

The Prevention of Academic Failure and the Promotion of a Healthy Lifestyle and Well-being in Students of the Third Faculty of Medicine of Charles University during the Pandemic

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Abstract: Our contribution opens with the findings of foreign and Czech studies on the impact of the social isolation caused by coronavirus pandemic restrictions on the lifestyle, well-being and mental health of university students relevant to our counselling experience. The introduction of online teaching and counselling is reflected. The most common problems of students presented before and during the pandemic and managed in the course of the counselling process are summarized. We describe our counselling strategies, based on the principles of health promotion applied when supporting a healthy lifestyle in students (work-life balance, healthy sleeping, eating, physical activity regimen); cognitive behavioural strategies applied in managing study and stress-related problems like test anxiety, perfectionism, addictive substances abuse and quitting smoking or tobacco use; and Gestalt therapy strategies aimed at building the counselling relationship and increasing the awareness of the client experience. We also mention our educational activities (optional courses on stress management using cognitive behavioural and mindfulness strategies). Finally, the need for collaboration with the Study Division, the faculty contact person for students with special needs, the Centre for the Treatment of Tobacco Dependence in the Královské Vinohrady Teaching Hospital and the Carolina Counselling Centre of Charles University is stressed. The aim of communication and networking is to spread information on counselling services among students and motivate them to use those services when needed, thus contributing to the prevention of academic failure and the promotion of mental health and well-being in students.

Key words: coronavirus pandemic, medical students, online counselling, lifestyle, well-being, mental health, prevention of academic failure

Introduction

University studies usually cover the life period between 18 and 25 years, defined as “Emerging Adulthood” – a specific developmental period of transition between adolescence and early adulthood (Arnett, 2000). In this life period, most students leave the family and the direct control of their parents, get more freedom and space for their own decision making and start building new social relationships. They adapt to a new system of study – an irregular schedule of classes, lectures without a controlled presence, and optional courses – which challenges their capacity for self-management and self-control. Remote exam terms and lack of external control may result in the avoidance of classes and procrastination – postponing regular and systematic self-study. Long-term procrastination and an accumulation of study duties may result in stress, with negative emotions such as anxiety, irritation, despair and depression (Burka & Yuen, 2008).

Restrictions related to the COVID-19 pandemic, which resulted in a lockdown and distance teaching, contributed to the transitional burden defined above and particularly affected students of the first year. Social isolation significantly affected the mental and emotional health of the students. Bláha (2022, p. 11) reported an increased risk of depression (3x), anxiety (2x) and suicides (3x) in

Czech young people aged 18–25 years. Similarly, Klusáček, Kudrnáčová a Soukup (2020) found a higher propensity to depression (feelings of sadness, frustration, anxiety and loneliness) in Czech students compared to the general population. A survey undertaken by a group of recent medical graduates called After Medicine (Po medicině) in November and December 2021, found high levels of distress among Czech medical students (Palička et al., 2021). The sample of 2,843 medical students (28% of all medical students in the Czech Republic) and 340 recent graduates represented eight different faculties and each of the six years of study. 95% of respondents reported stress and 65% excessive stress during their studies. Approximately 70% of respondents admitted somatic problems like vomiting, diarrhoea, skin rash and insomnia in connection with excessive stress. 30% of students reported using alcohol to reduce stress, 19% reported using medication like antidepressants and anxiolytics and 21% sought professional psychological help.

Caroppo et al. (2021) suggest that mental distress caused by social isolation seems to be linked not only to personality characteristics but also to several lifestyle components, such as sleep disruption, altered eating habits and reduced physical activity. Salguero-Alcañiz et al. (2021) found that the higher prevalence of depressive symptoms in Spanish young people was

associated with poorer perceived sleep quality and concluded that improving the skills involved in Emotional Intelligence might increase perceived sleep quality and thus reduce depressive symptoms, which might improve the quality of life. Emotional Intelligence is a concept that links cognition and emotion. It is defined as “the ability to perceive, assess and express emotions accurately; the ability to access and/or generate feelings that facilitate thinking; the ability to understand emotions and emotional knowledge and the ability to regulate emotions promoting emotional and intellectual growth”.

Online Counselling During the Pandemic

Charles University conducted two surveys on the effectiveness of distance teaching after the first semester (summer semester 2019/20) and the second semester of distance teaching (winter semester 2020/21). The most prevalent complaints from students were about the overall difficult situation (61%), the excessive amount of time spent in front of the computer (73%), problems with self-discipline and time management (49%), and the lack of personal interaction with teachers and other students (66%). Similarly, teachers complained about missing interaction with students and colleagues (87%), insufficient feedback and communication from stu-

dents (56%), and inactivity and passivity in students (45%) (Wildová, 2021, in Kucharská, 2021, p. 31–32).

In accordance with restrictions imposed during the lockdown, and the initiation of distance teaching, we announced the start of online counselling via the faculty platform (meet.lf3.cuni.cz) on the faculty website (<https://www.lf3.cuni.cz/3LF-308.html>). A student who asked for counselling via email or telephone, received an appointment and instructions for an online meeting with an individual password. The online counselling at Charles University was coordinated by the Carolina Centre.

Table 1 compares the numbers of students who asked for counselling before the pandemic (I–VI 2019, VII–XII 2019) and during the pandemic (I–VI 2020, VII–XII 2020, I–VI 2021, VII–XII 2021). The table presents the numbers of students/counselling hours (45 min.) who were provided with study counselling and mental support (DS), and counselling on quitting smoking, tobacco use and other addictions (TK); the numbers of foreign English-speaking students (Eng) and students who were recommended a psychiatric consultation due to severe mental health problems (most often anxiety and depression). The demand for counselling dropped in the first year of the pandemic (2020), whereas it rose in the second year of the pandemic (2021) in terms of an increase in counselling hours used.

Table 1. Attendance at the Student Counselling Centre before and during the pandemic

I-VI 2019	I-VI 2020	I-VI 2021
DS 36 students / 156 hours	28 students / 117 hours ↓	35 students / 175 hours ↑
TK 5 students / 21 h	2 students / 4 hours ↓	6 students / 37 hours ↑
(6 Eng, 8 psychiatrist)	(8 Eng, 1 psychiatrist)	(13 Eng, 12 psychiatrist) ↑

VII-XII 2019	VII-XII 2020	VII-XII 2021
DS 30 students / 93 hours	17 students / 73 hours ↓	25 students / 116 hours ↑
TK 5 students / 23 hours	6 students / 27 hours	7 students / 26 hours
(9 Eng, 4 psychiatrist)	(6 Eng, 4 psychiatrist)	(6 Eng, 1 psychiatrist)

Reasons for Asking for Help in the Student Counselling Centre

The most common reasons for asking for help before the pandemic were the study problems of first-year students related to adaptation to the academic system, stress associated with complex multidisciplinary exams, social anxiety, difficulties with inclusion into the academic community and burnout. After distance teaching was introduced, students who asked for help were suffering from similar problems to those identified in the studies presented above. Students complained about insufficient contact with teachers and other students, which resulted in a lack of motivation to study, an inability to organize studying, and procrastination (esp. in first-year students).

Missing online classes due to the practice of medical and nursing students in hospitals or testing centres contributed to stress about meeting the demands of the curriculum. Social isolation and online teaching with available records of lessons resulted in the avoidance of lessons, and irregular study, eating, physical activity and sleeping regimens. Consequently, students experienced anxiety, fear of failure and helplessness. In some students, mental distress resulted in using alcohol, tobacco or marijuana or spending excessive time online at the expense of study or rest.

Counselling on Study, Lifestyle and Stress

At the beginning of the counselling process, we use the Stress Management Pro-

gramme for University Students, which is available on the faculty website of the Student Counselling Centre in both Czech and English versions, in order to identify the needs and goals of the student and agree on a counselling contract. The tools included in the programme may be used in counselling in the course of a diagnostic and intervention process. The structure of the programme covers sections on Study, Lifestyle, Stress and other relevant topics (test anxiety, perfectionism, anger management, depression, etc.). Particular sections include self-evaluation questionnaires and guidelines for managing particular problems. Both the programme and the counselling strategies are based on the principles and methodology of health promotion (Kernová, 2011) that are applied when supporting students' healthy lifestyle (work-life balance, healthy sleeping, eating, physical activity regimen); cognitive behavioural strategies (Clark, 2022; Šlepecký & Praško et al. 2018) applied in managing study and stress-related problems like test anxiety, anger or perfectionism. Gestalt therapy strategies (Joyce & Sills, 2011) are suitable for building the counselling relationship, increasing the awareness of the client experience, working on emotional experience and developing emotional intelligence in the client. This applies especially to students with mental and emotional problems who might be registered at the Study Division as students with special needs

and treated by a psychiatrist and/or clinical psychologist.

The short-term counselling (3 to 5 sessions once a week or a fortnight) is usually sufficient for supporting students to settle into a reasonable study regimen, combined with a regular sleeping and eating regimen and time for recreation (sports, hobbies, friends, family), preferably at the beginning of the semester. The long-term counselling (5 and more sessions according to the needs of the student) might be useful for supporting students with special needs associated with more complex study, personal or mental health problems. In the case of a severe mental health problem (e.g. panic attacks, depression, suicidal thoughts, eating disorders), we refer the student to the specialized care of a psychiatrist or clinical psychologist. Since we use an educational approach, besides the educational programme at the faculty website we refer students to other educational resources on mental health (e.g. the "Nevypust duši" website) and offer them self-help manuals and books from the Student Counselling Centre library.

We also combine counselling and educational activities in 15-hour optional courses on stress management, applying cognitive behavioural (Clark, 2022, Šlepecký & Praško et al. 2018) and mindfulness strategies (Williams & Penman, 2014). The courses are included in the curriculum of our faculty.

Counselling on Quitting Smoking and Using Tobacco

University students, especially students of medical faculties, are considered responsible adults with an already established value system, social skills and knowledge related to a healthy lifestyle and substance use (Csémy, Hrachovínová, & Krch, 2004). However, Czech and foreign studies that have focused on the student population since the 1990s, have revealed significant contradictions between the knowledge and behaviour of students. Therefore, the authors of those studies consider this population group to be a high-risk group prone to risky behaviour, including substance use, especially alcohol and tobacco (Arnett, 2005; Balogh et al., 2018; Brožek et al., 2019; El Ansari et al., 2021; Kachlák, 2015; Syrovcová et al., 2001). Long-term procrastination and an accumulation of study duties may result in stress, with negative emotions like anxiety, irritation, despair and depression (Burka & Yuen, 2008). Some students may treat those negative emotional states with psychoactive substances, especially alcohol and tobacco. Stress, isolation and loneliness related to the COVID-19 lockdowns most probably also contributed to an increase in smokers and tobacco users. The message of the WHO World No Tobacco Day 2021 was that the health care system should use the situation of the COVID-19

pandemic to campaign for and actively promote effective forms of treatment of tobacco dependence (Králíková & Pánková, 2021).

The faculty already provides behavioural support on quitting smoking and tobacco use to students in the Student Counselling Centre at the Department of Hygiene, and pharmacological treatment is offered to students and faculty and teaching hospital staff at the Centre for Tobacco Dependence at the Department of Occupational and Travel Medicine of Charles University and the University Hospital Královské Vinohrady. Information on these services is provided during the admission process for new students at the Study Department and on the websites of the faculty and teaching hospital. Students also get relevant information during lessons on the health risks of tobacco use and guidance on early identification and intervention in tobacco users, which are part of the subject Hygiene, Epidemiology and Preventive Medicine, which is coordinated by the Department of Hygiene.

Conclusion

Health promotion and the prevention of mental health problems in students is the goal of the educational and counselling activities which have been developed at the 3rd Faculty of Medicine in the last 40 years. The Student Counselling Centre has become part of the network

of counselling services promoted by the Carolina Centre of Charles University and collaborates with the Association of University Counsellors. The increase in mental health problems, such as severe anxiety, depression and suicide related to academic stress, in the context of the coronavirus pandemic lockdowns, confronted the limited capacity of the mental health services and counselling services at universities. On top of that, lockdowns at universities restricted direct communication and collaboration within the faculty. The real challenge is to recover the communication between teachers and students in order to discuss the shortcomings of the complex curriculum at our faculty and make clear the requirements for passing credits and exams that are presented in the Study Information System (SIS) and Curriculum Database (Výuka). The latter also presents resources for study (powerpoint presentations, texts, websites). The first-year students receive orientation in the

curriculum and the system of study in an intensive course at Dobronice before the first semester. Later on, they might get support from tutors/teachers, and older students who share their study experience and materials with them. Elective courses on developing study competence, stress management and a healthy lifestyle are also included in the curriculum. We consider the collaboration of the Student Counselling Centre with the Study Department, the faculty contact person for students with special needs, the Centre for the Treatment of Tobacco Dependence at the teaching hospital, and the Carolina Counselling Centre to be crucial. The aim of communication and networking is to spread the information on counselling services among students, motivate them to use those services when needed and thus contribute to the prevention of academic failure and the promotion of mental health and well-being in students.

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