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Assessment of minor psychiatric morbidity, stressors, and barriers of seeking help among medical students at the University of Khartoum, Khartoum, Sudan

CITATION

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ABSTRACT

Introduction: medical education can be stressful and a source of psychiatric morbidity for medical students with the potential of causing serious professional and personal negative consequences. With the limited studies investigating this issue in Sudan, this study aimed at assessing psychiatric morbidity, determine stressors, evaluate mental health care seeking behavior and barriers to seeking help among medical students in Khartoum, Sudan.

Methods: this was a cross-sectional study with data collection for a period of one month, during the survey. Following ethical clearance and administrative approval, 644 students who gave consent were selected randomly from the university of Khartoum's faculty of medicine. The 12-General Health Questionnaire (GHQ12) was used as a tool to assess prevalence of psychiatric morbidity, determine stressors and evaluate barriers to seeking mental health care among students for a period of a month.

Results: the overall prevalence of psychiatric morbidity was 56% (n = 356). The mean score of the GHQ12 was 6.7. There was a statistically significant association between GHQ12-score and level of study (in medical school), age, student's income (student financial allowance). Stressors mostly experienced by students were fear of academic failure, dissatisfaction with academic performance and examination stress. The most frequent barriers to seeking mental health care elicited by participants were fear of stigmatization 63% (n = 401), preference for dealing with the problem alone 60% (n = 379), fear of the unknown 59% (n = 365) and failure to recognize symptoms 58% (n = 366).

Conclusion: psychiatric morbidity is commonly experienced by students in medical school as can be seen from the high prevalence (56%). The reported high figures of psychiatric morbidity among medical school students points to the urgency for interventions to address this problem with potential for negative sequelae (personal and professional). Our findings suggest that interventions to improve the social and economic conditions of students in medical school as well as addressing stigma related to mental health and educating students to recognize signs and symptoms of psychiatric morbidity while making help accessible might go a long way to address this challenge.