status and place in society. There are more reasons for the categorical denial of drug abuse in medicine than in any other field. Decreased professionalism of

physicians is observed only in the last stage of development of drug addiction (18). Under the 1965 Higher Education Act in the United States, medical schools must work to prevent drug abuse among their students. In 1988, only 16 percent of American medical schools formally identified psychoactive substance use and addressed the problem, while students knew virtually nothing about their drug control efforts. However, we may conclude that these measures are either lacking or that students are being misinformed (12). Medical programs have been developed in all 50 states to treat physicians who abuse psychoactive substances.

These programs include conferences and meetings (such conferences and meetings discuss the use of psychoactive substances among doctors, and possible issues of how to get help), as well as support for the doctor during treatment (17).

Numerous studies on the study of smoking show that it is widespread throughout the world. According to the World Health Organization in 1975, smoking is considered the most harmful habit in terms of harm to health, and reduction of smoking and tobacco consumption is necessary for the success of the health system. From childhood, smoking is observed in many cases among able-bodied people. The earlier young people start smoking, the less likely they are to quit smoking as adults, and the more likely they are to become regular tobacco users (2). There is a lot of information in the literature about students who smoke in grades 1-5, and it should be noted that in many cases, the tendency to smoke occurs in the first years of education. Smoking is widespread among students of higher education institutions in Moscow, with a figure of 24.8 percent for boys and 5.6 percent for girls. Most students who smoke start at age 16. At the age of 25, smoking increases 2.5 times (9). The available data also show that the number of smokers suffering from respiratory diseases increases from 7.9% to 16.1% from the 1st to the 3rd year. There was a link between smoking and certain social characteristics of students: students with lower financial means smoke (26.8 percent in the poor and 18.7 percent in the rich), and smokers in or around their families are more likely to smoke (non-smokers in their families). this figure is 20.4 percent, and 33.7 percent in smoking families), as well as among students with poor performance (6.2 percent among good students and 47.6 percent among poor students), among those who drink alcohol (among those who drink alcohol). 70.1 percent, and among those who do not drink alcohol (30.2 percent). An analysis of smoking among medical students of the Minsk Medical Institute (1988-1992) showed that the number of students who smoked was less than 20 percent, but the rate of 14.4 percent in the first year increased to 16.2 percent in the fifth year. Research conducted in 6 universities in Ufa shows that one in two first-year students (49 percent) consume alcohol. Also, as the course progresses, the number of students who consume alcohol also increases. It was found that 24% of students surveyed smoke, while 10.7% of them are regular, 13.5% are episodic, and 9.8% are interested in drugs.

In recent years, the Republic of Belarus, as well as other CIS countries, is experiencing an increase in drug addiction and drug users. Here students form

a special group. In 1995, they accounted for 13.8 percent of the examinations conducted in drug treatment offices in Minsk (5).

The fact that psychoactive substance abuse in students cannot be treated, as well as the temporary nature of its use, shows that it is possible to solve this problem by standing on the aid position, even without severe penalties.

The study of the characteristics of neuropsychiatric disorders among students shows the prevalence of this type of disease among students. At the same time, it should be borne in mind that, unlike these diseases in the elderly, neuropsychiatric disorders are also found among students in various forms of transition, such as schizophrenia. and most depressive illnesses develop while in college. The study of the use of psychoactive substances among students also remains relevant. Healthcare professionals can play an active and important role in the treatment, early diagnosis and prevention of psychoactive substance abuse disorders (1).

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