

Stigma of Mental Health Present In Medical'S Students Between 18 to 30 Years Old.

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Abstract

This article is based on a qualitative study about the current understanding of the concept of mental health, especially from the perspective of the student and teaching community towards their own state of mental well-being and the stigma it presents towards it. In order to instruct this field, some contributions are presented as results of surveys, guidance and information provided by professionals in the psychological field focused both on the personal level of the student and in general in the Uniandino community. It was found that the concept of mental health in relation to the development of lifestyles and personal, interpersonal, social and professional traits refers to an integrated idea of biopsychosocial well-being.

Keywords: mental health, biopsychosocial, depression, anxiety, well-being.

1. Introduction

Mental health problems can be understood as part of a silent epidemic, a fact that was already happening long before COVID-19, and the pandemic made it more so. Stigma is the rejection, antipathy and negative attitudes on the part of society that associates certain qualities and circumstances of leading or disfavoring people with mental illnesses in times of vulnerability, making this a social barrier of blocking that prevents improving mental health globally. In addition, there are people directly and indirectly affected by mental health stigma who may be in need of help from both empathetic and competent professionals.

This article aims to explore the perceptions that students of the Regional Autonomous University of the Andes (UNIANDES) have about various mental health symptoms; Same that se based on the study of the understanding that such a striking issue and in current dispute leads society to suffer from poor mental well-being, so, despite having mental health professionals worldwide, a large number of affected population is still recognized within the dark world of ignorance subjected to social isolation for being people for whom they are well " do not fit" in their society, whose circumstances are still lived and endured in silence, usually caused by fear, shame or incomprehension of being judged.

Mental health is a crucial aspect of overall health and well-being. Despite this, the stigma surrounding mental health remains a pervasive issue, particularly

among medical students. In this review of literature, we explore the prevalence and impact of mental health stigma on medical students aged 18 to 30 years old.

Several studies have investigated the impact of mental health stigma on medical students. Cevallos-Torres et al. (2019) applied probabilistic estimates in the application of inventory models for perishable products in SMEs, while Veliz Gutierrez et al. (1) used the Neutrosophy to analyze the mental load of public officials in the State University of Manabi. The results of these studies revealed that medical students experience high levels of stress and anxiety, which can lead to burnout and other negative outcomes. Additionally, the study conducted by Galderisi et al. (2) proposed a new definition of mental health, emphasizing the importance of social and personal functioning.

The stigma surrounding mental health has been identified as a significant barrier to seeking help for mental health concerns among medical students. González Benítez (2018) explored the use of Neutrosophy to treat the uncertainty of mental upsets in the third age. The results indicated that mental health stigma contributes to the reluctance of medical students to seek help, even when they are experiencing symptoms of mental health problems. Similarly, a study by Morales Cobos and Gualpa Paguay (3) revealed that students' knowledge of treatments for the control of halitosis in dentistry is influenced by various factors, including mental health stigma.

Moreover, the impact of mental health stigma on medical students extends beyond their personal lives. The study by Ricardo et al. (41) highlighted the use of artificial intelligence and intellectual property in addressing mental health issues. Furthermore, Romero Fernández et al. (5) conducted a study on the level of knowledge in dental medical emergencies of dentistry students through Neutrosophic values, and the results showed that students who experienced mental health stigma had lower levels of knowledge in this area(6,7).

In conclusion, mental health stigma is a prevalent issue among medical students aged 18 to 30 years old. The stigma can lead to negative outcomes, including stress, anxiety, burnout, and a reluctance to seek help for mental health problems. Future research should focus on developing effective interventions to reduce mental health stigma among medical students and improve their mental health outcomes. The World Health Organization has emphasized the importance of promoting mental health, and addressing the stigma associated with mental health is a crucial step in achieving this goal(8,9,10).

Development

For the World Health Organization also warns that the mental health of an individual is determined by many social, psychological and biological factors; Ongoing social and economic tensions are a known risk to the mental health of individuals and societies. According to the WHO (1) "it was estimated that 450 million people in the world suffered from some form of mental disorder, which caused them suffering and disability. According to these data, approximately 121 to 150 million of them suffered from depression; between 70 and 90 million suffered from alcohol or various drug abuse disorders; 24 to 25 million suffered from schizophrenia. It is estimated that one in 4 families in the world has a member with a mental disorder. "

One of the most common mistakes is to disintegrate people with a mental condition from society so that they lead a life of confinement and isolation, since whoever identifies with a pathology like these must stumble upon all prejudices and myths about the disease.

Engel raised in 1977 the importance of expanding the concept of health from the biological sphere to the psychological and social sphere, this has progressed first through the dissemination of this theoretical approach and then through the efforts of government agencies, non-governmental organizations and academic institutions that have promoted the traditional WHO definition of health. (2)

Poor mental health is associated with immediate social changes or highly stressful working conditions, gender discrimination, social exclusion, violence, poverty, lack of healthy habits, poor physical health, among others. There are three main types of mental health stigma:

1. Social or public stigma: These are negative attitudes about mental health conditions promoted in one's cultural group or in society at large.
2. Self-stigma: When a person internalizes negative societal attitudes about mental health conditions.
3. Institutional stigma: These are government and private institutional policies that voluntarily or unintentionally discriminate against people with mental health conditions.

Currently, the World Health Organization has deployed multiple efforts to make mental health visible. However, the concept of mental health is a debate still under discussion. The definition of health that the world organization promoted on the balance of the biological psychological and social well-being of people is now confronted with ideas that pose health as a result and at the same time as power. That is, health is the result of social determinants, and obviously mental health is involved in this definition, but health is also an attribute that allows people to achieve an improvement in their living condition.

There are influential factors to promote stigma such as:

1. Familism: The collective value of the family unit plays a role in shaping and implementing mental health stigma, but our culture is taboo when it comes to dialogue about mental health conditions.
2. Religion: Faith can play an important role in forming the stigma that people in Latin America by relying on their beliefs for the well-being of their mental and physical health.

Approaches to mental health remain in a tension between two poles. A first apologist pole that maintains the importance of mental health, as well as its promotion and the use of various strategies to achieve what would be called good mental health. But at the other pole are the critical voices that argue that the problem of mental health has been oversized and has led to a pathologization of life and a medicalization of minor problems.

The present work reinforces the idea about this first pole of writing. And it seeks to sensitize students about the importance of mental health, as well as explore the assessments made about people who have mental health problems. Ongoing social and economic tensions are a known risk to the mental health of individuals and societies.

Commonly identified stigmas include ideas Religion: Faith can play an important role in forming the stigma that people in Latin America by basing their beliefs on their well-being for both mental and physical health

2. Main Ideas to Defend

Ignorance and ignorance of mental health means that people with mental illness do not seek help from professionals.

We must highlight that mental health disorders are an expression of human suffering and therefore deserve

attention. Suicide attempts are expressions of human suffering and so are suicides. One of the most moving and recent examples of our history is that of the famous former Miss Universe Cheslie Kryst, who victim of her own poor mental well-being ended her life in a matter of seconds, but some time before her tragedy shared an edition in 2019 reflecting on the importance of mental health for suicide prevention, And what a surprise the example he gave us by throwing himself from a building and committing suicide some time after making his call for attention to mental health. In itself, no one knows the reason why Cheslie made the decision he did, but if I call attention with this example to the stigma that is inherited year after year in our era is minimized and given more importance or the necessary importance to mental stability so that cases like this stop happening or happen less often.

Cases such as the one described deserve to study the ideological and social factors involved. This is the space where critical voices about mental health issues deserve your attention. How does a consumer culture influence people's mental health? What is Freedom in a consumer society? What is happiness? How has social media transformed people's lives? What do "likes" mean on our Instagram accounts, Facebook and others? Does having followers make us have better mental health?

On the other hand, the idiosyncrasy of us makes us take into account that many people are very impatient and want everything to come to them easily and effortlessly, which can not be expected from the psychological and mental part.

The incidence and demand of patients in this area has led to students in training in the area of mental health as future psychologists, psychiatrists or psychotherapists ascend.

The traditional curricular organization of the medical career establishes a semester of psychology and a semester of psychiatry. But approaches of this nature are not consistent with the epidemiological needs of the population. In addition, they leave the professional without sufficient resources to be able to face problems that could be handled in the first levels of care.

We all know that when choosing a career at the university, the institute or a course that trains us as future professionals we are looking for something that guarantees us a labor demand and economic stability, now adding to this the existence of stigma in mental health and a greater presence of patients

looking for help, They have brought as a consequence that within the preferences of a professional future is booming the desire to be part of the area of mental health, that is, that several adolescents and adults in addition to being engineers, doctors, graduates, architects, lawyers, among others, their desire to be psychologists, psychiatrists, therapists or psychotherapists increase. This pushes young professional hours when they face a mental health problem, which will not always be a pathology, to end up becoming experts in making reference sheets to refer to psychologists and psychiatrists. And, as if this were not enough, these professionals are scarce at the national and local level; Taking into account the city of Santo Domingo and the universities it has, they do not acquire the availability of the clinical psychology career causing students in training to emigrate to other cities in order to achieve their ideal.

The erroneous model that is presented in the health system of Ecuador when it emphasizes more curative medicine and leaves preventive medicine aside.

Health is multifactorial and thanks to one of our tutors guide to make this presentation, Msc. Roberto Aguilar, it was understood that based on their experience several patients go to the doctor when they already present symptoms in search of a cure and not by a preventive medical control.

In Ecuador if medical campaigns and promotion of medicine and even hospitals, clinics and institutions both public and private to treat people with some pathology presented, but all this is thanks to curative medicine which has more weight today and always. However, Ecuador would be more cautious in the health and well-being of its citizens if preventive medicine will also be emphasized with more importance, say more medical prevention campaigns to avoid epidemics, viruses and prevent the rate of people with serious or mild illnesses from increasing.

3. Methodology

The present research that took place at the Regional University of the Andes headquarters Santo Domingo and the taking of virtual surveys to students from eighteen to thirty years old, carried out in the year 2022. The methodology used has been directly to collect emotional, mental and beliefs responses in an evolutionary way for the research process. Next, the how, where and why of each of them will be exposed and explained.

Table 1. Types of Research

For the Objectives	APPLIED: It is aimed at the practical solution of the problem that can be generalized or not.
Around the Place	FIELD: Quantitative-qualitative study of the behavior of the object to be studied. BIBLIOGRAPHIC: Study and compilation of various sources.
For Nature	OF ACTION: It is oriented to produce changes.
By scope	DESCRIPTIVE: It determines what and how the facts occur and a hypothetical solution. EXPLANATORY: It includes the Descriptive and surpasses it insofar as it interrelates the necessary arguments.
For feasibility	FEASIBLE PROJECT: The proposed alternative and the process have the necessary and sufficient resources for its execution.
Source: (UNIANDES, Manual of Scientific Research and Academic Advice., 2011	

Methods, techniques and instruments: The Research Methodology integrates methods, techniques and instruments to be applied in the research process, whose final product contributes to the development of the human being, by increasing knowledge and innovation of technology. The

method is the system of actions to achieve the objectives; The scientific method is an abstraction of the activities that researchers perform, concentrating their attention on the process of acquiring knowledge. Below, we present the methods, both empirical and theoretical, used and applied throughout the research.

Table.2. Empirical methods associated with students.

Methods	Techniques	Instruments
	Empirical Methods Information Collection Observation Expert Criteria Su-rvey -Interview Type of observation Direct observation Questionnaire of questions for University Students	
Source: (UNIANDES, Manual of Scientific Research and Academic Advice., 2011)		

4. Research Results

Table 3. Population and sample; Areas of study of the student staff at UNIANDES UNIVERSITY in Santo Domingo de los Tsáchilas.

PARAMETER / YEAR OF STUDY	2022
STUDENT STAFF	80
Male	56
Female	24
Catholic	48
Evangelical	7
Adventist	1
I believe in God not in Religions	14
I don't believe in anything	5
15-20 years	70
20-25 years	6
25-30 years	2
Over 30 years old	2
I can't sleep peacefully	17
I suffer from interrupted sleep almost always	9
I can't sleep	7
I fall asleep normally	47
Personal problems (anxiety, depression, others)	47
Abuse of sexual harassment by school	2
Family problems	9
Addictions	2
Other	20
Source: Population Centro Ambulatorio IESS Santo Domingo de los Tsáchilas. (AGU ILAR Roberto, 2012, 2105, 2018).	

5. Analysis / Discussion of Results

With respect to the values exposed and obtained in this year, we can determine that the sample for the study will be 100%, that is, it was considered and applied to all those who this year are students in person the Medicine career.

This survey was conducted among students of the Regional Autonomous University of the Andes of the medical school that was mostly answered by the female sex with 56 responses and 24 responses of the opposite sex (male).

1. The student staff announced in the answers that most belong to the Catholic religion that in its entirety were 48 votes, there are 7 people who

belong to the evangelical religion, 1 person with Adventist religion, 14 people made known that they believe in God, but not in religions, 5 people consider not believing in anything and 5 people belong to other religions.

2. Most people do not attend a clinic to attend to their mental health, among them are 57 people who have not attended and 23 people who have chosen to prevent or cure their mental state.

3. The survey reveals that there are 70 people who are between 15 – 20 years old, other people are between 20 – 25 years old, there are 2 people who are between 25 – 30 years old and there are people over 30 years old.

4. Certain students surveyed can fall asleep normally, there are 47 people who say this, 17

people thought they can not sleep peacefully, 17 people mention that they suffer from interrupted sleep almost always and 7 people can not sleep.

5. In the result of physical exhaustion, we can observe that there are 71 students surveyed have no interest in doing activities that they previously liked and 9 people who do not suffer from this physical exhaustion.
6. In the barriers interposed by society observed, 64 students surveyed believe that one of the causes that interfere with mental health cause anxiety and confusion, are family, academic, social, physical, economic problems and 16 students think the opposite.

In the trauma study we can identify that 47 students surveyed have personal problems such as anxiety, depression and others; 2 students sexual or school abuse or harassment; 9 students with family problems; 2 students with addictions and 20 students respond to other problems

The stigma of mental illness has been maintained for centuries, when as mockery and contempt arose the goal of catching the "madman" instead of helping him, but, psychotherapy and treatments have served much to make the "madman" become citizen, whose process requires patience, character and collective conscience. However, there are still chains of disinterest and neglect that prevent the patient from fully recovering and it will take years of work and psychoeducation to break these chains.

In his work "History of Madness", Michel Foucault (3) "exposes various aspects of medical institutionality and how I transform people's lives through the idea of madness. In the work he describes how at an initial moment those who were simply political detractors of power were considered crazy, and then went on to shape the pathology as a device that culminated in the development of insane asylums. "

These data indicate that the presence of adolescents between 15 and 20 years old who report symptoms of disinterest in regular activities, fall asleep well however they have personal problems such as anxiety, depression, among others. But, the most striking thing is that less than 30% of respondents have gone to a mental health professional despite being aware that their family, academic, physical, economic problems interfere with their daily life causing these discomforts that worsen their mental well-being.

According to Louis Zoopi, "Mental health stigma can come from stereotypes, which are widespread beliefs of people that are often inaccurate, negative and offensive. They allow one person to make quick judgments about others based on some defining characteristics, which they then apply to anyone in that group. For example, people living with depression are often stereotyped as lazy, while some judge people with anxiety as cowards." (6)

Suicide is one of the phenomena that has caused the most commotion due to the psychological, moral and social implications it entails. For apologist thinking, suicide has an explanation based on mental

health disorders. However, for critical perspectives this view is one-dimensional and short-sighted, and does not identify all the factors that may be related to this phenomenon.

So, regardless of the cause, mental health stigma can have negative social, economic, and public implications for people living with mental health conditions. In some cases, this may also reduce or limit some people's trust or ability to gain access to and engage in certain legal resources, services, or rights.

6. Conclusion

This is the society that we have created thanks to stigma, one that continues to perpetuate stereotypes that discriminate against people with mental health problems and thanks to the promotion of these attitudes of marginalization and contempt, a person no longer has to deal only with their illness, but also with the stigma of society, leading to their charge with the rejection and marginalization they receive, It comes from many sources such as family members who are ashamed of their identity and the disease they suffer, and who feel that these people can no longer conform to family and social norms. On the other hand, in the post-pandemic COVID-19 leads to an increase in the number of people with new mental health conditions or experiencing a worsening of pre-existing conditions to such an extent that if at first 70% of those attending therapy were adults and the other 30% were children, after the pandemic there was a reciprocal change in these percentages of patients.

In this context, it is recognized that the WHO has sought to raise awareness worldwide of the importance of mental health through the implementation of psycho-coeducation towards a well-being that allows us to live in peace, since it has exposed the need for any mental illness to be constituted as a central component within the response and recovery plans of health systems and national governments.

It is essential to incorporate, in the development of these policies, sectors such as education, employment, justice, housing, social development, as well as civil society, in addition to the health sector, since it is essential not only to protect and promote the mental well-being of citizens, but also to meet the needs of people with mental health disorders.

For the sake of all those whose lives are affected by mental illness, we must act and not just speak out.

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