



**Subjective experience of distress and perception towards care among
medical students receiving counselling services at student counselling clinic,
College of Health Sciences, AAU; a qualitative study.**

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Approval

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Abstract

Background- One may anticipate medical school would be a time of personal growth, fulfilment, and well-being despite its challenges. However, studies suggest that current educational process may have an inadvertent negative effect on student's mental health.

Objective- This study aims in exploring the Subjective experience of distress and perception towards care among medical students receiving counselling services at student counselling clinic in AAU, CHS.

Method- An exploratory qualitative research design was used to conduct the study. Nine in-depth interviews were done among students who used the student counselling clinic. A thematic content analysis of the interviews was performed using the open code software version 3.6.

Results- We found that grade and exams, relationships students have with consultants, social life difficulties and concern about their health to be stressful to the students during medical school training. Most were glad about the opportunity they got to talk to a professional in the new counselling clinic. All agree with the easy accessibility of the counselling clinic. Most were satisfied with the service they got. Among those students who were happy, all believe the counsellor was not competent enough to deal with their problem. They suggest more organization of the clinic which works with simple stressors of students.

Conclusion- The current student counselling clinic is easily accessible and well fit for medical students. Scaling up of the service is needed in order to increase the effectiveness of the counselling.

Introduction

Mental stress is currently understood as a process that occurs when environmental demands exceed the adaptive capacity of the organism which may result in psychological and or biological changes that has a consequence for health.(2) A continuous feeling of stress, unhappiness, nervousness, irritability and loss of control could be manifestations of mental stress. (1) Both perceived or actual loss and lack of gain are viewed as sufficient for producing stress. (3)

High level of mental distress in students of tertiary education has been a concern. (4) Medical education further adds to the already stressful environment. Medical students confront significant academic, psychological and existential stressors throughout their training. Studies have revealed a high prevalence of psychological distress in medical students ranging from 21.65 to 56%. (13) (7) among medical students, Studies of depression, burnout, substance abuse and suicidal thinking and behaviour have found striking results. (14)

A study done on 318 medical students British universities, indicate that talking to a psychiatric patients, effect on personal life, presenting cases and dealing with death and suffering, relationships with consultants were the most commonly cited answers by the medical students to put them under stress. (17). other most common source of stress was found to be academic requirements; (7) related to tests, exams and presentations, too much to be done with limited time, medical students' relationship with their parents and siblings (16) and others.

These findings were repeatedly shown to occur in different studies over the years. The effect of these stresses has often negative effect on the academic performance, physical health and psychological well-being of the student.

A study done 12 years back (9) at AAU, CHS has shown the prevalence of mental distress to be 32.6% and over 6% of students reported to have suicidal ideation in the preceding month. This result however was shown to dramatically increase as shown in unpublished study done by Meron 12 years after the previous study. According to this unpublished study, (8) the prevalence of reported distress level reached 60.8% and the suicidal ideation to 14.1%. This study states that the increment might be related to some considerable changes that occurred in the university in the past decade

(Increment in no of students, crowded dormitories, a change in the teaching style, frequent exams)

Medical training creates a journey in which coping, support; mentorship and resilience play essential roles in allowing students to become optimally healthy people and good physicians. (14)

Multiple studies have suggested the importance early detection and management of medical students' distress. (10) (18) If under-treated or left untreated, this will have effect on feeling of inadequacy and dissatisfaction, (19) Impaired patient-doctor relationship and interpersonal relationship difficulties, (7) effect on the immunity , difficulty in concentration, alcohol & drug abuse, depression, anxiety, and suicide.

There are recommendations regarding the availability of easily accessible medical student mental health service. Some schools of medicine provide these services through department of psychiatry or other associated training programs. (12) (22)

Some of the health management programs implemented for medical students in different parts of the world include, delivering elective course on different stress management topics, delivering seminars or workshops related to stress, delivering specific training/ therapy and including programs in core curriculums. (19)

Limited access to treatment, fear that seeking help would affect their future medical careers, stigmatizing mental health services, confidentiality are some of the factors described as a barriers to mental health service utilization by medical students. (18) (12)

The psychiatry department at AAU, CHS has been involved in the management of distressed medical student for a long time by addressing their problem through the regular OPD. Medical student's complaints have been seen by residents in the regular OPD just like the other patients after waiting for their turn or following the process every other patient has to pass through. These kinds of students probably are those who have serious mental illness.

There has been an attempt by the department to see medical students separately by psychiatrists and residents since the past few years. The

department has opened a new counseling clinic intended to help only medical students.

Shauna et al (11) states that "Even if the literature review identified over 600 articles discussing the importance of addressing the stress of medical education, only 24 studies reported intervention programs and only six of those used rigorous scientific methods."

Rationale of the study

There is growing evidence that medical education is a stressful condition for students. Considering the alarmingly increased no of distressed students at AAU, CHS, and the attempt being done to help students, this study will explore the subjective experiences of self-referred students who used the service. The study will help to identify perceived benefits and challenges, the possible gaps in care and advice an alternative way of managing stress of medical students.

As Daniel et al, states that Identifying and studying population with reduction in one or more common barriers to care can help either to inhibit or promote appropriate and timely access to effective mental health service. (21) Apart from demonstrating areas for improvement by student clinic, this study may inform the discussion about access to mental health service for medical students and future directions for research.

Materials and methods

Study design

An exploratory qualitative study design was used to explore the subjective experiences of medical students receiving care at student clinic, Perception of the counselling service, perceived benefit, challenges and recommendations.

Study setting

The study was conducted at Tikur Anbessa hospital which is a teaching tertiary hospital in Addis Ababa, Ethiopia.

Study population and sampling techniques

Participants were selected purposively from the list of students who attend the counselling clinic. The study criterion were

Included

- All consenting students who had at least one visit at student clinic

Excluded

- All Students who does not consent to participate in the study

Data collection

Among the students who had attended the student counselling service only nine were able to give their consent to participate in the study. They all were first reached over a phone and consent was asked by the coordinators.

After informed consent was taken, Interview was conducted in the school compound where it was possible to get privacy and confidentiality. First basic information about data was extracted from students using a structured form designed for this purpose. The data collection form include information such as sex, age, educational level, marital status, presence of previous psychiatric condition etc... once this data had been collected, interviews were carried out using topic guide, with an estimated duration of 30-50 minutes. The topic guide continued to be adapted frequently as the study progressed. The main topics explored were experiences of stress and their perception about the care they received. All the interviews were conducted in Amharic and were audio recorded, with the permission of the participants.

Data analysis

Interviews (tape) was transcribed in Amharic and then translated to English. English translations were compared against the original Amharic transcript by the independent translator and were checked by the researcher. There was no significant difference between the transcriptions in the overall meaning. Once it was translated, thematic analysis was used. The interviews were coded and analysed according to key themes. Qualitative analysis software used to facilitate this process.

Data management

Anonymity was maintained during the course of the recording and data stored in password – protected folder. The interviews were identified only by a number code. recordings were immediately transferred to a computer or storage device and deleted from the recording devices.

Ethical consideration

Ethical clearance was obtained from the Department of Psychiatry, School of Medicine, Addis Ababa University. Informed consent was obtained from all participants and the participants sign the consent sheet. The purpose and the aim of the study were explained to all participants. Confidentiality was maintained all the time.

Results

Sample

A total of 9 participants were interviewed. The characteristics of the participating students are presented in table 1. From the participants 5 were females and 4 were males. Among these, one currently is a GP and accessed the service 7months ago. One other participant is form Gondor University who came to use the counselling service. All the interviews were completed at a single appointment.

Table 1.characteristics of participating students

Training stage		Living arrangement	
Year 1 or 2	1	Fully in campus	1
Year 3 or 4	6	Campus and home	8
Year 5	1		
General practitioner	1		
Sex		Finical support	
M	4	Family	9
F	5	Self	0
Mean age (years)	23		
Past illness		Currents substance use	
Medical	0	Yes	2
Psychiatric	0	No	7
Last visit to counseling clinic			
Less than 6months	5		
More than 1 year	4		

Table 2. Participant identification

Participant no	Level of training	Sex
1	4 th year	M
2	4 th year	F
3	3 rd year	F
4	2 nd year	F
5	4 th year	F
6	GP	M
7	4 th year	M
8	4 th year	F
9	Intern	M

Themes identified

The findings are presented under the following themes: (1) Subjective experiences of distress, (2) Factors that lead to care (3) experiences of the service

A. Subjective experience

Participants in the study described their distressing experiences during their medical school in different ways.

1. Academic performance

Almost all participants reported that they were stressed by exam during their stay at the medical school at one time or another. One student who came all

way from Gondar University to access the counselling reported that oral exams bear unjustified grading system. He expressed his sadness after he failed an exam this way.

09 "...what made me more angry was, I think I would read when I have to. But there are other students who just skate by ... why did they pass and I failed? There are lots of people who passed without deserving it. Why wouldn't I deserve then? There are students who don't read but just because of their luck on that time, they passed the exam by saying what the teacher wants to hear"

Another student believes oral tests affect self-confidence of medical students. She expressed her general distress this way.

(08) Oral exam has an effect on you. In other places the exam is written type and may be they may defend self at the final project, on that time, they probably developed self-confidence over time, but here you may start with self-confidence but you will lose it as time goes.

Most talked about stressful condition in relation to grades. These students find their grades to be lower than what they use to achieve in high school. It leads them to feel confused and distressed especially if self-comparison occurs among friends. They stated the extreme hard work needed in order score similar to high school results, if they ever be able to.

(04) The grades and the stuffs I had before and the grades that I have had since I getting into medical school is different.... I was very confused...

(03) In high school I was the smart one... I'm the lowest in this group in my own mind; I was feeling very inferior easily. It was being very stressful to the point where I couldn't study. I would just sit down thinking.

Some participants relate there lower grades to the fact that medicine was not their first choice. All also expressed their parents influential involvement in the

decision. They think that they would perform better if they were on their first choice of study field.

03 *"I wanted to study architecture... When results came, my dad said you're not getting into architecture with that result. I really like drawing and I enjoy it. If I had had joined, since it's something I like it wouldn't have been like this. Even in TD I use to score 100 or 99. I came here living a subject that I liked that much too make my parents more proud and there was an influence. I just joined here and even if it is stressful, I thought if I can set my mind on it I can do it."*

Some other student expressed the confusion she had about the field of medicine in relation to her grade dissatisfaction.

"just from the start, I use to think whether medicine was an appropriate discipline for me or not. I use to debate with myself. Sometimes I use to think like I should score this and if I score less than that, I would tell to myself, may be medicine is not for me. If I were in the appropriate field of study, I would have scored better. Sometimes I get into conflict "

2. Relationship with seniors

Around half of students reported that they were stressed by the relationship they have with their seniors or consultants. Some are stressed because they were humiliated by them. Others witnessed inappropriate treatment in ward rounds and class towards other students by the senior doctors. Some of the inappropriate attitudes teachers have were laughing at students in front of their friends, showing an attitude to them if answering wrong,

(01) *"... if a student doesn't know something, he will have an attitude of I shouldn't waste my time on you"*

(08) *"if you are a confident person even if they insult you will keep to motivate yourself to learn but if you are a kind of anxious person you won't listen well and be scared asked in class, this is stressful."*

These experiences were followed by their lack of motivation, avoiding bedtimes or teaching sessions where there is a possibility of being asked or attacked by seniors. One student after he had a disagreement with one of his teachers he explained his immediate loss in motivation this way.

(09) "... I stopped studying. I hated studying. I couldn't see the point . . . I thought if it is to be bullied by our seniors what is the point of reading"

(02) " I haven't seen Pedi yet. It's on Pedi I wanted to specialize in if I ever do. But my friends are saying the people in there are rude...teachers are a bit mean. That scares me because after getting in being enthusiastic about the field but if they are like that towards me, am going to hate the field itself"

3. Stress is not only from school

Most students reported that their stress goes beyond academic life. Difficulty in relationships involving family, sexual and peer relationships were mentioned. For some, these relational problems were severe enough to trigger unhealthy coping skills and for others to come seeking help in the counselling sessions.

06 " I had real life problems with family and friends...to analyse them your mood is already low....to go out of those thoughts, you will use substances and that has its own guilt. It is an emergency treatment as long as I don't feel the problem now. The guilt will be the problem of the next me "

05" I couldn't talk about it with anyone because no one could understand me. When I talk about it with them they think I was seeking attention or just being egoistic. No one could get me since I had complications...I am a social drinker. I never did it to make me feel better. While I was in zeway and after that, the reason am using the alcohol is wrong."

One recurrent theme was difficulty to focus in class because of their relational problem. This was again was found to have an effect on their academic performance.

05 "when you go through break ups its really bad right? At c1 it really affected me. Every time I went through a breakup, I just get lazy the whole time...it really affected my grads and was hard to concentrate. I couldn't get up and stuffs. When we went out one time to drink I made this huge scene. Everyone was talking about it. That made me hate going to class even more to bedside "

03 "... I was not focusing in class. And it's not all about family and class, there is other stuff like guys, and as far as you are a female, there are a lot of issues. So I don't usually focus in class"

4. Suspicion of an illness

It's common for medical students to think of having a certain type of illness during their training which is also known as medical student's syndrome. Three students were concerned about their health. In some this concern begins before joining medical school but precipitated afterwards.

08 "...Sometimes there are moments you say I need a psychiatrist. And when this opportunity comes, why not try it... I think I have OCD and normally I have a problem in making decisions."

06" ... in my head what I was thinking was that I have some kind of disorder beside the substance abuse which was obvious... I know that something was not right...

One female student on the other hand described that she was afraid that her over all medical school stress would lead her to depression and thought that she needs help.

03 " I think at that time I was in lot of stress. I was quarrelling with family. I was afraid that I would get into a depression. So I went there seeking a medical attention"

B. Factors that lead to visit

Among the students who came looking for help, some were distressed long before joining medical school. They were thinking of visiting a professional but didn't get opportunity. One recurrent theme was that the opportunity (service) they got is free and wanted to use it. Most agree that the service was easy to access once they decide to come.

05 "so my friend said, there is this counselling and it's free, and she said try it. "

06 "... when this opportunity comes, why not and I came to try it..."

07 06 "culturally we have poor psychiatric help seeking behaviour so convenience is something good. I came to the counselling because it was accessible. For students this kind of service is good. The quality of care would come gradually. At least the thought somebody I can talk to as a professional person is something big. "

Most decided to come after they saw the advertisement on social media. Others heard about the service from their friends. Almost all commented on the fact that the service was easy to access after they decided to seek help.

02 " I never knew that there exists a counselling clinic before I saw the advertisement..... "

03 " I saw a poster when getting out of class. Then I just saved the number thinking I'll probably need it after sometime. And then I just called one day"

04 " ... I don't remember who but they posted about it on telegram. "

There was a tendency of medical students to suggest the service to their friends if they think they need it. Among those who came to the clinic few were heard about it from there friends.

09 "... My friend learns in black lion. We started at the same year. He was also a 4th year. Am learning in Gondor University at 4th year and I

got D in internal medicine and that make me lag a year. After that I was a kind of feeling discouraged as any normal person would feel. It was that friend who suggested it. He said there is this service in our school..."

06 " I remember I met the organizer at Debrezet and when I was talking to her about my problems, she suggested that I come and see the doctor"

C. Experiences of service

1. Attitude Before counselling

More than half of students reported that for medical students seeking counselling by itself creates some kind of anxiety. One recurrent theme was fear of talking to someone you "don't know well".

01 "it was scary. For a person whom you don't know well to tell your problems, that makes you anxious. After you get in when you are asked directly 'why did you come?' it's a bit difficult. May be, I don't know, if doctors there could talk about themselves for about 10 minutes before"

03 " I was even more stressed because I was talking to a stranger about my problems. After that I started regretting it, I was saying what did I do? "

Some stated that one of the reasons for low service access by students could be related to this fear. One student when expressing her experience of using the service together with her friends, she said,

04"...they texted us through our phone and then they set a session for me and I came. One of my friends had also texted them but after they set her a session she was afraid to go. She just told me to go by myself and tell her everything. And I went and found it to be normal.... Especially the first day I found it to be really funny that my friends didn't make it because they were scared. "

2. Expectations from the service

Majority of students reported that what they were expecting a certain explanation or solution for their distressing symptoms. Few came being desperate about their behaviour and were looking for an improvement.

05" I knew there are some amazing doctors out there that can do wonders. That's why I came for counselling; to be a better person"

03" I went there looking for solution... for my behaviour to improve. I told him which behaviours I hate about myself. I am irritable, I get sad easily, I expect a lot from other people, I trust others a lot. I know my problems but I don't know how to improve them. How to correct my behaviours... I expected him to tell me how "

02" I was expecting them to tell me what my problem is and then what to do. Maybe it's because it was the first time I thought he was going to tell me my problem. When I went there I was thinking of a certain reason why results are dropping and I was sure that they will identify the reason"

Others were expecting direct readily made advices how they could study better. One among the two insists that the counsellor should be in a position to give some direct advises on specific issues to students even from their own experiences of medical school.

04"... Instead of discussing the problem with students and expecting from students, it's better to deliver some points... "

Two among nine on the other hand reported that they were just wanted to see how the session unfolds by itself and benefit from it but had no specific expectations.

07"... since the feeling was very fresh I wasn't healing at that time. I thought I would get some good insights and move forward with

my life smoothly.... Since I didn't know much about it I didn't have that much of an expectation"

3. Perceived outcomes

More than half of students reported that after attending at least one session, it had a positive influence on them. Most students reported that the session helped them to realize their problem. Most expressed the benefit in relation to the subsequent actions they took to resolve their distress.

06" ...it was an eye opening experience. I was in conflict for a while and actually talking to a professional that by itself was therapeutic."

09 " ... after that I don't do snap decision. When I feel anger and rage, he made me to ask myself why; He gave me the tools. He didn't resolve my problem at that session but he helped me to see things in a new way. "

04" I was not realistic, I went there looking for some kind of way to exchange from dental to medicine field. Since it was not possible, I come to think that I have to accept it. They helped me to think that way..."

Among students who were not satisfied of the service, most attributed their dissatisfaction to incompetency (quality) of the doctor. However all still have positive attitude towards the counselling service. Few wanted to try it in some other time. One striking example was a student who described her experience as "very bad " since she felt judged by her counsellor.

05 " honestly, I felt really judged. It was very bad. He asked me with how many guys I slept with and what my religion was. I mean the whole point of counselling is... to make a non-judgmental area but I didn't felt that. His face was changing when I was telling him something. "

08"...for example in friendships, you would feel easy to talk to right? There will be a face that your friend shows you which says trust me? I didn't get that thing...You consider a psychiatrist as good if he is able to make you talk, he didn't make me feel that way..."

03"... maybe it's because of the guy. I would love to go to somewhere else and get counselled. .."

4. Improvement recommendations

All participants reported their wish for a more organized clinic. A clinic which could stand by itself having its own constant office and frequent advertisements. Few suggest the department of psychiatry to take this program as its own. They believe if it is fully integrated in the department it would become strong and can help students.

07"... there was an office problem when I reach there. We waited for about 15-20 minutes to get an office, till they arrange a place and so on. That should improve."

06 ... my faith is in the psychiatry department. There are lots of doctors who have glaring issues but do not have help seeking behaviours. I think it is up to the department of psychiatry not the school of medicine. If diabetes was an epidemic, the job would be the internal medicine's not the school. In the same pattern, when emotional things occur like this, the psychiatry department should be concerned than the school of medicine. The psychiatry department should take it as its own responsibility.

More than half of students report that counselling should not be seen as something that is only for a severe illness. Counselling should be introduced to medical students to be for simple distresses and it should be promoted that way. They believe stressful problems for medical students are simple and they could benefit just by talking or sharing their ideas with someone.

09" usually counselling is seen as a last option when someone reaches end stage but I think it should be simpler and interactive. When somebody hears about counselling what comes to mind is going to an office, do a registration and so on. Just sitting and talking could be seen as counselling and that should be advertised like 'if you are stressed about bedtimes, or exams come and talk to us' it should be simple and interactive."

One other female student similarly when she suggests a possible advertisement

05"...the promotion to let them know that 'just because your problem is not big enough it doesn't mean that you don't have to talk to us, if you come we would help you... "

01 " the service was very helpful, not only for people who have problems but also for normal people who think they have no happiness; it's very good. I think even sharing your thoughts are a big deal. "

Other three students commented on the efficiency of professionals working there. They specifically mentioned their concern regarding the coordinators being students by themselves. Suggestion box after each visit was mentioned to improve the quality of the clinic.

01 "... it says it's anonymous, but is it really anonymous? The person who calls you is also a student, she has friends, and they talk, and so on... this type of things in general... "

02 " an individual working there should have a certain characteristics. It might be how to keep confidentiality, how to reach to students and handle someone, or how to file the history and so on. If somebody gets into that service there should be a certain criteria fulfilled or they should be trained. "

05 "... it takes a lot of courage for medical students to come to a psychiatrist. And when they do come, make sure the person there is efficient.... That can be done from your side"

One student believes medical students and all other doctors problem would be solved if the government do its job in raising the salary. She states "why sessions" if not.

08 "... it depends on the government to make you happy. If you are happy you would be happy to help others too. Seriously sometimes I feel sad seeing the life of the residents. Even after they are graduated this is how they are going to end up. Previously if you become a doctor it was something interesting but now it is not rewarding, and when we find out about their salary it's sad....if things are not changed why session? Lots of things should be corrected "

Discussion

This study explored the experience of medical students who came looking for help in the student counselling clinic. Students were given the chance to describe what stresses led them to come seeking help. They were also given opportunity to describe their opinion about the service they received at the student counselling clinic. We believe the results of this study are essential to create a deeper insight to the distresses of medical students and contribute to a better organization of the clinics.

In the academic context all sources of stressful events relate to each other. This study shows that exams and grades to be the number one stressful situation to the students as many other studies. (26, 7, 31)

For many students, the transition to being a part of medical school class consisting of many other extremely bright and accomplished individuals represent a major shift in being the top in class. Students often have difficulty adjusting to the possibility of not being the best. In this study, lower grades compared to high school were found to be one of confusing and distressing experience for medical students. In vulnerable individuals this could trigger chronic anxiety and dissatisfaction.

Within higher education, bullying is not a new phenomenon. Behaviours associated with bullying include interpersonal mistreatment, psychological harassment, psychological violence, abusive workplace conduct, psychological aggression and others. (24) Teaching with humiliation is said to be the way students learn the presence of hierarchy in higher education. (23) In this study, it was found that the relationships students have with their consultants to be one source of stress similar to other studies. (25)

This study also showed that relational difficulties with peers, family and love relationships to be the source of distress. These were some psychosocial challenges identified in medical students in other studies (29, 31). Students who ever had conflict with their room mates were mentally distressed from a study done on undergraduate students in Adama University. (32)

Majority of participants were glad that they got an opportunity to talk to a professional for free. Psychiatric Help for young people needs to be very easy to access; in fact it should be put into their path-way than them searching for it (28).

For most the clinic solved there long awaited dream of talking to a counsellor. However it was also reported that some were anxious about sharing their problem to somebody they don't know. For all types of health and mental health problems, if young people want to talk to anyone, it is generally someone they know and trust. (27, 28, 12) Otherwise, they are more likely to seek help from their friends and other familiar sources. This might indicate the need to establish relationships with young people before a need arises, so when it does, the young person already has an established and trusted source of professional help to turn to.

Majority were expecting to achieve a behavioural improvement after they accessed the service. Improvement from irritability, indecisiveness, inability to perform in exams, disturbance in social relationships was some of the distressing symptoms students came with. Others were expecting to have a direct advice how to improve studding skill.

In this study, among students who were unsatisfied with the counselling service they got, almost all think it is due to the incompetency or inability of the counsellor to understand there problem and help them appropriately.

Strong idealization, over identification, unremitting fear of breach of confidentiality, are some of the unique issues medical students would have towards their treating counsellor. (22) On the other hand, being either overly sympathetic or minimizing medical students' concern, being conflicted about treating "a sick medical student", frustration about not being able to help a future colleague, avoiding hard topics like substance and sex were some of the cited concerns by supervisors who evaluated counsellors who treated medical students. (27)

More organized clinics both in facilities and human power, counselling which can address simple but day-to-day distresses of students are the concerns and improvement recommendations by the students towards the counselling service.

Limitations of the study

- In order to keep the anonymity of students who come looking for help in the student counselling service there was no formal way of keeping data about them. This makes it hard to find all the students who have used the service and include them in our study.
- The sample size is also another limitation as it is few to make the comparison that was intended.

Recommendation

- Medical students would benefit from the existing counselling clinic which could easily be accessed by most.
- Most students have good attitudes in order to use the counselling service and effort is needed to keep this help-seeking behaviour of students through better organization of the clinic.
- Effort has to be made to make the counselling clinic more efficient in relation to having its own office, frequent advertisements.
- Psychiatric psychopathology including but not limited to depression and anxiety are common in medical students. This shall be known by treating psychiatry residents.
- Therapy sessions psychiatry residents have with medical students could be a potential place for learning psychotherapy and needs supervision.

- The psychiatry department has to take a leading position in the school in promoting the mental health of medical students.
- Doctors who are teaching medical students should get a chance to be aware of the overall stress of medical students, and reduce their contribution by non-humiliating type of teaching and appropriate referral to counselling clinic for those who might need it.
- Implementing other wellness initiatives through lectures, workshops would help reduce stress and create a trusting relationship between medical students and psychiatrists, which is one factor in the young to seek help.

Conclusion

Our findings and other studies have proven that medical students have multiple stressors during their stay in medical school. Early detection and management of these problems are suggested by many. The current counselling clinic would serve to achieve this goal if the department of psychiatry works on the scaling up of the services.

Appendix

Informed Consent for Research Participation

This form requests your consent for your participation in a research study on how distressed medical students are being managed at student counselling clinic. The study is being conducted by Dr. Nigist Worku, graduate student at Addis Ababa University, Department of Psychiatry. The study is conducted under the supervision of Prof. Mesfin Araya and Dr. Barkot Milkias

1. *Purpose of the study*

The purpose of the study is to gain a deeper understanding of the experience and challenges of distressed medical students who came seeking help from the student clinic

2. *Procedure*

Data will be collected through interviews. Your participation in the study will involve to be interviewed for estimated length of up to one hour. If you agree, the interview will be audio recorded for later analysis. If I need to clarify something, you will be interviewed again.

3. *Risks and Benefits*

This research aims to contribute to the general well-being of medical students. There will be no financial benefits for participation. However, the findings of this study may help you or other students who have similar distress during their stay in the medical years. The students who participate could contribute to research on support, access, interventions and skills necessary to the psychiatry department. If you are planning to join the psychiatry department in the future and believe that participating in the study would affect you in any ways, you can withdraw from participating. We do not expect that the study will harm

you in any way, but it is possible that the questions could lead to distress. You can stop the interview at any time without giving a reason.

4. *Confidentiality*

Any information that is obtained in connection with the study will be maintained by using number codes for you. Your actual name will not be cited in any reference. All interview recording and written notes and the signed consent form will be locked at all times.

5. *Participation and Withdrawal*

Your participation in this study is completely voluntary. If you want to withdraw or to refuse to answer any question you have the right.

6. *Contact*

If you have any questions about the research, you can contact scientific committee of the department of psychiatry, school of medicine, college of health science, AAU.

Telephone no. of the scientific committee: _____

Dr. Nigist Worku

3rd year psychiatry resident, School of Medicine

College of Health Science, AAU

I understand the terms of this consent and agree to participate in this study and for the responses I provide to be confidentially used for research purposes. Please sign below your consent to participation.

Signature

Date

Student Name

የመጠይቅ ስምምነት ቅፅ

ይህ ቅፅ በአ.አ.ዩ የሚማሩ የህክምና ተማሪዎችን ለማማከር በተከፈተው ክኒሊክ ላይ አገልግሎቱን ለመገምገም በሚደረገው ጥናት ላይ ተሳተፎ ለመሆን ያልዎትን ስምምነት ለመጠየቅ ነው። ይህ ጥናት ዶ/ር በንግስት ወርቁ የአእምሮ ህክምና ተማሪ የአዲስ አበባ ዩኒቨርሲቲ የአእምሮ ህክምና ት/ት ክፍል ተመራቂ ተማሪ የሚደረግ ነው። ጥናቱ በፕ/ሮ መስፍን አርአያ እና በዶ/ር ባርኮት ሚልክስ ክትትል አድራጊነት የሚከናወን ነው።

1. የጥናቱ ዓላማ

የጥናቱ ዓላማ የህክምና ተማሪዎች የምክር አገልግሎቱን ለመጠቀም መሚመጡበት ጊዜ የሚያጋጥሙባቸውን ሁኔታ ላይ ጠለቅ ያለ ጥናት ለማድረግ ነው።

2. ቅደም ተከተል

መረጃዎች በከፊል በተዋቀረ ቃለ-መጠይቅ ይሰበሰባሉ። በጥናቱ ውስጥ የርስዎ ተሳትፎ ለቃለ መጠይቆች መልስ መስጠት ሆኖ በግምት ለአንድ ሰዓት ያህል ይሆናል። ፍቃድዎ ከሆነ ቃለ-መጠይቁ ለቀጣይ ትንተናዎች በመቅረፅ ድምፅ ይቀዳል። የበለጠ ግልፅ እንዲሆንልኝ የምፈልገው ነገር ሲኖር በድጋሜ ቃለ-መጠይቁን አደርግሎታለሁ።

3. ሊያጋጥሙ የሚችሉ ችግሮችና መልካም አጋጣሚዎች

የዚህ ጥናት አላማ አጠቃላይ የህክምና ተማሪዎች መልካም መሆን (ጤንነት) አስተዋፅዖ ለማድረግ ነው። ምንም እንኳን በዚህ ጥናት ተሳታፊ በመሆንዎ የገንዘብ ጥቅም ባያገኙም በዚህ ጥናት በሚገኙ ግኝቶች እርስዎ እና ሌሎች ተማሪዎችን ሊረዳ ይችላል። በተጨማሪም ለሌሎች ጥናቶች አስተዋፅዖ ያደርጋል። ጥናቱ ይጎዳዎታል ብለን አናስብም ነገር ግን አንዳንድ ጥያቄዎች አላስፈላጊ ጭነቀት ከቀሰቀሱብዎ ምክናትዎን መንገር ሳያስፈልግዎ ማቁዋረጥ ይችላሉ። እኛ ባመቸን በታ ላይ መጠይቁን የምናረጋግጥ ከሆነ ለጊዜዎ ክፍያ እንፈፅማን

4. ሚስጢራዊነት

በዚህ ጥናት ጋር ተያይዞ የተገኘ ማንኛውም መረጃ በሚስጢራዊነት የሚያዝ ይሆናል። ስምዎ በየትኛውም ማጣቀሻ ላይ አይገለፅም። የተቀዱ መጠይቆች የተፃፉ ማስታወሻዎች እና የተፈረሙ የስምምነት ቅጾች ሁልጊዜ በሚስጢር ይቀመጣሉ።

5. ተሳትፎ እና ተሳትፎን ማቋረጥ

በዚህ ጥናት ላይ የርስዎ ተሳትፎ በሙሉ ፍቃደኝነት ላይ የተመሰረተ ሲሆን ማቋረጥ ቢፈልጉ ወይም ማንኛውንም አይነት ጥያቄ ያለመመለስ ፍላጎት ቢኖርዎ መብቶ የተጠበቀ ነው።

6. አድራሻ

ስለጥናቱ ማንኛውም አይነት ጥያቄ ቢኖርዎት የአዲስ አበባ ዩኒቨርሲቲ የጤና ሳይንስ ኮሌጅ የህክምና ትምህርት ክፍል አእምሮ ህክምና ክፍል የጥናት እና ምርምር ኮሚቴን በስልክ ቁጥር _____ ማነጋገር ይችላሉ።

ደ/ር ንግስት ወርቁ

የአእምሮ ህክምና ትምህርት ክፍል

የጤና ሳይንስ ኮሌጅ አዲስ አበባ ዩኒቨርሲቲ

የዚህን ስምምነት በመረዳት ለጥናቱ ተሳታፊ ለመሆን ለመስማማትና የምስጢራዊ ማንኛውም ምላሾች ሚስጢራዊ ሆነው ለጥናቱ ጥቅም እንዲውሉ ተሰስማምቻለሁ።

ስምምነትዎን በፊርማዎ ያረጋግጡ።

ስም	ፊርማ	ቀን
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Data Extraction sheet

Date		
Patient ID		
Demographic information		
1.	How old are you	
2.	Marital status?	
3.	Do you have children?	
4.	What is the no of years you spend in medical school?	
5.	What is your current academic level (class year)?	
6.	When was your last visit to the student counselling clinic?	
7.	How many sessions did you attend in the clinic?	
8.	Do you have previous psychiatric condition?	
9.	Do you have other medical condition?	
10.	Are you currently using any kind of substance?	
11.	Are you settling fully in the school campus or on and off?	
12.	Who supports you with your finical needs?	

የ መረጃ ማውጫ ወረቀት

ቀን		
የ ታካሚ መለያ ቁጥር		
የ ሥነ - ሕዝብ መረጃ		
1	እድሜዎ ስንት ነ ወ?	
2	የ ጋብቻ ሁኔታ?	
3	ልጆች አሉት?	
4	በህክምና ትምህርት ቤት ወስጥ ያሳለፉት ዓመት ስንት ነ ወ?	
5	አሁን ያሉበት የ ትምህርት ደረጃ?	
6	ተማሪዎች ምክር ክሊኒክ ለመጨረሻ ጊዜ የሄዱት መቼ ነ ወ?	
7	በክሊኒኩ ወስጥ ምን ያህል ክፍለ ጊዜያት ነበሩ?	
8	ቀደም ሲል የ አእምሮ ህመም ሁኔታ አለዎት?	
9	ሌላ የ ጠፍ ችግር አለብዎት?	
10	በአሁኑ ጊዜ ማንኛውንም አይነት ንጥረ ነገር እየተጠቀመኑ ወ?	
11	በት / ቤት ቅጥር ግቢ ወስጥ ሙሉ በሙሉ ይከታተላሉ ወይስ አይከታተሉም	
12	በገንዘብ ፍላጎትዎ ድጋፍ ማን ይደግፍዎታል?	

English Topic Guide

Participant No	
Date of interview	
Interviewer Name	
Interview start time	
Interview end time	

First of all, I want to thank you for taking a time to meet with me today.

1. Tell me about you current difficulties, problems or symptoms?

Prompts

- When did it start?
- What were the symptoms?
- How much does it bother/affect you? How ?(academically, socially and others)
- What measures have you taken to alleviate your challenges? And their effect?
- How did it feel like to have these difficulties and continue your class?
- What do you perceive to be the cause of your mental distress?

2. Tell me about what made you decide to seek help form the clinic.

Prompts

- Worsening or abnormality from your previous functionality?
- Was there anyone/anything who influenced you?
- Any challenges you faced when you decided to come?

3. Tell me about your experience of the time you had at the student counselling service?

Prompts

- What was your expectation (attitude) before you sought help?
- What was done for you?

4. Tell me about the effects of the counselling services you received.

Prompts

- Any perceived benefits or harm from using the service
- Level of presenting distress
- Functionality
- What was particularly helpful? What did you like about the service?
- What was particularly unhelpful? What did you dislike about the service?
- Have your expectations from the service been met? How?
- Any change in your attitude about the service after your encounter? How?
- Any comment or suggestion for improving the counselling service you received?

5. What kind of things do you think will help medical students with these difficulties?

- Do you think something will help?
- Do you think it will improve with time?
- Do you think talking about it or getting counselling services will help?
- Do you think medications will help?
- Any suggestion about how students are informed about the services?
- Any additional service you recommend for the college to provide?

Is there anything more you would like to add?

Thank you for your time.

የአሜሪካ የቃለ መጠይቅ ማሪያ

የተሳታፊ ማለያ ቁጥር	
የቃለ መጠይቁ ቀን	
የጠየቁ ስም	
ቃለ መጠይቅ የተጀመረበት ሰዓት	
ቃለ መጠይቁ ያለቀበት ሰዓት	

በቅድሚያ ጊዜህን (ሸን) ሰውተህ/ሽ ለቃለ መጠይቁ ስለተሰማህ አመሰግናለሁ :

1. እስኪአሁን ስላለህበት ሁኔታ፣ ስላጋጠሙህ ችግር ንገረኝ፣ ምልክቶች ካሉህ
 - መቼ ጀመረ?
 - የነበሩህ ምልክቶች ምንድናቸው?
 - ይህ ነገር ምን ያህል እያስጨቀህ ይገኛል? (በትምህርት፣ ከሰዎች ጋር ያለን ግንኙነት በማወክ)
 - እነዚህ ችግሮችህን ለመፍታት የወሰድካቸው እርምጃዎች ካሉ ወጠቱ ምን ነበር?
 - እነዚህ ችግሮችህ ባሉበት ሁኔታ ትምህርቱን መከታተል ወይም መቀጠል ላንተ እንዴት ነው?
 - እነዚህን ችግሮች ያስከተለው (ምክንያት) ምንድነው ብለህ ታስባለህ?

2. ወደ ምክር አገልግሎቱ ለመምጣት እንዴት እንደወሰንክ ንገረኝ
 - በፊት ከነበረህ እንቅስቃሴ (የትምህርትና የኑሮ) መቀነስ
 - ወደዚህ እንድትመጣ ተፅእኖ ያደረገብህ ሰውአለ?
 - ወደዚህ ለመምጣት በወሰንክበት ጊዜ ያጋጠሙህ ችግር አለ?

3. በምክር አገልግሎት መሳጫው ላይ የነበረህ ቆይታ ምን እንደሚሰጥልክ ንገረኝ
 - የጠበከው አገልግሎት ምን ነበር?
 - ስለምክር አገልግሎቱ የነበረህ አስተሳሰብ? ምን ተጠቅሟል?

4. በምክር አገልግሎቱ ያገኘሽውን ነገር ንገረኝ
 - ጥቅም ወይም ጉዳት
 - ወደ አገልግሎቱ ስትመጣ የነበረህ ምልክቶች መቀነስ
 - Ye sera laye bekate mekeyer

- ላንተ በተለየ የጠቀሙ ጥቅም?
- ከአገልግሎቱ የወደድከው?
- ከአገልግሎቱ በተለየ የጠላኸው?
- ከአገልግሎቱ አገኛለውብለህ የጠበከውተማሏቷል? እንዴት?
- ከአገልግሎቱ በኋላ ስራ ምክር አገልግሎት ያለህ አስተሳሰብ መቀየር? እንዴት?
- ከአገልግሎቱ እንዲሻሻል የምትሠጠውአስተያየት ካለ

5. በዚህ ሁኔታ ወስጥ የሚገኙ የህክምና ተማሪዎችን ለመርዳት ምን ለደረግ ጥሩ ነው ትላለህ የተለየ መደረግ ያለበት ነገር አለ ብለህ ታስባለህ

- ምንምሳይደረግ አገልግሎት ማግኘት ይጠቅማል ብለህ ታስባለህ
- የምክር አገልግሎት ማግኘት ይጠቅማል ብለህ ታስባለህ
- መድሀኒት መጠቀም ይረዳል ብለህ ታስባለህ
- ተማሪዎች የምክር አገልግሎቱን ለማግኘት የሚረዱበት መንገድ ቀላል ነው ብለህ ታስባለህ
- የህክምና ትምህርት ቤቱ ከዚ በተለየ ማቅረብ ያለበት አገልግሎት ያላ ይመስልሃል
- ሌላ ተጨማሪ ነገር መናገር ምትፈልገውካለ

Reference

1. Martin M Chemers, Li-tze-Hu, Ben F Garcia; Academic self –efficacy and first year college student performance and adjustment; journal of educational psychology 93(1), 55, 2001
2. Sari D. Holmes, David S.Krantz, Heather Rogers, John Gottdiener and Richard J.Contrada . Mental stress and coronary Artery disease ; progress in cardiovascular disease, vol 49, no 2, 2006: pp 106-112
3. Stevan E. Hobfoll; Conservation of resources, a new attempt at conceptualizing stress; America psychological association, Inc. 1989
4. Josephine GWS Wong, Erik PT Cheung, Kitty Kc Chan, Kamela KM Ma, Siu Wa Tang, Web based survey of depression, anxiety and stress in first year tertiary education students in Hong kong, Australian & New Zealand Journal of Psychiatry, 40 (9),777-782,2006
5. Thomas H. Mosley, IR., PhD, Sean G.Perrin, MA, Susan M. Neral,PhD. Patricia M. Dubbert, PhD, Carol A. Grothues, PhD, and Bernadine M. Pinto, PhD; Stress, Coping, and wellbeing among third year Medical students; Academic medicine, 69 (1994):765-767
6. P.M. Niemi & P.T. Vainiomaki, medical students distress- quality, continuity and gender differences during a six year medical program; Medical teacher, vol,28, No2, 2006,pp136-141.
7. Muhamad Saiful Bahri Yusoff, Med; intervention on medical student’s psychological health: A meta- Analysis, Elsevier, 2014
8. Getachew M, Prevalence of mental distress among medical students of AAU, CHS, 2017
9. Alem A,Araya M, Melakanu Z, Wondimagegne D & Abdulahi A. Mental distress in medical students of Addis Ababa University. Ethiop Med j,43 (3).2005
10. M S Sherina, MMed, L Rampal, PhD, N Kaneson, BSc; psychological distress among undergraduate medical students; Med J Malaysia Vol 59 No 2 June 2004
11. Shauna L. Shapiro, MA, Daniel E. Shapiro, PhD, and Gary E. R. Schwartz, PhD; Stress management in medical education, A review of the literature; Academic Medicine, vol. 75,no 7/ July 2000.

12. Carolyn A Chew-Graham, Anne Rogers & Nuha Yassin; 'I wouldn't want it on my CV or their records': medical students' experiences of help seeking for mental health problems; *Medical education*,2003;37;873-880
13. Aktekin M., Karaman T., Y.Y., Erdem SI, Erengin H.& Akaydin M; depression and stressful life events among medical students; a prospective study in Antalya, Turkey. *Medical Education*, 35(1), 12-17. 2001
14. Laura B.Dunn, M.D., Alana Iglewicz, M.D., Christine Moutier, M.D., A conceptual Model of Medical student Well-Being: Promoting Resilience and preventing Burnout; *Academic Psychiatry*, 2008)
15. Yusoff, M.S.B, Rahim, A.F.A, & Yaacob, M.J; prevalence and sources of stress among university Sains Malaysia Medical Students, *Malaysian Journal of Medical sciences*. (2010)
16. Abdus salam, Rabeya Yousuf, Sheikh Muhammad Abdu Bakar, Mainul Haque; Stress among medical students in Malaysia: A systematic review of literatures; *International medical journal* Vol,20,No,6 pp,649,December 2013.
17. Jenny Firth; levels and sources of stress in medical students; *British medical journal*, vol 292, 3 may 1986
18. Jane L.Givens, MD, and Jennifer Tjia, MD; Depressed Medical students' Use of Mental Health service and Barrier to use, *Academic Medicine*, vol.77, No.9/September 2002
19. Muhamad Saifu Bahri Yusoff and Ab Rahman Esa . Stress management for medical students: A systematic Review;
20. Janice K. Kieclt-Glaser, PhD, Warren Garner, MD, Carl Speicher, MD, Gerald M.Penn, MD, Jane Holyday, BS, and Ronald Glaser, PhD; Psychosocial modifiers of Immuno- competence in medical students; *Psychosomatic Medicine* VOL.46,No.1(jan./feb.1984)
21. Daniel Eisenberg, PhD, Ezra Golberstein, BA, and Sarah E. Gollust,BA; Help seeking and access to mental health care in university student population; *Medical care*, volume 45, Number 7, July 2007
22. Julie P. Gentile, MD; and Brenda Roman, MD; Medical student mental health services: psychiatrists treating medical students; *psychiatry (Edgemont)* 2009; 6(5); 38-45.

- 23.S. Michie, S Williams; reducing work related psychological ill health and sickness absence; systematic literature review
24. Heidi Lempp, Clive Seale – The hidden curriculum in undergraduate medical education: qualitative study of medical student’s perception of teaching.
25. Macgorine A.Cassel.Fairmount state university, USA. Bullying in Academe; prevalent, significant, and incessant; contemporary issue in education research. Vol4, May, 2011.
26. Jenny Firth, levels and sources of stress in medical students, British medical journal, volume 292, may 1986
27. Zohar jamil Gassar, Mukhtiar Baig, Bader Salem Mana Al Alhendi, Mohammed Mahdi Owiad Al Suliman, Gazzar et al. Perceived stress, reasons for and sources of stress among medical student at Rabigh medical college, King Abdulaziz University, Jeddah Saudi Arabia. BMC medical education 2018
28. Debra J Rickwood , Frank P Deane and Coralie J Wilson. When and how do young people seek professional help for mental health problems? MJA , October 2007
29. Debra Rickwood, Frank P.Deane, Coralie J.wilson, Joseph V. Ciarrochi . Young people’s help seeking for mental health problems.2005
30. Jerald Kay MD when psychiatric residents treat medical students: passage through idealization and over-identification, abstract, June 1981
31. Braider L, La Lima C, Crimarco N, Hollander b, Reid-Russell A, Kane J, Greenwald B. Characterization of psychiatrically hospitalized college students, J Am Coll Health 2018, abstract
32. Ratana Saipanish, stress among medical students in a Thai medical school, Medical teacher, vol, 25,No, 5 2003
33. Yadeta Dessie, Jemal Ebrahim, Tadesse Awoke. Mental distress among university students in Ethiopia, 2013