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A community-driven space dedicated to sharing of lived experiences, mental health insights, research, and inspiration.

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Is this the Cost of the Oath?

Tomi always wanted to be a doctor. He grew up in Ibadan, Nigeria, where the city's rust-brown roofs and lively atmosphere shaped his dream of wearing a white coat. When he moved from pre-clinicals to the teaching hospital wards in South West Nigeria in 2017, his dream quickly became a tough and exhausting reality. Clinical training in Nigerian medical schools is extremely tough, with strict hierarchies, heavy patient loads, and constant academic pressure. From 2017 to 2019, Tomi's days were filled with early morning ward rounds, nonstop patient work, and public criticism from demanding consultants. The pressure was overwhelming. By the time he started his second surgery rotation, he felt something inside him break. At first, Tomi just felt tired all the time and thought it was normal stress from medical school. But soon, he felt empty and numb. He couldn't sleep, lost his appetite, and even thinking about going to the hospital gave him severe panic attacks. In a cultural climate that frequently dismisses mental health struggles compounded by the societal expectation for young men to constantly "man up" and show no vulnerability, Tomi suffered in complete silence. He forced smiles through study groups and maintained a meticulously put-together outward appearance while actively battling suicidal ideation. It was a tragic paradox: he was spending his days learning the science of saving lives, yet he was quietly losing his grip on his own. Everything came to a head in 2021. The pandemic delayed the academic calendar by one year; two friends died during it, and a strike by university lecturers prolonged the delay. The heavy weight of uncertainty and depression became too much. Fortunately, he had an aunt who had fought through depression on her own and understood. She was there for him. Though he refused to see a therapist out of fear of stigma, he gradually began to regain his joy.

Tomi was never officially diagnosed with clinical depression; he did not need to, he knew what he was dealing with, he checked all the boxes himself according to the ICD 10. He had to learn the difficult, daily task of untangling his self-worth from his academic performance and unburden himself from the pressure that came with medical school. It required immense courage to show up to the wards every day, to adhere strictly to his plan, and to forgive himself on the days the darkness crept back in. Slowly, the colour returned to his world. He developed healthy coping mechanisms, recognised his triggers, and tentatively confided in a few trusted peers who, to his immense surprise, shared similar silent struggles. In 2022, Tomi finally took his Hippocratic Oath. As he stood with his classmates at the ceremony, tears ran down his face. They were not tears of sadness, but of victory after a long struggle. He had made it through medical school and through his own mental health challenges. The True Cost of the Oath: An Urgent Call to Our Healing Community We spend years learning the details of the human body and how to save lives. But while we work toward this important goal, our medical culture often harms the minds and spirits of those who are supposed to help others. I made it through medical school and took my Hippocratic Oath, but it nearly cost me my life. The harsh mix of strict hierarchy, public humiliation, and the pressure to stay silent almost led me to become another statistic. It is tragic that hospitals, which are meant to heal, often become places where trainees experience deep depression. This should not be what the next generation has to go through. We need to urgently change how we train future doctors. Here is what needs to happen now: End the practice of teaching through humiliation. Instead of public shaming during ward rounds, we should create supportive

environments where people feel safe. Remove the stigma around mental health in medicine. We need to recognize that student burnout is a real job risk and stop expecting doctors to keep their struggles to themselves. Set up confidential and easy-to-access support systems. Offer independent, stigma-free therapy and regular wellness checks that will not put a student's academic progress at risk. Remind trainees that their worth is not tied to their clinical performance. Encourage them to talk about their struggles and help them see that their value is not based on grades or evaluations.

N:B- This story is true, but names and identifying details have been changed for privacy sake

The Hidden Mental Health Crisis Among International Students: An Insider's View

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The narrative of international students in America often focuses on impressive economical statistics: over a million students contributing $40 billion annually to our economy (NAFSA, 2023). But as someone who arrived in the United States at age fifteen and is now completing a master's degree at age twenty four, I've witnessed a unspoken reality beneath the numbers – a mental health crisis that remains largely invisible, particularly among underage international students.

Research paints a disturbing picture: 44% of international graduate students report severe emotional or stress-related problems affecting their academic performance (Hyun et al., 2007). Studies show 27.4% experience major depression, while 20% suffer from anxiety disorders (Liu et al., 2021). During the COVID-19 pandemic, these numbers escalated dramatically, with over 60% reporting anxiety and depressive symptoms (Reena et al., 2023).

But these statistics tell only part of the story. As an advocate and international student myself, I've observed a particularly vulnerable group that's rarely studied: international students under 18. Their struggles often go undocumented in formal publications, but their stories emerge on social media platforms and in personal conversations. Let me share a representative story from a Chinese social media platform: "I went abroad in 2015 when I was fourteen... When we got to the airport and my mom was preparing to go through security, I suddenly realized I would be living alone. It was terrifying... From that day on, I could never return to my comfort zone… It's not until now, when I'm almost a sophomore in college, that I can talk about my high school experience in America. Only now do I have the courage to honestly face my depression." This account echoes countless others I've encountered: young teenagers struggling with not just typical adolescent challenges, but also cultural displacement, language barriers, and profound isolation – all without the immediate support of family or familiar cultural contexts. Many, like the student quoted above, mask their struggles behind carefully curated social media posts, trying to "prove to everyone that I was living like a white person."

The barriers to seeking help are formidable. Cultural stigma remains powerful, particularly in Asian communities where mental health challenges are often viewed as personal weaknesses. Language barriers compound the problem – even when services are available, many students struggle to

express complex emotional experiences in English. Perhaps most troubling, 27% of international students don't even know their universities offer mental health support (Lu & Stead, 2023).

We need a radical reimagining of mental health support for international students, particularly those who arrive as minors. This should include: Mandatory mental health screening and support systems specifically for underage international students Cultural competency training for counselors and educators working with international youth Multilingual mental health resources and peer support programs Regular check-ins with guardians and host families Creation of safe spaces where students can express their struggles without fear of academic or visa-related consequences The current system fails to recognize that sending children across the world for education, while full of opportunity, also carries significant psychological risks. As one student reflected, "My pride stems from an incurable inferiority complex... these achievements just fuel my endless dissatisfaction."

As someone who has lived this experience and now works to support others through it, I can attest that the success of international education depends not just on academic achievement, but on creating comprehensive support systems for students' mental well-being. We must act to protect these young minds who brave tremendous challenges in pursuit of education. [Author Bio: Joanna Fang is an FYP Associate and advocate at ForYouPage.org, focusing on international student welfare. Drawing from her personal experience as an international student who arrived in the U.S. at age 15, she works to bridge the gap between international students and mental health resources. She is completing her master's degree while advocating for better support systems for young international students.]

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Living With the Noise

I was twelve the first time I learned what a gunshot sounds like when it isn’t in a movie. It doesn’t crack. It thuds, low and close, and then your whole body goes still before your mind catches up. In Bentiu, that sound became something like weather. You didn’t ask if it would come. You asked when, from which direction, and whether you’d have time to grab your little sister’s hand before you ran.

People who haven’t lived through this always want to talk about the visible wounds, the burned homes, the empty markets, the lines of people walking with everything they own on their heads. But nobody warns you about the quieter injury, the one that doesn’t show up in a clinic. It’s the way your chest tightens at the sound of a motorbike backfiring. It’s how you flinch at a slammed door years later, in a place that’s supposed to be safe. It’s not knowing how to just rest, because some part of you is always listening for what’s coming next.

I remember nights in the Protection of Civilians site, lying on a mat listening to my mother pretend to sleep. I could tell she wasn’t by her breathing. We were both awake, both afraid, both saying nothing, because what was there to say? Fear like that doesn’t need words. It just sits in the room with you, patient, the way an uninvited guest sits.

Growing up this way teaches you to survive, but it doesn’t teach you how to feel safe again once the guns quiet down. That’s the part people forget. The conflict ends on paper, in an agreement signed somewhere far away, but it doesn’t end in the body. It doesn’t end in the way you still count exits in a room, or the way certain smells like smoke, diesel, something burning can pull you back to a moment you thought you’d buried.

I lost friends. Not to old age, not to illness, but to bullets, to displacement, to the slow erosion of hope that makes some boys pick up guns just to feel like they have some control over a life that keeps taking things from them. I understand that impulse even as it frightens me. When you’ve been powerless so many times, power, any power, starts to look like relief.

What kept me from disappearing into all of it wasn’t a program or a pamphlet. It was small, human things. An aunt who still made tea in the mornings like the world hadn’t ended. A teacher who kept holding class under a tree even when the school building was gone. Friends who laughed with me, not despite what we’d seen, but almost in defiance of it, because laughing meant we were still here.

I am still learning what healing looks like. I don’t think it means forgetting. I think it means learning how to put the listening down, to hear a sound and let it be only a sound.

Story by M.K