

ORIGINAL ARTICLE

Evaluation of Student Applications Made for Psychological Reasons to a University Hospital Health Center

Bir Üniversite Hastanesi Sağlık Merkezi'ne Psikolojik Nedenlerle Yapılan Öğrenci Başvurularının Değerlendirilmesi

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ABSTRACT

Objective: With this study, it was aimed to determine the reasons and results of young adults with psychological problems who applied to a primary care institution of a university in and to evaluate the relationship between sociodemographic characteristics.

Method: The descriptive and retrospective study was conducted in Hacettepe University Faculty of Medicine, Department of Family Medicine and Sıhhiye Health Center. All students between the ages of 18-35, who were registered in the specified date range in our study, and who came to a psychologist interview at least 3 times at regular intervals were evaluated. In our study, the data of the patients were collected by examining the data forms recorded by the psychologist. The personal data of the patient was not used in the data form.

Results: In the study, 276 applications were evaluated retrospectively. It was observed that 83.3% of the applicants were females, and the mean age was 20.99±2.176. When evaluated in terms of application reasons; it was determined that 35.5% of them applied due to anxiety, stress, obsessive-compulsive disorder (OCD) problems, 35.9% of them had communication problems and psychosocial problems. For the treatment of 65.2%, it was decided to follow up with a psychologist (who did not require referral to a psychiatrist). When the relationship between the outcome of the applications and the reasons for the application is evaluated; 54.8% of mood problems were referred to a psychiatrist and were followed up by a psychologist after the medication was started; it was determined that 51.1% of the patients who applied with communication and psychosocial problems were followed up by a psychologist without the need for referral to a psychiatrist.

Conclusion: As a result, it has been established that university students have high levels of anxiety, stress, OCD problems, communication problems, and psychosocial problems, and females living in dormitories and those with a diagnosis of psychiatric illness applied more frequently. Students should be encouraged to benefit from the health centers founded for them, where primary care preventive health care is at the forefront.

Keywords: Family medicine, Primary care, Psychological problems, Retrospective study, Mental health, University student

ÖZ

Amaç: Bu çalışma ile geriye dönük 4 sene içinde (2016-2019) Aile Hekimliği poliklinikleri ve Sıhhiye Sağlık Merkezi polikliniklerine psikolojik problemler ile başvuran üniversite öğrencilerinin verileri incelenerek; bir üniversitenin birinci basamak kurumunda psikolojik problemler ile başvuran genç erişkinlerin başvuru nedenlerinin ve sonuçlarının saptanması ve sosyodemografik özellikler ile arasındaki ilişkinin değerlendirilmesi amaçlanmaktadır.

Gereç ve yöntem: Tanımlayıcı ve retrospektif nitelikteki çalışma Hacettepe Üniversitesi Tıp Fakültesi Aile Hekimliği Anabilim Dalı ve Sıhhiye Sağlık Merkezi'nde yapılmıştır. Çalışmamızda belirlenen tarih aralığındaki kayıtlı olan 18-35 yaş arası olan ve en az 3 kez düzenli aralıklarla psikolog görüşmesine gelen tüm öğrenciler değerlendirmeye alınmıştır. Çalışmamızda, hastaların verileri psikolog tarafından kayıt altına alınan veri formları incelenerek toplanmıştır. Veri formunda hastanın kişisel verileri kullanılmamıştır.

Bulgular: Çalışmada 276 başvuru retrospektif olarak değerlendirildi. Başvuranların %83,3'ünün kadın olduğu, yaş ortalamasının 20,99±2,176 olduğu görüldü. Başvuru nedenleri açısından değerlendirildiğinde; %35,5'inin anksiyete (kaygı), stres, obsesif kompulsif bozukluk (OKB) problemleri, %35,9'unun iletişim sorunları, psikososyal sorunlar nedeniyle başvurduğu saptandı. %65,2'sinin tedavisi için psikolog takibinde (psikiyatriste sevk gerek görülmemeyen) izlenme kararı alınmıştır. Başvuruların sonlanım şeklinin başvuru nedenleri ile ilişkisi değerlendirildiğinde; duygu-durum problemlerinin %54,8'inin psikiyatriste sevk edildiği ve ilaç başlandığı sonra psikolog takibiyle izlendiği; iletişim ve psikososyal sorunlarla başvuranların %51,1'inin psikolog takibinde psikiyatriste sevk gerek görülmeden izlendiği saptandı.

Sonuç: Sonuç olarak, üniversite öğrencilerinde anksiyete, stres, OKB problemleri ve iletişim sorunları, psikososyal sorunlarının yüksek olduğu; kadınların, yurttaki kalanları ve psikiyatrik hastalık tanısı olanların daha sık başvurduğu saptanmıştır. Öğrenciler, kendilerine yönelik oluşturulmuş birinci basamak koruyucu sağlık hizmetinin ön planda olduğu sağlık merkezlerinden faydalanmaları konusunda teşvik edilmelidir.

Anahtar Kelimeler: Aile hekimliği, Birinci basamak, Psikolojik problemler, Retrospektif çalışma, Ruhsal sağlık, Üniversite öğrencisi

Introduction

Health is biopsychosocial well-being and one of the most important parts of this whole is mental health (1). Mental illnesses have been increasing day by day in our country as well as in the world. According to the "Turkish Mental Health Profile" study, which gives

information about the prevalence of mental illnesses in Türkiye; approximately 18% of the adult population in Türkiye has any mental illness (2). In the text of the "Republic of Türkiye Mental Health Policy" published in 2006, community-based mental health services,

integrated into the general health system and primary health care services, community-based rehabilitation studies, increasing the quality of mental health services, and enacting laws related to mental health, defending the rights of patients against stigmatization, education, research and increasing manpower in the field of mental health are included (3). In the National Mental Health Action Plan, it was stated that as of the end of 2010 in Türkiye, family medicine practice had been started in all provinces, the delivery of mental health services should be adapted to this new model, and since the doctor-patient relationship is longer and closer in family medicine practice, in terms of mental health it would be more appropriate to start serving patients at the primary level and refer them to the secondary or tertiary level hospitals when necessary (5). In the family medicine polyclinics, where primary health care is provided in tertiary institutions such as university hospitals, health services are provided within the biopsychosocial framework to the applicants, especially the staff, relatives and students of the institution. In these centers, counseling services on mental health are generally provided by psychologists together with family physicians. The biopsychosocial well-being of university students, who will determine the near future of society, is of particular importance for public health. Early detection of mental problems of young people and early intervention and management of these problems are very important both in terms of individual and public health (5-7). In this regard, university family medicine polyclinics and health centers, which are the primary health care institutions that have the most access to this age group, have important duties. Knowing the mental health complaints of this age group, the reasons for admission and the affecting factors is an important step for taking early precautions.

In this study, by examining the data of university students who applied to Family Medicine outpatient clinics and Sıhhiye Health Center outpatient clinics with psychological problems in the past 4 years (2016-2019); it was aimed to determine the reasons and results of applications of young adults who applied with psychological problems in a primary care institution of a university and to evaluate the relationship between sociodemographic characteristics.

Methods

The descriptive and retrospective study was conducted at Hacettepe University Faculty of Medicine, Department of Family Medicine and Sıhhiye Health Center. There is a psychologist working under Hacettepe University Faculty of Medicine, Department of Family Medicine in the institution. Patients with mental health problems are evaluated by physicians and psychologists.

The population of the research is that they have applied to Hacettepe University Faculty of Medicine, Family Medicine Polyclinic and Sıhhiye Health Center polyclinics in the last 4 years (between 01.06.2016-31.12.2019) with a request to meet with a psychologist (all individuals must be evaluated by a family physician

before requesting an interview with a psychologist). It consists of individuals between the ages of 18-35 who were referred to a psychologist by a family physician. Persons who applied for psychological support but were deemed to need a psychiatrist evaluation (examination) during the interview or examination were referred to a psychiatrist; In the psychiatrist evaluation, people who were offered psychological support were referred to a psychologist. All students between the ages of 18-35, who were registered in the specified date range in our study, and who came to the psychologist's interview at least 3 times at regular intervals were evaluated.

In our study, the data of the patients were collected by examining the data forms recorded by the psychologist. The personal data of the patient was not used in the data form. Age, gender, smoking-alcohol use, living environment, loss of a semester at school, number of siblings, medical and family history, parental relationship, parental occupation, psychiatric drug history, reason for applying for psychological support and previous applications were compared.

Analysis of Data

In the evaluation of the data, mean and standard deviation were used for continuous variables, and frequency tables were used for qualitative data. The chi-square test was used when investigating the relationship between qualitative data. Differences between continuous variables, t-test and their nonparametric equivalents were used. A=0.05 value was accepted as the error level. Statistical analyzes were made with SPSS 23 package program.

Ethical issues and permissions

Ethics committee approval of the study was obtained from Hacettepe University Non-Interventional Research Ethics Committee with the date 20.04.2021 and the number GO 21/519.3.

Results

In the study, 276 applications were evaluated retrospectively. 83.3% of the applicants were females, mean age was 20.99 ± 2.176 (min=18; max=40). It was seen that 31.2% of the applications (n=86) were in 2017. The mean number of siblings of the applicants was 1.55 ± 1.365 (min=0; max=9). It was observed that 32.2% of the applicants had a psychiatric disease diagnosed before admission, 22.5% smoked, and 61.6% stayed in the dormitory. Sociodemographic characteristics are presented in Table 1.

Of the applicants, 33.0% (n=91) were medical students and 32.9% (n=91) were health sciences students. 18.1% (n=50) were 1st grade students, 58.7% (n=162) were 2nd and 3rd grade students, 23.1% (n=64) were 4th grade and above. While 12.7% of them attended preparatory class, 3.3% had other university experience, 6.9% lost a semester. The educational characteristics of the students are given in Table 2.

While 4.0% of the students had a history of applying to a psychologist before, 38.1% had a history of applying

to a psychiatrist. In terms of reasons for admission, it was determined that 26.4% had mood problems, 35.5% had anxiety, stress, obsessive-compulsive disorder (OCD) problems, 35.9% had communication problems and psychosocial problems. It was seen that 65.2% of them were followed by a psychologist for their treatment (no referral to a psychiatrist was required), and 22.5% of them were referred to a psychiatrist for their treatment (no medication was prescribed to a psychiatrist). The characteristics of the students regarding their application to a psychologist or psychiatrist are given in Table 3.

Table 1. Sociodemographic characteristics of students

	n	%		
Gender				
Female	230	83.3		
Male	46	16.7		
Presence of chronic disease				
No	236	85.5		
Yes	40	14.5		
Presence of psychiatric disease				
No	187	67.8		
Yes	89	32.2		
Presence of chronic disease in the family				
No	200	72.5		
Yes	76	27.5		
Presence of psychiatric disease in the family				
No	252	91.3		
Yes	24	8.7		
Smoking status				
No	214	77.5		
Yes	62	22.5		
Alcohol use status				
No	265	96.0		
Yes	11	4.0		
Drug use status				
No	257	93.1		
Yes	19	6.9		
Psychiatric drug use status				
No	195	70.7		
Yes	81	29.3		
Maternal health status				
Dead	2	.7		
Alive	274	99.3		
Paternal health status				
Dead	12	4.3		
Alive	264	95.7		
Parent coexistence status				
No	37	13.4		
Yes	239	86.6		
Geographical region (n=256)				
Central anatolia	73	28.5		
Marmara	33	12.9		
Aegean	42	16.4		
Mediterranean	54	21.1		
Southeastern anatolia	16	6.3		
Eastern anatolia	8	3.1		
Black sea	30	11.7		
Place of residence				
Homestay	51	18.5		
Country	170	61.6		
Student house	55	19.9		
	Mean	SD	Min	Max
Age	20.99	2.176	18	40
Number of siblings	1.55	1.365	0	9

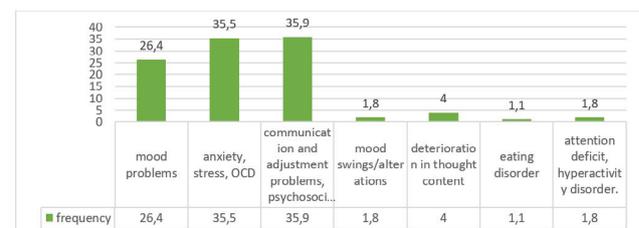
Table 2. Education-related features of students

	n	%
Department		
Medicine	91	33.0
Pharmacy	18	6.5
Dentist	26	9.4
Student of faculty of health sciences	141	51.1
Class		
1	50	18.1
2	74	26.8
3	88	31.9
4	50	18.1
5	12	4.3
6	2	0.7
Status of attending the Preparatory Class		
No	241	87.3
Yes	35	12.7
Other university experience in the past		
No	267	96.7
Yes	9	3.3
History of semester loss		
No	257	93.1
Yes	19	6.9
Application year		
2016	78	28.3
2017	86	31.2
2018	52	18.8
2019	60	21.7

Table 3. Characteristics of the psychologist application of students

	n	%
Psychologist referral history		
No	265	96.0
Yes	11	4.0
Psychiatrist referral history		
No	171	62.0
Yes	105	38.0
Status after application		
In the follow-up of a psychologist (no referral to a psychiatrist is required)	180	65.2
Psychiatrist referral (no medication prescribed by psychiatrist)	62	22.5
Psychiatrist referral (medicine referred to psychiatrist started)	31	11.2
Other physician referral	3	1.1

Communication problems, psychosocial problems (35.9%) and anxiety, stress, OCD (35.5%) were among the most common reasons for admission. The distribution of the reasons for admission of the patients is given in Graph 1.



Graph 1. Distribution of reasons for application

When the reasons for admission and some sociodemographic and health-related characteristics of the patients were compared; mood problems were more common in females (p=0.015) and those with

Table 4. Comparison of the reasons for admission and some sociodemographic and health-related characteristics of the patients

	Mood problems		Anxiety, stress, OCD		Communication problem, psychosocial problem	
	No	Yes	No	Yes	No	Yes
Sex						
Female	163 70.9%	67 29.1%	150 65.2%	80 34.8%	151 65.7%	79 34.3%
Male	40 87.0%	6 13.0%	28 60.9%	18 39.1%	26 56.5%	20 43.5%
p	0.015		0.344		0.156	
Presence of Chronic Disease						
No	176 74.6%	60 25.4%	155 65.7%	81 34.3%	152 64.4%	84 35.6%
Yes	27 67.5%	13 32.5%	23 57.5%	17 42.5%	25 62.5%	15 37.5%
p	0.225		0.205		0.474	
Presence of Psychiatric Disease						
No	155 82.9%	32 17.1%	131 70.1%	56 29.9%	90 48.1%	97 51.9%
Yes	48 53.9%	41 46.1%	47 52.8%	42 47.2%	87 97.8%	2 2.2%
p	<0.0001		0.004		<0.0001	
Presence of Psychiatric Disease in the Family						
No	187 74.2%	65 25.8%	165 65.5%	87 34.5%	158 62.7%	94 37.3%
Yes	16 66.7%	8 33.3%	13 54.2%	11 45.8%	19 79.2%	5 20.8%
p	0.281		0.188		0.080	
Smoking status						
No	159 74.3%	55 25.7%	131 61.2%	83 38.8%	142 66.4%	72 33.6%
Yes	44 71.0%	18 29.0%	47 75.8%	15 24.2%	35 56.5%	27 43.5%
p	0.355		0.023		0.101	
Maternal Health Status						
Dead	2 100.0%	0 0.0%	1 50.0%	1 50.0%	2 100.0%	0 0.0%
Alive	201 73.4%	73 26.6%	177 64.6%	97 35.4%	175 63.9%	99 36.1%
p	0.540		0.585		0.410	
Paternal Health Status						
Dead	6 50.0%	6 50.0%	8 66.7%	4 33.3%	11 91.7%	1 8.3%
Alive	197 74.6%	67 25.4%	170 64.4%	94 35.6%	166 62.9%	98 37.1%
p	0.065		0.569		0.034	
Parent Coexistence Status						
No	23 62.2%	14 37.8%	28 75.7%	9 24.3%	27 73.0%	10 27.0%
Yes	180 75.3%	59 24.7%	150 62.8%	89 37.2%	150 62.8%	89 37.2%
p	0.071		0.087		0.153	
Place of Residence						
Homestay	32 62.7%	19 37.3%	35 68.6%	16 31.4%	40 78.4%	11 21.6%
Country	131 77.1%	39 22.9%	99 58.2%	71 41.8%	106 62.4%	64 37.6%
Student house	40 72.7%	15 27.3%	44 80%	11 20%	31 56.4%	24 43.6%
p	0.125		0.011		0.045	
Geographic Region (N=256)						
Central Anatolia	48 65.8%	25 34.2%	46 63%	27 37%	54 54%	19 46%
Marmara	27 81.8%	6 18.2%	14 42.4%	19 57.6%	25 75.8%	8 24.2%
Aegean	34 81%	8 19%	30 71.4%	12 28.6%	21 50%	21 50%
Mediterranean	39 72.2%	15 27.8%	36 66.7%	18 33.3%	38 70.4%	16 29.6%
Southeastern Anatolia	12 75%	4 25%	13 81.3%	3 18.8%	6 37.5%	10 62.5%
Eastern Anatolia	7 87.5%	1 12.5%	8 100%	0 0%	1 12.5%	7 87.5%
Black Sea	25 83.3%	5 16.7%	17 56.7%	13 43.3%	16 53.3%	14 46.7%
p	0.326		0.019		<0.0001	

OCD: Obsessive Compulsive Disease
Chi-squared test

a diagnosed psychiatric illness ($p < 0.0001$). Anxiety, stress, and OCD were more common in patients with a diagnosed psychiatric illness ($p = 0.004$), smokers ($p = 0.023$), those living in dormitories ($p = 0.011$), and those coming from the Marmara region ($p = 0.019$). Those who applied with communication problems and psychosocial problems had a diagnosed psychiatric illness ($p < 0.0001$), those whose fathers were alive ($p = 0.034$), those who came from Eastern Anatolia and Southeastern Anatolia regions ($p < 0.0001$), and those who resided in a student house ($p = 0.045$) were more common. A comparison of the reasons for admission and some sociodemographic and health-related characteristics of the patients is presented in Table 4.

Table 5. Comparison of patients' reasons for admission and some characteristics of education

	Mood problems		Anxiety, stress, OCD		Communication problem, psychosocial problem	
	No	Yes	No	Yes	No	Yes
Department						
Medicine	66 72.5%	25 27.5%	64 70.3%	27 29.7%	53 58.2%	38 41.8%
Pharmacy	12 66.7%	6 33.3%	11 61.1%	7 38.9%	13 72.2%	5 27.8%
Dentist	21 80.8%	5 19.2%	14 53.8%	12 46.2%	18 69.2%	8 30.8%
Faculty of Health Sciences	104 74.5%	37 25.5%	89 62.8%	52 37.2%	93 65.7%	48 34.3%
p	0.756		0.416		0.497	
Grade						
1	39 78%	11 22%	31 62%	19 38%	30 60%	20 40%
2-3	119 73.5%	43 26.5%	103 63.6%	59 36.4%	106 65.4%	56 34.6%
4≤	45 70.3%	19 29.7%	44 68.8%	20 31.3%	41 64.1%	23 35.9%
p	0.652		0.704		0.783	
Status of attending the Preparatory Class					Status of attending the Preparatory Class	
No	182 75.5%	59 24.5%	150 62.2%	91 37.8%	157 65.1%	84 34.9%
Yes	21 60%	14 40%	28 80%	7 20%	20 57.1%	15 42.9%
p	0.044		0.028		0.230	
Other university experience in the past						
No	195 73%	72 27%	173 64.8%	94 35.2%	172 64.4%	95 35.6%
Yes	8 88.9%	1 11.1%	5 55.6%	4 44.4%	5 55.6%	4 44.4%
p	0.262		0.403		0.412	
History of semester loss						
No	192 74.7%	65 25.3%	163 63.4%	94 36.6%	162 63%	95 37%
Yes	11 57.9%	8 42.1%	15 78.9%	4 21.1%	15 78.9%	4 2.1%
p	0.094		0.131		0.124	

OCD: Obsessive Compulsive Disease
Chi-squared test

Comparing the reasons for admission and some educational features of the patients; mood problems in preparatory students ($p = 0.044$); anxiety, stress, and OCD were more common in those who did not study preparation ($p = 0.028$). A comparison of the reasons for admission and some characteristics of the patients regarding education are presented in Table 5.

When the reasons for the patients' admission and some features of the psychologist's application and the result of the application were compared (Table 6); those with a history of mood problems ($p < 0.001$); anxiety, stress, and OCD were more common in those who applied to a psychologist ($p = 0.053$) and psychiatrist ($p = 0.004$), and those who applied with communication and psychosocial problems were more common in those who applied to a psychologist ($p = 0.159$) and psychiatrist ($p < 0.0001$). When the relationship between the outcome of the applications and the reasons for the application is evaluated; 54.8% of mood-state problems were referred to a psychiatrist and were followed up by a psychologist after the medication was started; it was determined that 51.1% of the patients who applied with communication and psychosocial problems were followed up by a psychologist without the need for referral to a psychiatrist.

Table 6. Comparison of the patients' admission diagnoses with the characteristics of the psychologist's admission

	Mood problems		Anxiety, stress, OCD		Communication problem, psychosocial problem	
	No	Yes	No	Yes	No	Yes
Psychologist referral history						
No	196 74.0%	69 26.0%	168 63.4%	97 36.6%	172 64.9%	93 35.1%
Yes	7 63.6%	4 36.4%	10 90.9%	1 9.1%	5 45.5%	6 54.5%
p	0.325		0.053		0.159	
Psychiatrist referral history						
No	145 84.8%	26 15.2%	121 70.8%	50 29.2%	77 45%	94 55%
Yes	58 55.2%	47 44.8%	57 54.3%	48 45.7%	100 95.2%	5 4.8%
p	<0.0001		0.004		<0.0001	
Status after application						
In the follow-up of a psychologist (no referral to a psychiatrist is required)	143 79.4%	37 20.6%	122 67.8%	58 32.2%	88 48.9%	92 51.1%
Psychiatrist referral (no medication prescribed by psychiatrist)	43 69.4%	19 30.6%	36 58.1%	26 41.9%	57 91.9%	5 8.1%
Psychiatrist referral (medicine referred to psychiatrist started)	14 45.2%	17 54.8%	9 61.3%	12 38.7%	29 93.5%	2 6.5%
Other physician referral	3 100%	0 0%	1 33.3%	2 66.7%	3 100%	0 0%
p	0.001		0.337		<0.0001	

OCD: Obsessive Compulsive Disease
Chi-squared test

Discussion

Universities are institutions where individuals who will strengthen the social infrastructure of the future are trained. The health status of the students in these institutions is a representative indicator of university graduates who will take part in important places in the society. University life is different from life in primary and high school institutions. Students are now taking steps to become members of the society, and on the other hand, they have to cope with various problems such as adapting to university life. As in the whole society, ensuring a biopsychosocial well-being in university students is of great importance in terms of public health (5-7). In this study, it was aimed to evaluate the reasons for applying to a primary health care psychologist of a university with psychological problems/symptoms, the relationship between these reasons and the sociodemographic characteristics of the individuals, and the results of the interviews with the psychologist. In the study conducted on the campus where the faculties of health sciences are the majority, it was seen that 26.4% of the students applied due to mood problems, 35.5% due to anxiety, stress, OCD problems, 35.9% due to communication problems and psychosocial problems. It was found that 54.8% of mood problems were referred to a psychiatrist and followed up by a psychologist after the drug was started; it was determined that about half of those who applied with communication problems and psychosocial problems were followed up by a psychologist without the need for referral to a psychiatrist, the rate of applications with psychotic symptoms or eating disorders was low, and all applications with these symptoms were referred to a psychiatrist.

When the general characteristics of the patients who applied to a psychologist were evaluated in our study, it was seen that the majority of them were females, and one-third of them had a pre-admitted psychiatric disease. It has been reported in many studies that the frequency of admission due to mental disorders is higher in females than in men. The results of our study were compatible with the literature in this sense. In studies investigating the reason for the difference between genders; various reasons such as neuroendocrine factors and male-dominated society structure are mentioned (8,9). In our study, more than half of the applicants stayed in the dormitory. In the study conducted by İnanç et al. it was stated that most of the students, who were taken into psychiatric evaluation in a medicosocial center of a university, stayed in the dormitory (10). Universities are places where most students experience living apart from their families for the first time. In case of separation, they usually stay in the dormitory, stay with friends or stay alone at home. Dormitories are a different environment for students as they are different from the home environment in terms of physical conditions and the reason why there are more applications from this group may be due to this situation.

In our study, it was seen that the most common reason for admission was communication problems and

psychosocial problems, followed by anxiety, stress and OCD problems, and the least application was for psychotic reasons. In the study of İnanç et al., as in our study, evaluation was made based on the diagnoses, not on the reason for admission, and it was stated that the students were most frequently diagnosed with anxiety disorders, followed by depression (10). These findings are in line with the fact that anxiety and mood disorders are more common than other psychiatric disorders in society. In another study, in which students who applied to a psychological counseling center were examined, it was determined that they were applied mostly with obsessions and depression symptoms, and the lowest with phobic symptoms and psychotic symptoms (5). In another study conducted in Türkiye, it was stated that the common problems of the majority of students admitted to the psychological counseling and guidance departments of universities were depression, family relations, friend relations, adjustment problems and academic problems (11).

A result that should be emphasized in our study is that the most common reason for application is communication and adjustment problems and psychosocial problems. Considering the average age and student status of the individuals in our study, it would not be wrong to say that most of them are in late adolescence. Considering that some of the individuals in this special period did not apply to a health center, it can be said that frequent follow-up of the applicants and providing informative seminars or trainings for those who do not apply in various educational environments on these issues are very important both individually and socially in terms of early intervention in psychosocial problems.

In our study, it was observed that mood problems were more common in females, those with a diagnosed psychiatric illness, those with a history of applying to a psychiatrist, and those who were studying preparatory school. In the study of Keskin et al., in which they evaluated the prevalence of mental disorders, their distribution by gender, and their relationship with psychiatric support, a statistically significant relationship was found between the gender of the individual and the diagnosis of mood disorder, and it was stated that it was more common in females (12). Anxiety, stress and OCD were more common in those with a diagnosed psychiatric illness, smokers, those living in dormitories, those who came from the Marmara region, those who did not have a preparatory education and those who applied to a psychologist or psychiatrist. Numerous studies have been conducted in young adults to demonstrate the relationship between anxiety and smoking, and anxiety/stress has been shown to be an independent risk factor associated with smoking initiation. This may be the reason for the association between anxiety, stress and smoking in our study (13,14). In our study, it was observed that those who applied with communication and psychosocial problems were those with more diagnosed psychiatric diseases, those who came from Eastern Anatolia and Southeastern Anatolia regions, and those who

applied to psychologists and psychiatrists. The first striking finding in the results is the relationship between the characteristics of the geographical region where the student comes from and psychosocial situations and communication. In the study conducted by Güngörmüş et al. on the psychological resilience of nursing students and the factors affecting them, it was determined that the psychological resilience of the students from the Central Anatolia Region was the highest while the psychological resilience of the students from the Southeastern Anatolia Region was the lowest (15). It can be said that regional living standards have an effect on this result. In this study, it was observed that the common factor for all applicants was the presence of a diagnosed psychiatric illness and the history of admission to a psychiatrist. This result is expected. It is very important for the continuity of care that people with a previous diagnosis request a psychologist interview.

Considering the treatment termination status of the applicants in our study, it was seen that more than half of them were followed up by a psychologist for their treatment (no referral to a psychiatrist was required), and about one-fifth of them were referred to a psychiatrist for their treatment (no medication was prescribed to a psychiatrist). Referral status in primary care institutions is very important for the quality and continuity of care. The patient should be evaluated and referred and followed up in case of indication. Conditions that require referral to a family physician or psychiatrist after psychological counseling given by a psychologist are generally those that require medication, clinical conditions in which psychotic symptoms and eating disorders are at the forefront. As a result of our study, all psychotic patients were referred to a psychiatrist.

The study has some limitations. The fact that it is a single center study is an important limitation in terms of generalizability of the findings. The study is retrospective and was conducted on data records. The data were recorded regularly by the psychologist, there are no missing data, but it caused the study to be limited to patient data only. The completeness of the data is an outstanding aspect of the study.

Conclusion

As a result, university students have high levels of anxiety, stress, OCD problems, communication problems and psychosocial problems, and it was found that females, those living in dormitories and those with a diagnosis of psychiatric illness applied more frequently. Psychological disorders are important problems that negatively affect both the daily life and the whole life of people. It is very important to protect the state of mental health, which has an important place in the quality of life and full health of people, especially from a young age. There are various stressors that can affect mental health during the university period, which is an important period when future plans are made, the transition process from adolescence to adulthood is experienced and the sense of responsibility is

established. On the other hand, during the university process, where early diagnosis can be made and complications can be prevented by early intervention in terms of various psychotic disorders, students should be encouraged to benefit from healthcare centers where primary care preventive health services are at the forefront. Obtained results emphasize the need to intensify services especially for females, dormitory residents and those with psychiatric illness.

Conflict of Interest:

The authors declare that there is no conflict of interest.

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