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IMPACTS OF ACADEMIC EXPERIENCES ON THE MENTAL HEALTH OF STUDENTS OF A PUBLIC UNIVERSITY IN NORTHERN BRAZIL

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ABSTRACT

The study investigates the impacts of academic experiences on the mental health of students at a public university located in the North of Brazil. Through a quantitative, cross-sectional and correlational approach, data were collected from 157 students, using two validated instruments: the Depression, Anxiety and Stress Scale (DASS-21) and the Academic Experiences Questionnaire – short version (QVA-r). The results point to a high prevalence of symptoms of stress (43.3%), anxiety (45.2%) and depression (40.8%), especially among female students and those enrolled in the first years of the course. The analyses of variance revealed significant associations between the levels of psychological distress and the perception of academic experiences in the personal, career and study dimensions. In addition, factors such as gender, age group, and place of residence influenced stress and anxiety levels, highlighting the need for academic policies focused on emotional support and the promotion of student well-being. This study contributes to the debate on mental health in higher education, highlighting the urgency of interventions that mitigate psychological suffering and promote quality of life for students.

Keywords: Academic experiences, Mental health, University students, Stress, Anxiety, Depression.

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INTRODUCTION

In the contemporary scenario, a significant portion of the world's population faces some type of mental disorder (MD), which has raised discussions about public health and quality of life at this interface (WHO, 2017). Global estimates indicate that 4.4% of the population suffers from depressive disorder and that 3.6% have anxiety disorder. In addition, the literature indicates that there is a growing trend in these numbers (ARAÚJO; TORRENTÉ, 2023).

MD is more common in women (4.6%) than in men (2.6%), and Brazil is the country with the highest frequency of subjects with anxiety disorders, with 9.3% of affected (WHO, 2017). World data indicate that 20% of university students have some type of MD, with anxiety being more prevalent. Of this total number of cases, more than 80% began before entering the University (KARINO; LAROS, 2014).

These disorders affect different sectors of society, especially groups that are more vulnerable to psychological distress, such as university students (ALMEIDA; SOARES; FERREIRA, 2002; BORINE; WANDERLEY; BASSITT, 2015; ARIÑO; BARDAGI, 2018; VELOSO; CAVALCANTE; OLIVEIRA, 2019). The academic experience, marked by pressures inherent to the training process and by demands typical of this period, intensifies this vulnerability, exposing students to high levels of stress and other mental health problems.

For university students, adaptation to academic life transcends the simple reorganization of routines, demanding profound transformations in the personal, social and occupational spheres (TOMÉ; ALMEIDA, 2018). The pressures related to the high workload, academic performance and the need to reconcile studies, work and personal life are daily challenges. In addition, cultural, economic, and family issues contribute to the complexity of this scenario, which can culminate in damage to mental health, especially psychological distress (DE ANDRADE et al., 2021; PENHA; OLIVE TREE; MENDES, 2020; GOMES; SILVA; MENDES, 2018).

The relationship between academic experiences and psychological distress has been widely investigated, with studies showing that university students are particularly susceptible to the development of disorders such as anxiety, depression, and stress (BARDAGI; HUTZ, 2012; HAHN; FERRAZ; GIGLIO, 1999).

Vasconcelos, Moreira and Cruz (2015) indicate that the prevalence of these disorders among students can vary between 15% and 25% throughout the undergraduate course.

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Factors related to the emergence of these problems include adaptation to the academic environment, the high degree of institutional demands, the extensive workload, sleep deprivation, and difficulties in time management. These difficulties directly affect academic performance, creating a cycle of stress and psychic suffering that can be difficult to break until graduation (VASCONCELOS; MOREIRA; CRUZ, 2015; GOMES; SILVA; MENDES, 2018).

Although there are studies that address the relationship between academic experiences and mental health, there are still gaps in the understanding of this phenomenon in specific regional contexts, such as the northern region of Brazil, where the academic reality and socioeconomic challenges have unique particularities (ARIÑO; BARDAGI, 2018; SOUZA; MURGO; BARROS, 2021). The impact of academic routines on the mental health of students in this region is a field that is still little explored, highlighting the need to investigate regional and cultural variables that can influence this process (SOUZA; MURGO; BARROS, 2021).

The understanding of this phenomenon and its interface with students, and the variables that influence this process, can provide solid foundations for the implementation of effective interventions aimed at organizing students' routines and improving their academic performance. In addition, such interventions can contribute to the prevention of more serious complications, such as acute psychological distress, substance abuse, and even suicide. Thus, the deepening of this knowledge is crucial for the development of coping strategies and emotional support that respond to the specific needs of university students.

Several studies around the world have investigated the role of Higher Education Institutions (HEIs) in the prevalence of mental disorders (MD) among university students. In Brazil, the National Forum of Pro-Rectors of Community and Student Affairs (FONAPRACE), linked to the National Association of Directors of Federal Institutions of Higher Education (ANDIFES), has dedicated the last decade to the study of mental health processes in this population (FONAPRACE, 2014). In addition, some studies point out the risk factors associated with the development of MD among students, identifying not only the damage to mental health, but also suggesting prevention strategies. Among the recommendations, the need for improvements in the academic infrastructure, which is often inadequate, and the promotion of a more comfortable and welcoming environment for students stand out (PINHO et al., 2015).

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In this context, this study reports the results of an investigation of the impacts of academic experiences on the mental health of students of a public university located in the North of Brazil.

METHOD

This study adopted a quantitative approach of a cross-sectional and correlational nature in order to describe the causes of the researched phenomenon, the relationships between variables and other relevant aspects (GERHARDT; SILVEIRA, 2009).

The cross-sectional methodology used in this study is characterized by the collection of data in a single instant, functioning as a "photograph" of a specific period. Its objective is to describe variables at a given time point, analyzing their incidence and the interrelationship between the object of study and the observed moment (SAMPIERI; COLLADO; LUCIO, 2006). In the context of the correlational study, the variables are connected through statistical relationships, investigating causal associations between the data (SAMPIERI; COLLADO; LUCIO, 2006).

Regarding the sample, the study participants are students from 16 undergraduate courses at the State University of Pará (UEPA). This institution comprises 23 campuses distributed in 17 municipalities in the vast territory of the State of Pará. UEPA offers 32 undergraduate courses to approximately 17 thousand students.

From the point of view of data collection, the process began with an electronic invitation issued in February and March 2023 accompanied by a Free and Informed Consent Form (ICF) and a digital questionnaire to all course coordinators. Subsequently, the coordinators sent a digital questionnaire Google Forms to their respective students. The inclusion criteria adopted in the research were as follows: being at least 18 years old, being regularly enrolled in one of UEPA's undergraduate courses and expressing consent to participate in the research by signing the ICF. Participants who did not fully answer the questionnaire were excluded.

The instrument used for data collection was a questionnaire composed of open and closed questions, divided into three sections. The first section addressed personal and academic information, in addition to presenting the ICF. The subsequent sections corresponded to two validated instruments: the DASS-21 (Depression, Anxiety and Stress Scale) and the QVA-r (Questionnaire of Academic Experiences – short version). The estimated time for the complete completion of the form was approximately 30 minutes.

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The Depression, Anxiety and Stress Scale (DASS-21), validated for Portuguese by Vignola and Tucci (2014), is composed of three subscales with seven items each, scored on a four-point Likert scale. Scores range from zero, indicating that the item did not apply at all, to three, indicating that the item applied frequently or most of the time. The subscales assess emotional symptoms of depression, anxiety, and stress in the past week. The depression subscale investigates inertia, anhedonia, dysphoria, lack of interest, self-deprecation, devaluation of life, and discouragement. The anxiety subscale measures autonomic nervous system arousal, musculoskeletal effects, situational anxiety, and subjective experiences of anxiety. The stress subscale, on the other hand, assesses difficulties relaxing, nervous excitement, agitation, irritability, and impatience (BENETON; SCHMITT; ANDRETTA, 2021). Previous studies confirm the effectiveness of this instrument to assess aspects of the mental health of university students (ROCHA et al., 2021).

The Academic Experiences Questionnaire – short version (QVA-r), in turn, is used to evaluate different aspects of the academic experience of higher education students. Adapted by Almeida, Soares and Ferreira (2002), the instrument seeks to provide a comprehensive analysis of the dimensions that influence the university experience. Composed of 55 items, the QVA-r evaluates five main dimensions: Personal (physical and psychological well-being), Interpersonal (social relationships and interaction with colleagues), Career (satisfaction with the course and future expectations), Study (study habits and time management) and Institutional (perception of the university and the academic environment) (ALMEIDA; SOARES; FERREIRA, 2002).

Responses are recorded on a five-point Likert scale, ranging from "Nothing to do with me" to "Everything to do with me," allowing respondents to express their degree of agreement with each statement. The QVA-r is widely used in research investigating academic adaptation and the variables that influence student performance and well-being. Its reduced version preserves the validity and reliability of the original instrument, and is recommended for studies with large samples due to its practicality and comprehensiveness (ANJOS; AGUILAR-DA-SILVA, 2017; ARIÑO; BARDAGI, 2018; RODRIGUES et al., 2020).

The data collected using the DASS-21 and the QVA-r were submitted to quantitative analyses. The answers were treated by means of descriptive statistics, using frequencies, means and standard deviations to characterize the sample, taking into account the sociodemographic variables and the dimensions of the scales. Analysis of variance (ANOVA) was applied to identify significant differences between Academic Experiences and

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sociodemographic variables, using Tukey's post hoc test to determine the groups that presented differences.

This study was approved by the Human Research Ethics Committee (REC) of the Center for Biological and Health Sciences of the State University of Pará (CCBS/UEPA) under opinion no. 5,716,652.

RESULTS

The survey had the participation of 157 individuals, with a majority concentrated in the age group of 20 to 25 years (51.0%) and in the female sex (63.1%). Most students were in the first two years of the course (43.9%). The sample includes students from different UEPA campuses, with emphasis on Campus I and Campus II, Centers for Social Sciences and Education and Center for Biological and Health Sciences respectively, and 70.7% of the participants were located in the capital. In terms of courses, there was a prevalence in the areas of Biological and Health Sciences (39.5%). Half of the respondents (50%) performed some paid activity, reconciling work at alternate times with studies or without a fixed schedule of work activity.

Table 1 – Profile of the research participants

Variable	Category	N	%
Age group	<20 years	53	33,8
	20-25 years	80	51,0
	26-30 years	5	3,2
	More than 30 years	19	12,1
Sex	Female	99	63,1
	Male	58	36,9
Series	1st Grade	43	27,4
	2nd Grade	26	16,6
	3rd Grade	30	19,1
	4th Grade	25	15,9
	5th Grade	15	9,6
	6th Grade	18	11,5
Grade (time in the course)	1-2 years	69	43,9
	3 year	30	19,1
	4-6 years	58	36,9
Campus	Campus I - Center for Social Sciences and Education	39	24,8
	Campus II - Center for Biological and Health Sciences	42	26,8
	Campus IV - School of Nursing	2	1,3
	Campus V - Center for Natural Sciences and Technology	27	17,2
	Campus VIII - Marabá	15	9,6
	Campus X - Igarapé-Açu	1	,6
	Campus XI - São Miguel do Guam	1	,6

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	Campus XIII - Tucuruí	3	1,9
	Campus XV - Redenção	7	4,5
	Campus XVIII - Cametá	1	,6
	Campus XX - Castanhal	17	10,8
	Campus XXII - Ananindeua	1	,6
	Campus XXIII - Parauapebas	1	,6
Campus Location	Capital Interior	111 46	70,7 29,3
	Biomedicine	17	10,8
	Religious Sciences	20	12,7
	Foreign Trade	2	1,3
	Design	7	4,5
	Nursing	2	1,3
	Environmental and Sanitary Engineering	3	1,9
	Production Engineering	37	23,6
Course	Software Engineering	5	3,2
	Physiotherapy	6	3,8
	Phonoaudiology	6	3,8
	Medicine	15	9,6
	Pedagogy	5	3,2
	Chemistry	8	5,1
	Collective Health	1	,6
	Trilingual Executive Secretariat	8	5,1
	Occupational therapy	15	9,6
	Social Sciences and Education	41	26,1
Course Area	Life and Life Sciences	62	39,5
	Natural Sciences and Technology	54	34,4
	Integral	62	39,5
Shift	Morning Evening	39 32	24,8 20,4
	Nocturne	24	15,3
Round 2	Diurnal Nocturne	133 24	84,7 15,3
Course Period	Integral Partial	62 95	39,5 60,5
In addition to studying, you exercise	Yes	78	49,7
any paid activity?	No	79	50,3
If he exercises, this activity occupies	Alternate periods or without fixed hours Only one time of the day	69 71	43,9 45,2
	It is full-time	17	10,8

Source: Survey Database

The mean dimensions of the Academic Experiences Questionnaire (QVA-r) ranged from 3.18 (SD = 0.83) in the Personal dimension to 3.70 (SD = 0.79) in the Career dimension, with a mean total score of 3.34 (SD = 0.49). These results suggest a moderately positive perception of the participants' academic experiences (Table 2).

Table 2: Means of the dimensions of the Academic Experiences Questionnaire

QVA-r	Minimal	Maximum	Median	Average	Standard deviation
Staff	1	5	3	3,18	0,83

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Interpersonal	1	5	3	3,25	0,69
Career	1	5	4	3,7	0,79
Institutional	1	5	3	3,31	0,61
Study	1	5	3	3,25	0,79
Total	1	5	4	3,34	0,49

Source: Survey Database

Regarding the Depression, Anxiety and Stress Scale (DASS-21), the total mean was 54.9 (SD = 35.7), with the highest averages observed in the levels of Stress (21.1) and Depression (18), reflecting a significant presence of these emotional factors among the participants (Table 3).

Table 3: Averages of the dimensions of the DAAS-21

THAT	Minimal	Maximum	Median	Average	Standard deviation
Depression	0	42	12	18	13,5
Stress	0	42	20	21,1	12,6
Anxiety	0	42	12	15,7	12,8
Total	0	126	50	54,9	35,7

Source: Survey Database

The Stress subscale had the highest mean (M = 21.1; SD = 12.6), followed by the Depression subscale (M = 18.0; SD = 13.5) and the Anxiety subscale (M = 15.7; SD = 11.2). The standard deviation around these means reveals great variability in responses, especially in the Depression subscale, indicating that participants have very varied levels of depressive symptoms, from absence to severe levels.

The following table (Table 4) presents the distribution of the DASS-21 scores, which was categorized into three levels of severity: normal, mild-moderate, and severe-very severe. Regarding Depression, 40.8% of the participants were classified in the category of severe to very severe depression, in the same category, in the case of Stress, 43.3% presented themselves at these levels, and for Anxiety, 45.2% were classified in the same category of severity. These results indicate a high prevalence of severe to very severe symptoms of depression, stress, and anxiety in the analyzed sample.

Table 4 - Distribution of DASS-21 scores

THAT	Category	N	%
	Normal	55	35,0
Depression	Mild-Moderate Severe-Very Severe	38 64	24,2 40,8
	Normal	54	34,4

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Stress	Mild-Moderate Severe-Very Severe	35 68	22,3 43,3
	Normal	54	34,4
Anxiety	Mild-Moderate Severe-Very Severe	32 71	20,4 45,2

Source: Survey Database

The correlation analysis between the DASS-21 scores and the sociodemographic and academic variables, using the Chi-square test (Table 5), revealed significant associations. For Depression, there was a significant difference in the gender variable, with men presenting a higher proportion of scores in the normal category (46.6%), while women concentrated in the severe-very severe category (48.5%) ($p = 0.02$).

Regarding Stress, the variables gender, place of residence and paid activity showed significant associations. Men had a higher prevalence of normal stress (51.7%), while women were concentrated in the severe-very severe category (55.6%) ($p = 0.001$). Residents of the interior also had a higher prevalence of normal stress (41.3%) ($p = 0.04$), and those who did not have a paid job had a higher frequency in the severe-very severe category (48.1%) ($p = 0.04$).

For Anxiety, the age group had a significant influence, with individuals aged 26 to 30 years showing a lower prevalence of severe symptoms ($p = 0.04$). Again, the sex differences were remarkable, with men having a higher prevalence in the normal category (50.0%) and women in the severe-very severe category (55.6%) ($p = 0.001$). The school grade also influenced the levels of anxiety, with students in the first two years of the course being the most affected ($p = 0.03$). Place of residence also had an impact, with residents of the interior having a higher prevalence of severe anxiety (54.3%) ($p = 0.04$).

These results indicate that demographic and socioeconomic variables significantly influence the levels of depression, stress, and anxiety among participants.

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Table 5 - Correlation between DASS-21 scores and sociodemographic and academic variables (Chi-square test)

Variável	Categoria	Normal		Leve-Moderado	Severo-Muito Severo		Qui-quadrado	p
		N	%	N	%	N	%	
Depressão								
Sexo	Feminino	28	28,3	23	23,2	48	48,5	7,5	0,02
	Masculino	27	46,6	15	25,9	16	27,6		
Estresse								
Sexo	Feminino	24	24,2	20	20,2	55	55,6	19,6	0,001
	Masculino	30	51,7	15	25,9	13	22,4		
Local	Capital	35	31,5	25	22,5	51	45,9	8,19	0,04
	Interior	19	41,3	10	21,7	17	37,0		
Além de estudar, você exerce alguma atividade remunerada?	Sim	28	35,9	20	25,6	30	38,5	9,56	0,04
	Não	26	32,9	15	19,0	38	48,1		
Ansiedade								
Faixa Etária	<20 anos	19	35,8	7	13,2	27	50,9		
	20-25 anos	22	27,5	18	22,5	40	50,0	11,7	0,04
	26-30 anos	3	60,0	1	20,0	1	20,0		
	mais de 30 anos	10	52,6	6	31,6	3	15,8		
Sexo	Feminino	25	25,3	19	19,2	55	55,6	13,0	0,001
	Masculino	29	50,0	13	22,4	16	27,6		
Série_	1-2 anos	23	33,3	12	17,4	34	49,3		
	3 ano	12	40,0	6	20,0	12	40,0	38,1	0,03
	4-6 anos	19	32,8	14	24,1	25	43,1		
Local	Capital	37	33,3	28	25,2	46	41,4	6,40	0,04
	Interior	17	37,0	4	8,7	25	54,3		

Source: Survey Database

The following table (Table 6) presents the results of the ANOVA to assess the differences in means (M) and standard deviations (SD) in the various dimensions of academic experiences (QVA-r) among participants classified at different levels of depression, stress and anxiety severity, according to the DASS-21.

The Depression dimension of the DASS-21 showed a significant difference with the Personal category of the QVA-r, in which participants with severe to very severe depression had a significantly higher mean (M = 3.78; SD = 0.61) compared to participants with normal depression (M = 2.52; SD = 0.73), indicating a significant difference between the groups (F = 59.0; $p < 0.001$). In this subscale, the higher the score, the worse the result, different from the other dimensions. The Career category of the QVA-r also showed a significant difference, with participants with severe to very severe depression showing a lower mean (M = 3.07; SD = 0.86) compared to the others (F = 5.69; p = 0.004). The Study dimension was also impacted, with a lower mean (M = 2.99; SD = 0.71) among those with severe to very severe depression (F = 9.96; $p < 0.001$).

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In the Anxiety dimension, participants with severe to very severe anxiety obtained a higher average in the Personal dimension of the QVA-r (M = 3.57; SD = 0.75; F = 16.8; p < 0.001). Significant differences were also found in the dimensions Career (M = 3.42; SD = 0.75; F = 5.10; p = 0.007) and Study (M = 3.18; SD = 0.84; F = 3.38; p = 0.04). In the Institutional dimension, the mean of participants with severe to very severe anxiety was lower (M = 3.02; SD = 0.62; F = 6.27; p = 0.002), suggesting worse institutional evaluations.

Finally, in the Stress dimension of the DAAS-21, participants with severe to very severe stress had a significantly higher mean in the Personal dimension of the QVA-r (M = 3.66; SD = 0.66) compared to the others (F = 36.2; p < 0.001). These results indicate that there are significant differences in academic quality of life between the levels of severity of depression, stress, and anxiety, suggesting that higher levels of psychological distress are associated with worse evaluations in several dimensions of academic life.

Table 6 – ANOVA based on differences in means (M) and standard deviations (SD) considering the dimensions of academic experiences (QVA-r) and DASS-21.

QVA-r	ANOVA							
	Normal		Leve-Moderado		Severo-Muito Severo		F	P-valor
	M	DP	M	DP	M	DP		
Depressão								
Pessoal	2,52	,73	3,13	,49	3,78	,61	59,0	,000
Carreira	3,95	,78	3,75	,58	3,07	,86	5,69	,004
Estudo	3,60	,83	3,18	,71	2,99	,71	9,96	,000
Estresse								
Pessoal	2,58	,75	3,19	,66	3,66	,66	36,2	,000
Ansiedade								
Pessoal	2,79	,81	3,00	,69	3,57	,75	16,8	,000
Carreira	3,76	,79	4,03	,65	3,42	,82	5,10	,007
Estudo	3,36	,82	3,57	,80	3,18	,74	3,38	,04
Institucional	3,40	,59	3,64	,54	3,02	,62	6,27	,002

Source: Survey Database

DISCUSSION

The results of this study reveal the prevalence of severe to very severe symptoms of stress, anxiety and depression among students of a public university in the North of Brazil, corroborating the literature that points to the emotional vulnerability of students, especially in courses of high academic demand, such as those located between Biological and Health

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Sciences, area with the highest percentage of participants (ALMEIDA; SOARES; FERREIRA, 2002; VELOSO; CAVALCANTE; OLIVEIRA, 2019).

The high prevalence of severe stress (43.3%), followed by severe anxiety (45.2%) and severe depression (40.8%), highlights the challenges inherent to daily academic life, as pointed out by other studies (ARIÑO; BARDAGI, 2018; VELOSO; CAVALCANTE; OLIVEIRA, 2019). These data suggest that academic demands, associated with personal and social factors, are strongly linked to the development of severe emotional disorders among students. As evidenced by Gomes, Silva and Mendes (2018), the pressure for good academic performance, added to the need to reconcile multiple responsibilities, tends to exacerbate psychological suffering, especially in contexts of high competitiveness and demand, such as in health courses. These findings point to a worrying reality that triggers the need for interventions in the academic environment, aiming to mitigate the impact of psychological distress in this population.

The personal dimension of the Academic Experiences Questionnaire (QVA-r) presented a relatively low mean ($M = 3.18$; $SD = 0.83$), indicating significant difficulties of the students in managing their physical and psychological well-being. The strong correlation between high levels of depression and a negative perception of this dimension ($F = 59.0$; $p < 0.001$) reinforces the findings of Clark (2013) on the impact of psychological distress on students' occupational performance. It should be noted that students who face severe emotional difficulties tend to report greater problems in the balance of their daily activities, which directly affects academic performance (GOMES; SILVA; MENDES, 2018; DE ANDRADE et al., 2021).

In addition, anxiety demonstrated a significant influence on the personal dimension of the RQ-VAQ ($F = 16.8$; $p < 0.001$), suggesting that students with high levels of anxiety are more likely to report emotional difficulties. As pointed out by Penha, Oliveira and Mendes (2020), the academic environment can intensify anxiety symptoms, generating a vicious cycle in which the inability to relax and the constant concern with academic performance directly affect the general well-being of the subjects.

The analysis of variance indicated greater emotional vulnerability among women, who had higher rates of severe stress (55.6%) and severe depression (48.5%), compared to men ($p = 0.001$). Previous studies suggest that this vulnerability may be associated with social and gender factors, which impose higher expectations on the female gender in relation to academic performance and the fulfillment of social roles (VELOSO;

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CAVALCANTE; OLIVEIRA, 2019; DE ANDRADE et al., 2021). In addition, students in the first years of graduation had higher levels of anxiety (p = 0.03), a finding consistent with the literature, which highlights the transition from high school to university as one of the most stressful periods of academic life, due to the adaptation to new routines and more complex expectations (SOUZA; MURGO; BARROS, 2021).

These results highlight the need for academic policies that offer targeted support to more vulnerable groups, such as women and incoming students. As evidenced by Fonseca (2002), interventions that integrate psychological support and support programs, such as mentoring, can facilitate adaptation to university life and significantly reduce the impact of these stressors. Studies such as Pinho (2016) and Macêdo et al. (2021) deal with the possibility of systematic care, offered by school services in various clinical modalities, as a way to benefit the health of these students in their particularities, but emphasize the importance of psychological care in the face of the psychosocial demands of this clientele, including proposing interventions with a preventive focus.

Many university students follow a care itinerary that ends in Psychology support services, first going through attempts to cope with suffering, causing illnesses of various kinds and, in some circumstances, with inappropriate medication. Thus, it is essential that there are, in these support services, alternatives for prevention, intervention, and rehabilitation with regard to the mental health of these students (MACÊDO et al., 2021).

Another relevant aspect evidenced in more recent studies was the association between place of residence and levels of stress and anxiety. Students living in the interior reported higher levels of severe anxiety (54.3%) and severe stress (37%) compared to students living in the capital (p = 0.04). This result suggests that the geographic context can influence access to academic and psychological resources, since students living in areas further away from large urban centers face additional challenges, such as less institutional support and limited infrastructure (DE ANDRADE et al., 2021).

Regarding paid activity, the data indicate that students who do not engage in paid activities are more likely to experience severe stress (48.1%). Although work is seen as a source of additional pressure, the results suggest that, for many students, employment can provide a sense of stability and organization in the routine (VASCONCELOS et al., 2015). In this way, the balance between work and study can contribute to better time management and, consequently, to lower stress levels.

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Although this study has provided important indicators on the academic experiences and mental health of students at a public university in northern Brazil, some limitations should be considered. First, the cross-sectional design limits the analysis of causality. Future longitudinal studies could examine the evolution of symptoms of stress, anxiety, and depression over time. In addition, the sample was predominantly composed of women and students in the health area, which may restrict the generalization of the results to other areas and genders.

CONCLUSION

This article aimed to investigate the impacts of academic experiences on the mental health of university students in a public Higher Education Institution (HEI) based in the State of Pará. The study revealed the high prevalence of symptoms of stress, anxiety and depression among students, especially women, students in the first years of the course and those living in the countryside.

These findings point to the urgent need for interventions aimed at promoting mental health in the academic environment, especially in contexts of greater emotional vulnerability. Emotional support programs, time management workshops, guiding occupational balance and orchestration, and strategies to harmonize academic and personal life are fundamental to prevent psychological suffering and improve the quality of life of students.

The relationship between psychological distress and difficulties in the personal, career, and study dimensions suggests that an integrated approach to emotional and organizational support could reduce the impact of these factors on academic performance and improve students' quality of life. However, the limitations of the study, such as the cross-sectional nature of data collection and the predominance of female participants, indicate the need for further research to deepen the understanding of academic experiences and their implications for students' mental health. Future investigations may provide a more solid basis for the development of institutional policies focused on the promotion of psychological well-being and the prevention of mental disorders in the university environment.

Therefore, this study contributes to the growing debate on mental health in higher education and reinforces the importance of preventive and interventional actions that favor both academic success and student well-being, reducing on the one hand the incidence of concerns peculiar to the academic environment such as failures, dropouts, and on the other

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hand, removing the aggravation of suffering, with risk of suicide and other problems related to the psychosocial field.

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