MENTAL HEALTH AND PSYCHOLOGICAL DISTRESS IN UNIVERSITY STUDENTS

SAÚDE MENTAL E SOFRIMENTO PSÍQUICO EM ESTUDANTES UNIVERSITÁRIOS

SALUD MENTAL Y SUFRIMIENTO PSÍQUICO EN ESTUDIANTES UNIVERSITARIOS

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ABSTRACT

Currently university students present symptoms such as anxiety, insomnia, panic and depression in common university life situations. In view of that, the study aimed to investigate factors associated with well-being and psychological distress of students in different courses of a private University in the countryside of Ceará, detecting levels of anxiety and depression. 545 students in different phases and courses participated in the study. Tools for data collection were a socioeconomical survey, Beck Depression Inventory, and Beck Anxiety Inventory. Variables such as sex, alcohol, medications consumption, and completion of the course were associated to serious levels of both anxiety and depression, enabling higher psychological distress. The practice of physical exercises and involvement in collective activities were indicated to prevent these diseases and to improve well-being.

KEYWORDS: Anxiety. Depression. University students. Psychological distress.

RESUMO

Atualmente os estudantes universitários têm apresentado sintomas como ansiedade, insônia, pânico e depressão em situações comuns da vida universitária. Diante disso, esse estudo teve como objetivo investigar os fatores associados ao bem-estar e ao sofrimento psíquico de estudantes de diferentes cursos de uma Universidade privada do Ceará, por meio da detecção dos níveis de ansiedade e depressão. Participaram do estudo 545 estudantes de diferentes períodos e cursos. Utilizou-se como instrumentos para a coleta de dados um Questionário socioeconômico, o Inventário de Depressão de Beck e o Inventário de Ansiedade de Beck. Variáveis como gênero, consumo de álcool, uso de medicamentos e finalização do curso estiveram associadas a índices graves tanto de ansiedade quanto de depressão, predispondo a um maior sofrimento psíquico. Já a prática de exercícios físicos e o envolvimento em atividades coletivas foram indicados para a prevenção dessas enfermidades e para a melhora do bem-estar dos indivíduos.

PALAVRAS-CHAVE: Ansiedade. Depressão. Estudantes universitários. Sofrimento psíquico.

RESUMEN

En la actualidad los estudiantes universitarios han presentado síntomas como ansiedad, insomnio, pánico y depresión en situaciones comunes de la vida universitaria. Ante eso, el estudio tuvo como objetivo investigar los factores asociados al bienestar y al sufrimiento psíquico de estudiantes de diferentes carreras de una Universidad privada del interior de Ceará, por medio de la detección de los niveles de ansiedad y depresión. Participaron del estudio 545 estudiantes de diferentes semestres de las carreras. Se utilizaron como instrumentos para recolección de datos un cuestionario socioeconómico, el Inventario de Depresión de Beck y el Inventario de Ansiedad de Beck. Variables como sexo, consumo de alcohol, uso de medicinas y tiempo para finalizar la carrera estuvieron asociadas a índices graves tanto de ansiedad como de depresión, predisponiendo los estudiantes más aún al sufrimiento psíquico. Por su parte, la práctica de ejercicios físicos y la participación en actividades colectivas fueron indicadas para la prevención de esas enfermedades y para la mejora del bienestar de los individuos.

PALABRAS CLAVE: Ansiedad. Depresión. Estudiantes universitarios. Sufrimiento psíquico.

INTRODUCTION

Entering the University is a period of change, which can involve moments of happiness and dream fulfillment, but at the same time, it is a complex and multifaceted phenomenon, because it involves not only individual student issues, but also institutional issues, in a relationship built daily. For this reason, the migration of the young student from high school to higher education is a crucial point, since it allows him/her to become more active in his/her training process, since he/she will be exposed to a higher level of demand, autonomy and criticality. In turn, many of the choices and decisions become his or her responsibility, and in general, this can trigger insecurity, doubts and fear, in addition to confronting him or her with factors that can negatively affect their trajectories (BEZERRA; SIQUARA; ABREU, 2018).

When inserted into the university environment, the student may end up experiencing moments of crisis, in the face of the conflicts caused by changes in the environment, the insecurity generated by autonomy and the different social skills required to build new relationships (ASSIS; SOUZA, 2018). Thus, acquiring new knowledge, developing critical thinking about the environment and living together as a group can be challenging and rewarding or can generate suffering and sickness.

When young people enter university, they often move away from their circle of family and social relationships, which can trigger stress situations. According to Silveira et al. (2011) family issues such as conflict, illness, death, financial problems, anxiety related to taking exams, dissatisfaction and/or desire to change course, social and family distancing, and difficulty in adapting to the demand for academic work are some of the factors that generate stress in higher education students.

Silveira and collaborators (2011) also point out other factors that may also be related to the increase in statistics of psychological distress among university students, which includes the presence of young people in higher education who present some previous psychiatric pathology; the dispute among young people for entry into institutions and courses with high competition; the lack of preparation to assume the academic requirements; the adjustment to the new context and the overprotection of parents.

The transformations experienced during this period are quite expressive, considering the student's need for cognitive-emotional skills and abilities to withstand the challenges encountered (BEZERRA; SIQUARA; ABREU, 2018). The authors also mention that such challenges include the adaptation to new environments and knowledge, the process of knowledge construction and expectations regarding learning and insertion in the labor market. With this, the way the obstacles of academic life are faced by students, as well as their exposure to new situations, present themselves as a potential stressor factor, a trigger for the emergence of mental health problems.

According to Karnal *et al.* (2018), among students who participate in scholarship programs such as PROUNI - University for All Program, the challenges when entering the University can be even greater, such as: having to manage work, study and personal life; keeping oneself economically during the semester; difficulty in building bonds with peers; relationship with teachers; pedagogical difficulty; physical fatigue and the possibility of giving up. For many students with this profile, studying requires a lot of effort, which can lead them to the limit of physical and mental resistance.

Silveira et al. (2011) state that mental disorders are more likely to appear for the first time in early adulthood, especially in college, and the prognosis of these diseases improves with early identification and intervention. The presence of undiagnosed and/or untreated mental pathology may have significant implications on the academic success and social relationships of these individuals. Paradoxically, among young people who could benefit from psychiatric follow-up, only a small percentage of them seek help.

However, according to the same authors, students point out several obstacles to not seeking this type of help: lack of time, concern for privacy, associated stigma and fear of discrimination, lack of perception of the need for treatment and denial of the seriousness of the problem, as well as lack of knowledge about available mental health services. As a result, some problems of school performance and social isolation may be interpreted as difficulties in adaptation, when in fact they are symptoms or risk factors for severe psychiatric disorder.

In view of this, one can perceive the vulnerability that the university population presents from the moment they enter the University, through their academic trajectory, formation and professional future, since all the phases of graduation and their relationships can be

configured as pathogenic processes for the student, affecting the same at an educational, social and psychological level. Therefore, all the diversity of factors that favor psychological distress and wound the well-being of the students must be the object of reflection and in-depth study.

In this context, this research aims to investigate the factors associated with the well-being and psychological distress of students of Psychology, Social Service, Law, Administration, Nursing and Systems Analysis and Development of a private University in the interior of Ceará, through the detection of levels of anxiety and depression.

METHODOLOGY

The research developed was of an exploratory nature, aiming to provide greater familiarity with the problem and the construction of hypotheses or premises, through the improvement of ideas or the discovery of intuitions (GIL, 2010).

In order to elaborate an overview on the subject, a field research was developed addressing students of Psychology, Social Service, Law, Administration, Nursing and Systems Analysis and Development courses, regularly enrolled in the first semester of the year 2019 in a private University in the interior of Ceará, between the months of February and March 2019. Students who were at the beginning of the course (first and second semesters) and students who were at the end of the course (sixth, eighth and tenth, depending on the course) were approached. This sample was chosen for the convenience of the researchers, considering the availability of the students and the authorization of the course coordinators.

Students who were present in class on the day the questionnaire was to be applied and who agreed to participate in the study. In all classes, the application of the instrument was carried out in class. Initially, the researcher introduced himself and invited the students to participate in the study by answering the questionnaire. The students were assured that their participation in the research should be voluntary and that, besides the guarantee of anonymity, no person of the institution would have access to the information provided. Students then received an e-mail address to access the questionnaire and were instructed as to its resolution, it should be answered individually and no item should be left blank. The time available for the resolution of the instrument was approximately 30 minutes. The option to use the questionnaire made available in electronic media was based on the ease that it could bring to the development of the study.

The data collection instrument was composed of three elements: 1) Socioeconomic Questionnaire, 2) Beck Depression Inventory and 3) Beck Anxiety Inventory. The socioeconomic questionnaire aimed at finding a broad characterization of the sample,

addressing demographic and socioeconomic characteristics of the participants, besides factors related to the academic trajectory.

The Beck Anxiety Inventory - BAI and the Beck Depression Inventory - BDI, were prepared by Beck and Steer (1990) and in Brazil validated by Cunha (2001). The BAI consists of an instrument composed of 21 items that evaluate anxiety symptoms from the self-report. Each item has a 4-point scale representing an individual score from 0 to 3 points whose sum identifies symptoms on four levels - minimum (21-31 points), mild (32-40 points), moderate (41-51 points) and severe (52-84 points). The BDI is a scale composed of 21 items that measure the intensity of depression symptoms on four levels - minimum (0-11 points), mild (12-19 points), moderate (20-35 points) and severe (36-63 points).

The project was submitted to and approved by the Research Ethics Committee of the University to which the project is linked, under CAAE 08128518.0.0000.5048. The data were analyzed by means of two statistical procedures - the first descriptive, in which the universe of data was presented; and the second analytical, which was performed with the crossing of data to characterize the population.

RESULTS

There were 545 students in the study, 180 in Law, 176 in Psychology, 68 in Social Work, 59 in Nursing, 49 in Systems Analysis and Development and 13 in Administration. Of these students 388 were at the beginning (71.2%) and 157 at the end of the course (28.8%).

The age range of participants ranged from 17 to 40 years, with an average of 21.98 years. Of these, 65.9% were women and 34.1% men. The predominance was of university students without stable relationship (85.3%) and not white (67.7%). A total of 68% of the students stated that they do not work, 89.7% live with relatives and 86% stated that they do not have children. Of these students, 70% studied all their lives in public school and 74% never took a preparatory course to enter the course they chose at the University.

Regarding the consumption of alcoholic beverages, 22.4% said they consume at least once a week and 2% of participants say they use cigarettes. About the use of medication, 21% said they use medication continuously. The most cited drugs were contraceptives, as well as fluoxetine, sertraline, risperidone and clonazepan.

When asked about their free time practices, only 31.9% stated that they perform physical activities regularly and 28.6% consider themselves very involved in group sports (basketball, soccer, volleyball, among others), 51% said they are very involved in religious activities such as cults or other rituals, 12.1% in group artistic activities (musical group, choir, fine arts, among others) and 11.6% in charitable activities such as unpaid volunteer work, in non-governmental organizations (NGOs) or others. When sports, religious, artistic and voluntary

practices were grouped, it was noticed that 30.1% of students are not involved in any activity, 44.6% are involved in only one activity and 25.3% are involved in at least two activities.

The Beck Depression Inventory showed that 51% of all students had minimal symptoms of depression, 23.8% had mild symptoms, 20.5% had moderate symptoms and 4.5% had severe symptoms. Regarding anxiety, measured by Beck's Anxiety Inventory, 30.2% showed minimal symptoms, 24.7% mild symptoms, 19.2% moderate symptoms and 25.6% severe symptoms.

When the symptoms of anxiety and depression were correlated with the categories of the socioeconomic questionnaire, through the non-parametric Chi-square statistical test, adopting a significance level of 5% for the 95% confidence interval, the percentages and associations that can be seen in the following tables were found:

Table 1: Analysis of depression results.

BDI		Minimum	Mild	Moderate	Severe	x^2 (p)
Gender	Female	55.9 (n=156)	71.3 (n=92)	83 (n=93)	72 (n=18)	29.103 (0,000**)
	Male	44.1 (n=123)	28,7 (n=37)	17 (n=19)	28 (n=7)	
Semester	End of course	21.9 (n=61)	37.2 (n=48)	33.9 (n=38)	40.0(n=10)	13.959 (0,003**)
	Beginning of the course	78.1 (n=218)	62.8 (n=81)	66.1 (n=74)	60.0(n=15)	
Color / ethnicity	White	33 (n=92)	34.1 (n=44)	29.5 (n=33)	28 (n=7)	0.874 (0,832)
	Not White	67 (n=187)	65.9 (n=85)	70.5 (n=79)	72 (n=18)	
Marital status	No stable relationship	84.2 (n=235)	85.3 (n=110)	86.6 (n=97)	92 (n=23)	1.304 (0,728)
	Stable relationship	15.8 (n=44)	14.7 (n=19)	13.4 (n=15)	8 (n=2)	

Who do you live with	Alone or with friends / colleagues	9 (n=25)	10.9 (n=14)	13.4 (n=15)	8 (n=2)	1.891 (0,595)
	With family	91 (n=254)	89.1 (n=115)	86.6 (n=97)	92 (n=23)	
Paid work	No	71.3 (n=199)	65.1 (n=84)	66.1 (n=74)	60 (n=15)	2.834 (0,418)
	Yes	28,7 (n=80)	34.9 (n=45)	33.9 (n=38)	40 (n=10)	
Physical exercise	Does not practice regularly	64.2 (n=179)	63.6 (n=82)	81.3 (n=91)	76 (n=19)	12,844 (0,005**)
	Practice regularly	35.8 (n=100)	36.4 (n=47)	18.8 (n=21)	24 (n=6)	
Alcohol consumption	Less than once a week	73.8 (n=93)	76.5 (n=52)	85 (n=51)	83.3 (n=15)	3.319 (0,345)
	At least once a week	26.2 (n=33)	23.5 (n=16)	15 (n=9)	16.7 (n=3)	
Tobacco use	No	97.5 (n=272)	99.2 (n=128)	98.2 (n=110)	92 (n=23)	5.335 (0,149)
	Yes	2.5 (n=7)	0.8 (n=1)	1.8 (n=2)	8 (n=2)	
Use of medication	No	85.7 (n=239)	74.4 (n=96)	71.4 (n=80)	52 (n=13)	23.501 (0,000**)
	Yes	14.3 (n=40)	25.6 (n=33)	28.6 (n=32)	48 (n=12)	
Sports activity	Little involved	62,7 (n=175)	78,3 (n=101)	82.1 (n=92)	84 (n=21)	21.55 (0,000**)

	Very involved	37.3 (n=104)	21,7 (n=28)	17.9 (n=20)	16 (n=4)	
Artistic activity	Little involved	87.5 (n=244)	84.5 (n=109)	91.1 (n=102)	96 (n=24)	4.056 (0,256)
	Very involved	12.5 (n=35)	15.5 (n=20)	8.9 (n=10)	4 (n=1)	
Charity activity	Little involved	89.6 (n=250)	85.3 (n=110)	89.3 (n=100)	88 (n=22)	1.721 (0,632)
	Very involved	10.4 (n=29)	14.7 (n=19)	10.7 (n=12)	12 (n=3)	
Religious activity	Little involved	47 (n=131)	44,2 (n=57)	55.4 (n=62)	68 (n=17)	7,087 (0,069)
	Very involved	53 (n=148)	55.8 (n=72)	44.6 (n=50)	32 (n=8)	
Involvement in activities	Not involved in activities	27.6 (n=77)	28.7 (n=37)	33 (n=37)	52 (n=13)	22.792 (0,001**)
	Involved in only 1 activity	40.5 (n=113)	46.5 (n=60)	54.5 (n=61)	36 (n=9)	
	Involved in at least 2 activities	31.9 (n=89)	24.8 (n=32)	12.5 (n=14)	12 (n=3)	

** Statistically significant association considering a value of $p < 0.01$ from the chi-square test.

Source: From the authors (2020)

Table 2: Analysis of anxiety results.

BAI		**Minimum**	**Mild**	**Moderate**	**Severe**	**x2 (p)**
Gender	Female	46.7 (n=77)	63.7 (n=86)	71.4 (n=75)	86.4 (n=121)	55.112 (0,000**)
	Male	53.3 (n=88)	36.3 (n=49)	28.6 (n=30)	13.6 (n=19)	

Semester	End of course	21.8 (n=36)	27.4 (n=37)	29.5 (n=31)	37.9 (n=53)	9.676 (0,022**)
	Beginning of the course	78.2 (n=129)	72.6 (n=98)	70.5 (n=74)	62.1 (n=87)	
Color / ethnicity	White	35.2 (n=58)	36.3 (n=49)	29.5 (n=31)	27.1 (n=38)	3.673 (0,299)
	Not White	64.8 (n=107)	63.7 (n=86)	70.5 (n=74)	72.9 (n=102)	
Marital status	No stable relationship	82.4 (n=136)	85.9 (n=116)	85.7 (n=90)	87.9 (n=123)	1.877 (0,598)
	Stable relationship	17.6 (n=29)	14.1 (n=19)	14.3 (n=15)	12.1 (n=17)	
Who do you live with	Alone or with friends / colleagues	6.1 (n=10)	12.6 (n=17)	14.3 (n=15)	10 (n=14)	5.809 (0,121)
	With family	93.9 (n=155)	87.4 (n=118)	85.7 (n=90)	90 (n=126)	
Paid work	No	67.9 (n=112)	74.1 (n=100)	64,8 (n=68)	65.7 (n=92)	3.129 (0,372)
	Yes	32,1 (n=53)	25,9 (n=35)	35,2 (n=37)	34,3 (n=48)	
Physical exercise	Does not practice regularly	57.6 (n=95)	68.9 (n=93)	68.6 (n=72)	79.3 (n=111)	16.518 (0,001**)
	Practice regularly	42.4 (n=70)	31.1 (n=42)	31.4 (n=33)	20.7 (n=29)	
Alcohol consumption	Less than once a week	68.6 (n=48)	81.2 (n=56)	83.9 (n=47)	77.9 (n=60)	5.076 (0,166)
	At least once a week	31.4 (n=22)	18.8 (n=13)	16.1 (n=9)	22.1 (n=17)	
Tobacco use	No	98.2 (n=162)	97 (n=131)	98.1 (n=103)	97.9 (n=137)	0.521 (0,914)
	Yes	1.8 (n=3)	3 (n=4)	1.9 (n=2)	2.1 (n=3)	
Use of medication	No	92.1 (n=152)	82.2 (n=111)	74.3 (n=78)	62.1 (n=87)	42.592 (0,000**)

	Yes	7,9 (n=13)	17.8 (n=24)	25.7 (n=27)	37.9 (n=53)	
Sports activity	Little involved	58.8 (n=97)	67.4 (n=91)	79 (n=83)	84.3 (n=118)	28.283 (0,000**)
	Very involved	41.2 (n=68)	32.6 (n=44)	21 (n=22)	15.7 (n=22)	
Artistic activity	Little involved	87.9 (n=145)	85.9 (n=116)	85.7 (n=90)	91.4 (n=128)	2.603 (0,457)
	Very involved	12.1 (n=20)	14.1 (n=19)	14.3 (n=15)	8.6 (n=12)	
Charity activity	Little involved	87.9 (n=145)	88.9 (n=120)	89,5 (n=94)	87.9 (n=123)	0.245 (0,970)
	Very involved	12.1 (n=20)	11.1 (n=15)	10.5 (n=11)	12.1 (n=17)	
Religious activity	Little involved	51.5 (n=85)	45.9 (n=62)	48.6 (n=51)	49.3 (n=69)	0.94 (0,816)
	Very involved	48.5 (n=80)	54.1 (n=73)	51.4 (n=54)	50.7 (n=71)	
Involvement in activities	Not involved in activities	29.7 (n=49)	26.7 (n=36)	27.6 (n=29)	35.7 (n=50)	19.023 (0,004**)
	Involved in only 1 activity	37 (n=61)	43 (n=58)	53.3 (n=56)	48.6 (n=68)	
	Involved in at least 2 activities	33.3 (n=55)	30.4 (n=41)	19 (n=20)	15.7 (n=22)	

** Statistically significant association considering a value of p <0.01 from the chi-square test.
Source: From the authors (2020)

DISCUSSION

The World Health Organization (WHO, 2017, s/p), in its constitution, dated 1946, defines health as "a state of complete physical, mental and social well-being, and not consisting only of the absence of disease or infirmity. The organization also states that mental health involves the emotional balance between internal needs and the body's external demands or experiences. It would be, for example, the ability to manage one's own life and emotions in various situations, seeking to live in the balance of everything one needs to do in one's daily life, while doing what one likes, such as leisure activities.

According to WHO (2017), risk factors such as rapid social change, stressful working conditions, social exclusion, gender discrimination, unhealthy lifestyles, violence, physical malaise, and human rights violations are associated with mental health damage, and these factors are also present in the university environment.

Thus, students of various nationalities and cultures are predisposed to the development of mental health disorders as a result of exposure to possible stress factors. When inserted in this new environment, students from public and private institutions may face the absence of teachers and favorable structural conditions; the presence of managers and teachers who present an imposing and little assertive posture, the excessive demand for activities and collection in a short period of time, situations of racial and gender discrimination, an intense routine of studies, conflicts among peers, among others (BEZERRA; SIQUARA; ABREU, 2018).

The above situations can both affect the mental health of students and can lead to Minor Common Disorders (MCDs), e.g. stress, eating disorders, contact and abuse of psychoactive substances, medications and alcohol, as well as anxiety and depression (CARLESSO, 2020). According to the Diagnostic and Statistical Manual of Mental Disorders - DSM 5 (2014), the anxiety picture is associated with an anticipation of future threat and consequently muscle tension, alert state in preparation for future danger and cautious or elusive behaviors. The depressive condition involves the presence of sad, empty or irritable moods, accompanied by somatic and cognitive changes that significantly affect the individual's functional capacity.

According to the WHO (2017), in 2015 depression reached 4.4% of people worldwide, and research by Bandelow and Michaelis (2015) showed that anxiety disorders can affect up to 33.7% of people during their lifetime. However, in relation to the university public, these percentages can be even higher.

In this research, 4.57% of individuals presented severe symptoms of depression and 20.51% moderate symptoms. There was a significant association between being at the end of the course and presenting moderate or severe symptoms of depression. Regarding anxiety, 25.68% of the sample showed severe symptoms and 19.26% had moderate symptoms, there was also a significant association between being at the end of the course and presenting severe symptoms of anxiety.

Regarding information on the health and quality of life of undergraduate students, the V National Survey on the Socio-economic and Cultural Profile of Undergraduates from Federal Institutions of Higher Education, conducted by FONAPRACE/ANDIFES (2019), points out that 23.7% of students accused mental health problems as a factor that hinders the proper development of studies, with this picture being more frequent in women (28.6%). Additionally, the research showed that 83.5% of the interviewed graduates reported

experiencing some emotional difficulty that interfered with their academic life, such as: anxiety, discouragement or demotivation; insomnia or sleep changes; feeling of helplessness or despair; loneliness and persistent sadness. Among the students who reported emotional difficulties, 11.1% are undergoing psychological treatment and 7.5% are taking psychiatric medication, but 63.7% never sought psychological care.

This data is also compatible with those presented in other studies, such as Bezerra, Siquara and Abreu (2018), with Psychology students from the city of Salvador, which found a percentage of 42% of students with severe levels of anxiety symptoms and 9% with severe levels of depression symptoms. A study by Sequeira et al. (2013) showed that 59.4% of the students approached felt depressed; 46% felt sad and down, so that nothing could cheer them up and 69.7% reported feeling under strong pressure and stress. In terms of anxiety, the authors found that 66.1% were very nervous in the last month; 68.1% felt tense and irritated and 64.3% were anxious and concerned. On suicide ideation, the same research found that 7.1% of the students thought at least for some time about ending their own life.

The study of Nogueira, Barros and Sequeira (2017), when investigating the mental health of the participants, revealed that they had an average of 107.41 Psychological Stress and 52.46 Well-Being, which corresponds to satisfactory levels of Mental Health. In relation to male participants, they observed a tendency to present a better mental health than female participants.

Castro (2017), investigating the symptomatology of stress in students of a public university from the ISSL, identified an overall prevalence of 62%, with 54% in the resistance phase and 8% in the exhaustion phase, with male predominance in the resistance phase and female predominance in the exhaustion phase. The depressive symptoms were evaluated by the BDI and indicated that 23% of the sample were in the mild range and 3.85% in the moderate range. The anxiety symptoms evaluated by BAI indicated that 23% of the sample was in the mild severity range and 8% in the moderate range, with female predominance in the two ranges analyzed. In relation to IDATE-E, 50% of the sample presented medium anxiety degree and 38.46% high degree. There was male predominance in the medium range and balanced in the high range. From IDATE-T, 61.54% of the sample was identified with a medium degree of anxiety, the majority being male and 23.08% presented high degree, the majority being female.

These results point to worrying rates of psychological distress in the university population, especially among women. In the present study, there was also a significant difference between genders and indices of both anxiety and depression, with women presenting more severe symptoms in both inventories. This may occur due to several issues, such as: the social place occupied by women, who often accumulate the study with domestic and professional activities; greater chances of suffering psychological and sexual abuse within the institution;

an internal charge for performance associated with the need to seek higher education as a way to reduce social inequalities, aiming at careers and remuneration that minimally guarantee them to reconcile, for example, maternity and work in a certain professional moment, enjoying benefits and labor rights.

There was also an association between the symptoms of anxiety and depression and the school period in which the student finds himself. Students at the end of the course presented, significantly, a profile of severe symptoms in both inventories. This may occur due to the following factors: concern with the end of the course and its insertion in the labor market; accumulation of activities such as internships and course completion work, in addition to the subjects; competition among peers, among others. However, it is also necessary to pay attention to incoming students, because at this stage there are important stress factors, such as adapting to the academic routine; leaving the parents' home; living alone in a new environment or sharing the house with new people; integration in the peer group, etc.

Living in student housing or with colleagues can also be a challenging factor in students' adaptation to the University. In this research there was no difference between living with family or friends/colleagues and presenting severe symptoms of anxiety or depression. However, Malajovich et al. (2017), emphasize that there is a need for actions that minimize the problems of the structure of university student housing and promote the monitoring of its collective dynamics, helping to face the difficulties of living together that can compromise the socialization and quality of life of residents.

Another point that needs attention and that was alerted by Silveira et al. (2011) is the fact that the number of young people who compete and enter Higher Education is increasing and that 10% of them already suffer from psychiatric pathology. In many cases, the onset of the disease occurred before entry into the University, while in other cases, the onset may have been after the University, since academic life may be a cause of stress and precipitate the recurrence of psychiatric pathology. The authors also warn that not treating these psychiatric disorders can significantly influence the student's success in their academic activities, which may partially explain the significant percentage of reproaches (26%) in students observed by them.

In fact, the university environment demands a high degree of maturity and responsibility from students, and they may not meet expectations due to thoughts and feelings of inability, uncertainties, and demands, which can lead to sadness and unease (BUCHANAN, 2012). In addition, some students in the attempt to face the difficulties arising from entering the University may resort to the use of medications for cognitive improvement (TRIGUEIRO, 2019), while others will seek licit and/or illicit drugs, which will negatively impact the development of cognitive skills and learning processes (ASSIS; OLIVEIRA, 2010; ASSIS; SOUZA, 2018).

In this research, 22.4% of the students informed that they consume alcoholic beverages at least once a week. This was a slightly lower average than that presented by students from federal institutions, which was 26.5%, with consumption among male students higher (30.3%) than female students (23.3%) (FONAPRACE/ANDIFES, 2019). However, this data needs to be interpreted with caution, as some students may not have responded sincerely for fear of social reproach.

Although the results do not show an association between alcohol consumption and the symptoms of anxiety and depression, it is known that the use of this and other substances, such as coffee and psycho-pharmaceuticals, can be a first way to minimize the symptoms of anxiety, stress and depression. Different factors predispose these consumptions, among them: the role of the University as a stimulus and a means of socialization; increased responsibility; financial and social difficulties; detachment from the family and the influence of peers, among others. With this, substance consumption can affect the student's mental health, leading to situations of isolation, loneliness, and conflicts in relationships with parents and peers, substance use, disinterest and depression (SERQUEIRA *et al.,* 2013).

Students who take medication have also been more prone to severe symptoms of both anxiety and depression. The most commonly cited psychotropic drugs were fluoxetine and sertraline (antidepressants), risperidone (antipsychotic) and clonazepam (tranquilizer). However, the questionnaire only asked if they used medication daily and which, not investigating if this medication had been prescribed by a doctor. Therefore, the use of these medications may be being done either in order to treat pre-existing pathologies or in an inadequate way, which could be making the picture worse. This data is also referred in the research of Serqueira et al. (2013), which showed that 42% of students participating in the research referred to the consumption of psychotropic drugs, with tranquilizers being the most consumed drugs, where they were referred in 18.5%.

On the other hand, there is a set of variables that can be promoters of mental health and facilitators of the transition to Higher Education. Physical activity, for example, promotes social integration, development of skills and quality of life, as well as is important in reducing anxiety. Nogueira, Barros and Sequeira (2017) inform that the practice of physical exercise provides significantly better mental health, comparing who practices and who does not. It also interferes in mental health the average number of hours of sleep per day in class time, especially in relation to anxiety.

Among students from federal institutions, the national FONAPRACE/ANDIFES (2019) research showed that 39.9% do not practice physical activities; 48.1% exercise regularly - at least once a week; and 12.0% only occasionally. Adding other variables that interfere with health, the study identified that the percentage of students who eat properly (three or more meals a day), exercise regularly (at least three times a week) and seek specialized or

preventive medical and dental care is only 8.9%, a fact that should occupy the attention of managers of IFES.

Among the students of the University Center investigated in this research, only 31.9% practices physical activities regularly, daily or weekly, and 28.6% is considered very involved in group sports activities, such as soccer, volleyball, basketball, among others. The practice of physical activities is so important for health, mental and general, that among students who have this habit, were lower rates of anxiety and depression.

Other types of activities that strengthen social contact are also important, such as artistic activities performed in groups (music, plastic arts, among others), unpaid volunteer work, in non-governmental organizations (NGOs) and charitable or religious services and activities. When analyzed individually, there was no difference between the type of activity and the symptoms of anxiety and depression, but the research showed that being involved in at least one group activity favors well-being and mental health.

It is important that this information is disseminated, because most of the time, university students focus more on academic activities, such as work, exams, monitoring, internships, among others, leaving aside things that were previously important, such as: family, friends, boyfriend/girlfriend, religion, gym, sports and recreation activities. Many times, this scholar arrives home and cannot have contact with family, friends and people outside the university, because they arrive tired and full of college activities to perform, ending up having a distance with those who are fundamental people in their lives. When, at last, they get some time to do some activity that is not related to the University, they are already on the edge of stress, with their mental health very weak, since mental, physical and social health are intertwined and deeply interdependent.

According to Bezerra, Siquara and Abreu (2018), there are some ways to reduce the incidence of symptoms of anxiety and depression among students, such as: the development of group intervention programs, with the objective of promoting empathy, positive thoughts and collaborative work; proposing new forms of confrontation, with the creation of reminders with positive and reinforcing phrases; meditation; encouraging physical exercises; food education; individual psychotherapy and short-term focal therapies.

The maintenance of concentration, memorization and motivation; deficits in the execution of planning, organization or decision making; the maintenance of attendance; the interaction with colleagues; are some of the difficulties that interfere in the performance of university students already diagnosed with mental pathologies. Based on this, it is important to have an early and effective treatment, so that they can pursue their academic goals even in the face of such difficulties. Silveira et al. (2011) already warned about the importance of detecting these

cases and intervening early, considering the impact on the quality of life and the academic and social performance of the professional future.

CONCLUSION

This study concluded that variables such as gender, alcohol consumption, medication and being at the end of the course, were associated with serious rates of both anxiety and depression, predisposing to greater psychological distress. On the other hand, practicing physical exercise and being involved in collective activities can serve as prevention to these illnesses and improve the well-being and mental health of individuals.

Reflecting on this data is important, since the academic success of students also depends on their physical, social, and mental well-being, which points to the need for new studies and research in mental health and the prevalence of psychopathological symptoms among higher education students. Due to the importance of the topic, it is believed that a work like this, which has an exploratory character, can shed light on the diversity of experiences, living conditions, customs, cultures and values of university students.

Due to the convenience sample, the subsequent generalization of its results should be done with caution. However, the results were consistent with those presented in other researches, which reinforces the importance of studying this topic.

Finally, the data from this study may be used by higher education institutions in order to improve their academic practices, which may be reflected in better training for future professionals. Considering that the students assume an important position in relation to the social investments of the country, it is fundamental that there are activities with the purpose of promoting mental health and preventing pathologies, acting in an integral way in the formation and development of the university student. Likewise, it is important to create programs to help vulnerable students to continue their graduation so that they can contribute to the country's development.

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