


UNIVERSITY EDUCATION AS A TRANSITION AND DEVELOPMENT PHASE, PSYCHOLOGICAL CHALLENGES FACED BY STUDENTS

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Manuela Pozza Ellwanger¹, Maurício Pratzel Ellwanger², Alex Douglas de Jesus Silva³, Fabiley by Wite Diogo⁴, Liz Andréa Babireski Braz de Oliveira⁵, Debora Reinert⁶, Águida Vita de Souza Diogo⁷ and Antônio Carlos Mattar Munhoz⁸

ABSTRACT

This study investigates the psychological impacts faced by students during their academic training. Based on an analysis of 21 students, the levels of stress, anxiety and signs of depression were examined. The results reveal a variety of emotional and mental issues faced by these students, including high levels of stress, severe anxiety, and moderate depression. This article discusses the possible causes of these impacts, such as the academic environment, social expectations, and curriculum demands. In addition, the data collected are examined to understand the negative effects and their implications for the well-being and mental health of students, finding significant results, with 62% of the sample presenting anxiety, 86% very high stress and 14% severe depression along with 38% of the sample presenting moderate depression.

Keywords: Mental Health. Stress. Anxiety. Depression. Student Health. Universities.

¹ University of Contestado – Santa Catarina

E-mail: manupozza@hotmail.com

² University of Contestado – Santa Catarina

E-mail: ellwangermp@gmail.com

³ Albert Einstein Sociedade Beneficente Israelita Brasileira

E-mail: alex.adjs92@gmail.com

⁴ University of Contestado – Santa Catarina

E-mail: fabileydiogo@gmail.com

⁵ University of Contestado – Santa Catarina

E-mail: lizbabireski@gmail.com

⁶ University of Contestado – Santa Catarina

E-mail: dehreinert@hotmail.com

⁷ University of Contestado – Santa Catarina

E-mail: aguidavita@gmail.com

⁸ Dr.

University of Contestado – Santa Catarina

E-mail: munhoz.antonio.c.m@gmail.com

INTRODUCTION

A student's journey is recognized as one of the most challenging within the academic context. It is not only about acquiring knowledge, but also about developing a series of intellectual and especially emotional skills essential to face the challenges inherent to the chosen field of activity.

The transition to higher education imposes several challenges on students, especially related to the change in family environment, increased independence and academic responsibility, changes in social circles, and greater exposure to alcohol and drug consumption. Students who have less effective adaptation strategies to deal with these often stressful changes are at risk of developing psychological problems (Galvão et al., 2017).

Studies show that 450 million people in the world suffer from some mental disorder, especially major depressive disorder (MDD), which affects about 5.8% of the Brazilian population, being considered one of the main causes of disability in the world (LEÃO et al., 2018).

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), depressive disorders constitute a broad spectrum of conditions. What differs between them are the aspects of duration, timing, or presumed etiology (AMERICAN PSYCHIATRIC ASSOCIATION, 2014). MDD is a type of depressive disorder that causes sadness, irritability, disinterest, displeasure, feelings of guilt, low self-esteem, and physiological disorders. It is estimated that it could become the second largest burden of disease in the world by 2030. This disorder correlates with anxiety (LEÃO et al., 2018).

Anxiety consists of an emotion typical of human experience, natural and fundamental to self-preservation. However, when it is very frequent and intense, it becomes a disorder, and can cause anguish and suffering that impact people's quality of life (AMERICAN PSYCHIATRIC ASSOCIATION, 2014; LEÃO et al., 2018).

Thus, anxiety disorders, despite sharing characteristics of fear, which is important for self-preservation, are different from it, as they are characterized by being excessive and persistent (AMERICAN PSYCHIATRIC ASSOCIATION, 2014)

Anxiety, on the other hand, was also defined by Dalgarrondo (2008, p.166) "As a state of uncomfortable mood, negative apprehension about the future, unpleasant internal restlessness." Regarding tension and anxiety, Zampieri (2013) states that in previous generations, in order to survive, man had to hunt for his own food and stay alive and safe,

and that currently the search for sustenance is still present, but not only for survival, but for entry into the labor market, better living conditions, investments in studies, etc.

Stress is a frequent reality in the university environment, being conceptualized as a complex and global response of the organism, which unfolds in multiple stages and affects psychological, physical, mental and hormonal aspects. This phenomenon is intrinsically linked to the demands and pressures of the environment in which the individual is inserted (Lipp, 2000).

In the university context, students may face a variety of triggers of this stress, such as anxiety related to exams and social interactions, dissatisfaction with the course of study or desire for change, termination of affective relationships, independence when living away from family, academic difficulties and adaptation to the load of activities, unfavorable socioeconomic factors, low self-esteem and well-being (Silveira et al., 2011; Veríssimo et al., 2011).

In addition to these, there are stressors linked to apprehension about the future, increased unemployment rates, concern about financial security in old age, lack of family support, and a drop in perceived quality of life (Sadir, Bignotto, & Lipp, 2010).

Many disorders related to depression and anxiety begin before the age of 18, just when most young adults enter university (between the ages of 18 and 25). This period represents a crucial transition in life, often marked by stress, which can intensify existing disorders or even trigger psychopathologies (LEÃO et al., 2018; MCLAFFERTY et al., 2017). High stress levels also play a significant role in the development of depression and anxiety, which in turn increase stress levels (BETTIS et al., 2017).

Most college students enter college right after high school, and are usually young (PEDRELLI et al., 2015). Therefore, in addition to adapting to university life, they face the transition to adulthood (MCLAFFERTY et al., 2017). Mental health disorders can have a significant impact on a student's life, impairing their ability to learn and resulting in poor academic performance (MCLAFFERTY et al., 2017). In this sense, it is crucial not only to know the prevalence of these disorders, but also to understand the factors that predispose them when students enter university. This information is essential for the planning of appropriate support strategies for students, aiming to minimize the negative effects of psychopathologies.

This article aims to present and explore the psychological impacts faced by students at a university in the Northern Plateau of Santa Catarina, Brazil, highlighting the need not

only for academic performance, but also for emotional resilience to successfully navigate the course of their choice. The report addresses the psychological impacts faced by students, focusing on levels of anxiety, stress and depression.

METHODOLOGY

To carry out this research, a qualitative analysis was conducted with 21 of the 30 students of a single course at a University located in the Northern Plateau of Santa Catarina, Brazil. Structured online questionnaires were used to collect data on the participants' psychological experiences. Three adapted forms were used to verify the signs of stress, anxiety and depression.

SAMPLE

The sample was selected in a non-probabilistic and convergence manner, composed of 21 students from a university located in the Northern Plateau of Santa Catarina, Brazil. Of the total, 59% are female, and 52.38% are in the age group of young adults, between 18 and 24 years old.

INSTRUMENTS

Regarding the instruments used to measure levels of stress, anxiety, and depression, we adopted methods adapted from approaches already validated and recognized in the literature.

We opted for adaptation to ensure a better adaptation to the profiles and characteristics of the university students in our study. In addition, adaptation was necessary to include elements relevant to the target population, such as specific aspects of the university environment and the challenges faced by these students.

To assess stress, we used an adaptation of the Lipp Stress Symptom Inventory, a widely used and validated tool to measure stress symptoms in various populations.

To assess anxiety, we chose to create an adapted version of the Beck Scale Anxiety Questionnaire due to certain specificities and needs of our sample.

To assess depression levels, we used an adaptation of the Patient Health Questionnaire - PHQ-9. The PHQ-9 scale was translated into Portuguese by Pfizer Inc. and validated by Osório, Mendes, Crippa and Loureiro, in addition to having been previously validated by Spitzer, Kroenke and Williams, and by Kroenke, Spitzer and Williams. The

PHQ-9 is a simple and accurate test for screening for depression in adolescents and adults. (ADEWUYA, 2006; WULSIN, 2002).

The responses were anonymous and analyzed for recurring themes and meaningful patterns related to the psychological impacts faced by students.

The adaptation of the test established criteria to categorize the stress levels of the participants based on the answers provided. According to the guidance, the absence of markings on any item on the list of symptoms indicated an insignificant level of stress. Scores between 1 and 3 items were classified as low stress, while scores between 4 and 8 items were considered indicative of high stress. Finally, the marking of more than 8 items was interpreted as indicative of a very high level of stress.

Regarding anxiety levels. To measure the students' anxiety levels, a test was carried out that assessed the symptoms they had potentially experienced during the last week. Participants were asked to rate the impact of each symptom on a four-point scale: 0) Absolutely not. 1) Slightly (it didn't bother me much) 2) Moderately (it was very unpleasant, but I could bear it), 3) Severely (I could hardly bear it). Based on the students' responses, the scores were calculated, and the results were categorized into four levels of anxiety: minimum (0-7), mild (8-15), moderate (16-25), and severe (26-63).

Similarly to the anxiety test, in the depression test, participants were asked to rate the impact of each symptom on a four-point scale: 0) Absolutely not, 1) Mildly (it didn't bother me much), 2) Moderately (it was very unpleasant, but I could bear it), 3) Severely (I could hardly bear it). Based on the students' responses, the scores were calculated and the results were categorized into four levels. Regarding the indicators of Major Depression, values greater than or equal to 10 are considered positive for signs and symptoms. Regarding severity, the score ranges from 0 to 5 (absence of indicators of Major Depression), from 6 to 9 (indicators of mild Major Depression), from 10 to 14 (indicators of moderate Major Depression), from 15 to 19 (indicators of moderate Major Depression) and greater than 20 (indicators of severe Major Depression).

This methodology allowed a detailed assessment of the levels of stress, anxiety, and depression among the participants, providing essential information to understand the psychological impact of this condition on their academic and personal lives

RESULTS AND DISCUSSION

The study participants covered a wide age range, between 18 and 65 years old, reflecting the diversity of ages within the university population. Of the people involved, 59% were women, showing a significant representation of the female gender in the sample. The questionnaire was sent to all 30 students who made up the course, of which 21 answered the questionnaire and were included in the analysis.

The preliminary analysis of the collected data revealed crucial aspects about the psychological state of the students. The results point to a worrying reality, with a significant proportion of 86% of participants demonstrating alarming levels of stress, followed by 62% of participants with moderate to severe anxiety levels.

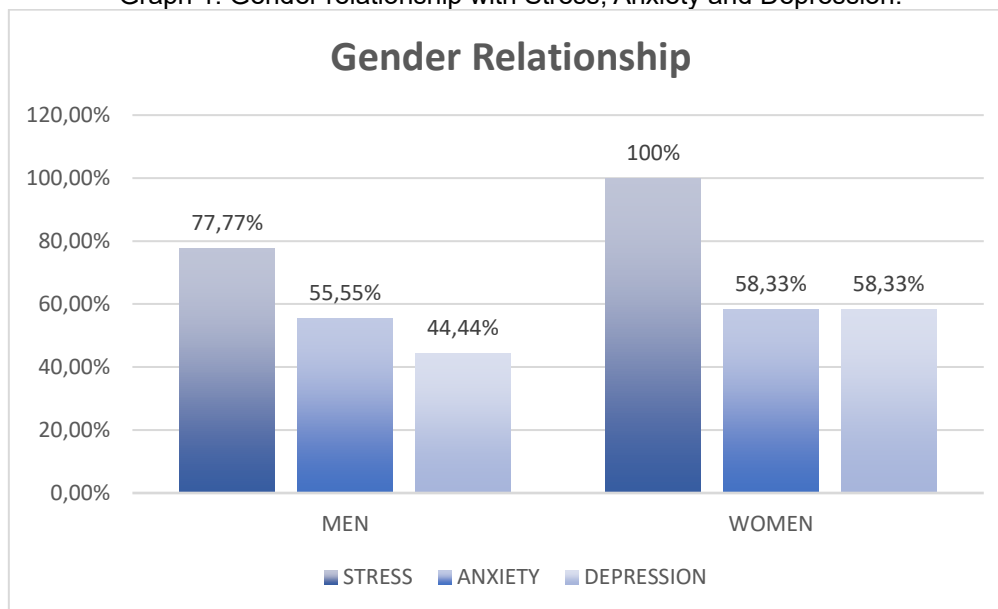
In contrast, the results regarding depression present a somewhat more optimistic perspective, with only 14% of the students showing signs of severe depression, however, 38% presented moderate depression, as shown in chart 1.

Table 1: Initial characterization of the sample.

Pupil	Gender	Age	Stress	Anxiety	Depression
1	Male	35	(23) Most High.	(10) Lightweight	(4) Absence
2	Female	24	(23) Most High.	(5) Minimum	(9) Absence
3	Female	24	(27) Most High.	(17) Moderate	(7) Absence
4	Female	23	(14) Most high.	(59) Grave	(26) Severe
5	Female	21	(69) Most High.	(39) Grave	(19) Moderada
6	Female	22	(14) Most high.	(22) Moderate	(1) Absence
7	Female	23	(18) Most High.	(2) Minimum	(9) Absence
8	Male	25	(08) High Stress	(19) Moderate	(8) Absence
9	Male	38	(0) No stress	(0) Minimum	(0) Absence
10	Male	34	(23) Most High.	(06) Minimum	(02) Absence
11	Male	27	(38) Most High.	(28) Grave	(24) Severe
12	Female	35	(50) Most High.	(25) Grave	(17) Moderada
13	Female	19	(32) Most High.	(15) Lightweight	(8) Absence
14	Male	47	(48) Most High.	(22) Moderate	(16) Moderada
15	Female	43	(40) Most High.	(32) Grave	(22) Severe
16	Male	61	(43) Most High.	(16) Moderate	(3) Absence
17	Male	19	(76) Most High.	(17) Moderate	(10) Moderada
18	Female	19	(51) Most High.	(15) Lightweight	(12) Moderada
19	Male	21	(0) No stress	(6) Minimum	(10) Moderada
20	Female	35	(53) Most High.	(24) Moderate	(18) Moderada
21	Female	22	(10) Most High.	(12) Lightweight	(10) Moderada

It is possible to observe (as shown in Graph 1) that women had higher indicators of depression, stress and anxiety than men.

Graph 1: Gender relationship with Stress, Anxiety and Depression.



On the other hand, the result obtained in this study, the study by Song et al. (2020) pointed out that men were 2.3 times more likely to develop depressive symptoms and the researchers justified that the possible result is related to the fact that all students in their study were younger, single, without children and with a simple life on campus, unlike male students, who are excessively demanded and avoid talking about negative emotions, cultural consequences according to the authors.

In the present study, we did not intend to relate anxiety, stress, and depression to the particular aspects of the participants' lives, as in the study by Song et al (2020), but to the fact that they were facing the challenge of higher education, but it is evident that the relationship cannot be ignored, much less despised.

The dichotomy between the studies shows us that, regardless of whether men or women, the big issue to be analyzed is that some individuals had less emotional load than others, when analyzed in the sense of responsibility and time of life (age).

Possibly, as indicated by the results obtained in this research, and also, according to Song et al (2020), the individual who was not responsible for educating and caring for children, or was married or had an active professional life, would be less likely to have depressive, stressed, or anxious symptoms.

Arnett (2000) mentions in his survey, carried out in the United States, in which 96% of young people between 18 and 24 years old expressed the expectation of achieving their dreams in life. This reflects a period of high expectations regarding adulthood, characterized by an optimistic vision of the future and multiple possibilities for success. It is a time when these young people are entering the real world more independently, leaving the protected environment of the family and facing the challenge of higher education and the job market for the first time.

This transition into adulthood brings with it a unique set of pressures and responsibilities that can significantly impact the emotional and mental well-being of college students. The high level of stress and anxiety among these young people not only affects their educational development, health, and quality of life, but also influences their social interactions in different contexts, such as family, academic, and social.

The conclusion of this comparison in relation to the study by Song et al. (2020), as much as it reveals differences in the results related to gender in terms of stress, anxiety, and depression, shows us that, in both studies, the results converge in terms of emotional load and the age group of the sample, indicating that the tendency to stress, Anxiety and depression is more prevalent in young people entering higher education and add this responsibility to a life already burdened by change and "firsts." These findings highlight the importance of considering not only individual factors such as gender and marital status, but also the socio-emotional context and pressures of transition to adulthood when assessing the mental health of college students.

For a long time, the mental health of students, especially the signs of these disorders, may have been neglected as a public health problem in higher education institutions. However, understanding and addressing these issues is essential to provide a healthier environment that is conducive to the academic and personal development of young people who are going through this phase of transition to adulthood.

The mental health of academics is a global problem, and regardless of the country's level of socioeconomic development, no community is immune from this disorder, and the solution is linked to the state of alert to the problem, early intervention and the provision of support with adequate and appropriate services (Bayram and Bilgel, 2008).

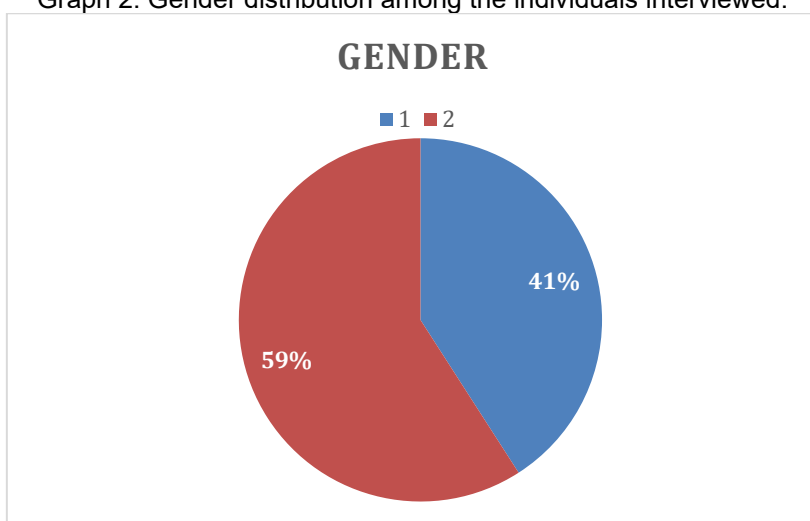
In the study by Brookhus and Waard (2001), the authors state that the relationship between stress and performance is established in an inverted "U" shape, in which the extremes (very-little) of stress have repercussions on poor performance while some stress

results in favorable performance, a fact also exposed in the approaches of Lipp (2003), in which he presents that some stress, or "eustress", can make the individual more creative, participative, generating good performance.

Costa (2018) adds that stress is common to most academics and is constantly influenced by the academic routine, which can exacerbate it, however, in small doses and controlled, it does not impair academic performance, which can be seen in the results of the present study where, even in the presence of stress, there were grades and performance compatible with approval in the semester or satisfactory levels for the academic. However, You (2018) points out that the study of academic stress should be done with caution since it is influenced by several variables and can directly influence learning. Furthermore, the author points out that stress can be perceived in different ways according to the cultural aspects of each one, and its repercussions on performance cannot be generalized as being exclusive.

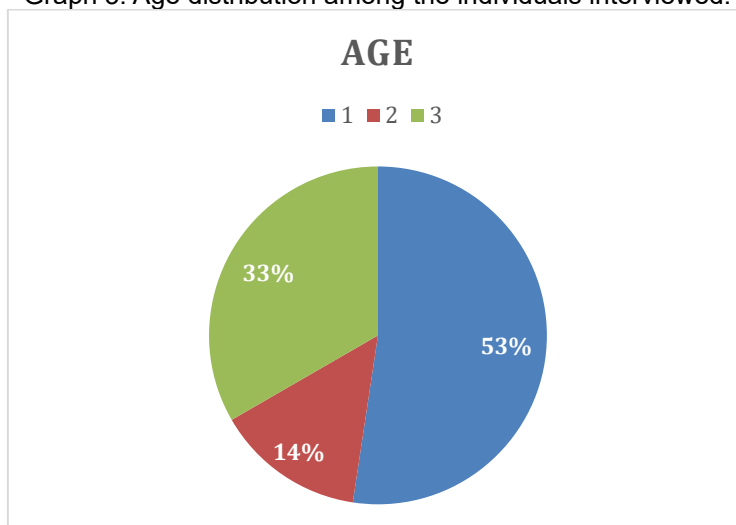
Of the individuals analyzed, 59% are women and 41% are men.

Graph 2: Gender distribution among the individuals interviewed.



Among the men and women analyzed, 53% are between the ages of 18 and 24 years, 14% are between the ages of 25 and 34 years, and 33% are between the ages of 35 and 65 years.

Graph 3: Age distribution among the individuals interviewed.



It will be seen later that 62% of the sample had anxiety, 86% very high stress and 14% severe depression along with 38% of the sample had moderate depression, and, according to the graph above, we have that more than half of the sample is between 18 and 24 years old, therefore, it is safe to infer that the younger ones are more affected by stress, depression and anxiety than older people.

Making an even more in-depth analysis of the data, we have that the transition between adolescence and young adulthood is a challenging period for emotional regulation, where expressive symptoms of mental disorders such as anxiety and depression arise (Stephanou et al., 2017). This challenge is linked, among other aspects, to the temporal difference in the development of cortical regions and affective response regions, which may contribute to greater mood instability and intensified emotional reactivity in this age group (Martin; Ochsner, 2016).

The prefrontal cortex, one of the last regions of the brain to fully mature in terms of synaptogenesis, metabolism, myelination, and neuronal migration, can take more than two decades to reach full structural and functional maturity. Consequently, the brains of adolescents and young adults are still in the process of developing executive functions, which are crucial for emotional regulation at this stage of life (Fiske; Holmboe, 2019).

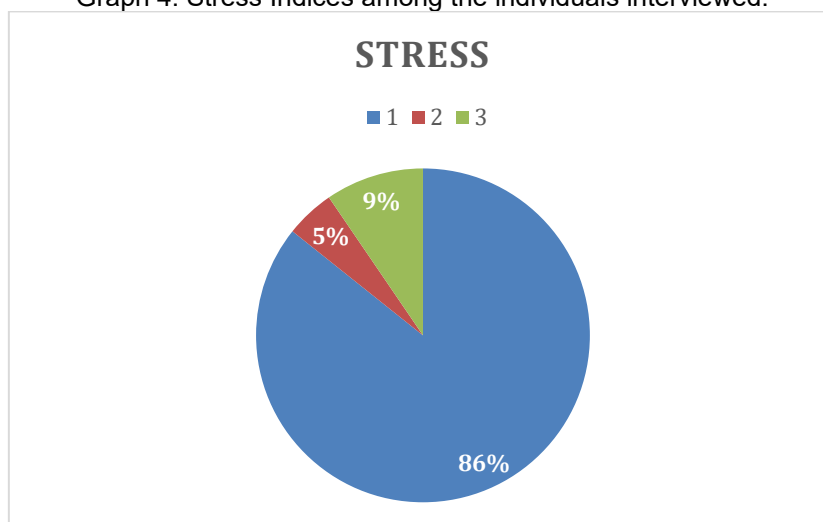
Research also highlights that neuroticism is a significant factor in the manifestation of anxiety and depression symptoms in young university students (He et al., 2018).

Neuroticism involves a poor ability to cope with stress, impaired emotional control, and a tendency to worry excessively (He et al., 2018).

These traits make the individual more vulnerable due to negative interpretation of life events when faced with stressful situations (Xiao et al., 2016). This cognitive vulnerability to stress, as described by Xiao et al. (2016), is observed in university students and helps to understand the etiology of depression.

In the college context, many young adults face high levels of stress due to significant changes, such as the transition to greater parental independence, changes in sleep and eating habits, increased academic workload, new responsibilities and changes in social activities, and the financial concerns associated with college costs (Karatekin, 2018). These challenges are inherent to the college period and contribute to the understanding of stress levels and their repercussions on the mental health of university students.

Graph 4: Stress Indices among the individuals interviewed.



Based on the analysis of the answers provided, it was possible to examine the distribution of symptoms reported by the interviewees, identifying both the most frequent and the least frequent.

Showing that 40.9% of the students reported symptoms such as muscle tension, jaw tightness and neck pain.

Additionally, 18.2% stated that they experienced stomach hyperacidity (heartburn) with no apparent cause, while 40.9% demonstrated forgetfulness of everyday details, such as frequently used telephone numbers or the location of everyday objects.

A significant percentage of 45.5% reported excessive irritability, followed by 40.9% who expressed a desire to move away from their daily responsibilities.

Feelings of incompetence (54.5%), obsessive thoughts (27.3%) and anxiety (72.7%) were also common among the participants.

In addition, 40.9% revealed sleep disorders, 31.8% claimed to be tired when they woke up, and 36.4% perceived a drop in professional performance. Finally, 31.8% expressed feelings of hopelessness and lack of purpose in their daily activities.

The disparity between the data released by the World Health Organization (World Health Statistics, 2020), which indicate that 37% of the Brazilian population is facing extremely severe stress, and the results of our analysis, revealing that an alarming proportion of 86% of the students evaluated have very high stress, highlights the seriousness of the mental well-being situation among students. This discrepancy indicates that college students are subject to exceptionally high levels of stress, far exceeding the average of the general population.

Almeida (2015) conducted a study with 1,968 Portuguese university students and found a prevalence of 15.6% of moderate to severe anxiety.

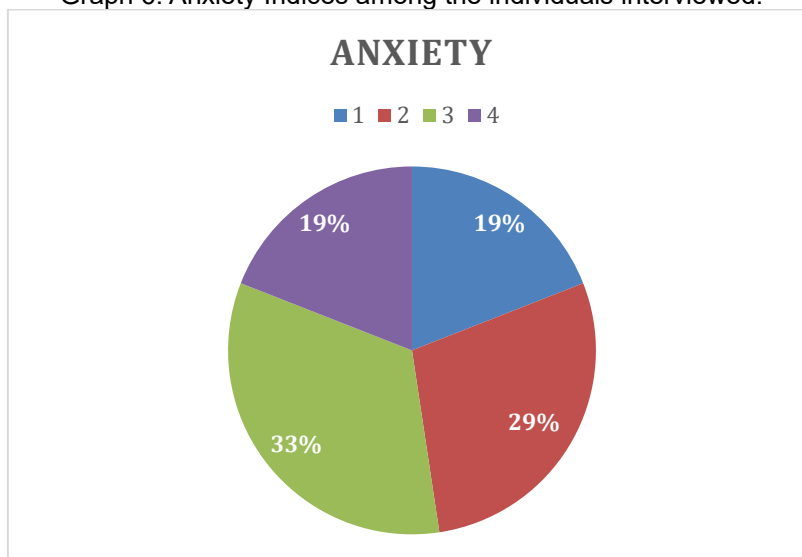
The research indicated that students with moderate or severe anxiety have higher values of risk behavior, higher tobacco consumption, worse eating habits and greater physical inactivity.

According to the research by Chaves et al., 2015, with 609 students of health courses at a Brazilian federal university, moderate to high anxiety levels of 91.5% (trait anxiety) and 92.9% (state anxiety) were found. In the study, state-trait anxiety was associated with being female, lack of leisure activities, and feeling physical discomfort.

According to the indexes of a national survey, the COVITEL 2023 (Telephone Survey of Risk Factors for Chronic Non-Communicable Diseases in Times of Pandemic), indicate that 26.8% of Brazilians have received a medical diagnosis of anxiety. A third (31.6%) of the younger population, aged 18 to 24, is anxious – the highest rates of anxiety, leading among all age groups in Brazil.

Also in comparison with WHO data (World Health Statistics, 2020), 9.3% of the Brazilian population has symptoms of anxiety, while the sample of students brought here has 62%, as shown in the following graph:

Graph 6: Anxiety Indices among the individuals interviewed.



After a thorough analysis of the data, we found that the symptom most strongly felt by the interviewees, that is, the one considered most challenging to deal with, was equally recorded with the same proportion, with 22.7% of the students reporting an inability to relax, fear of the worst, and nervousness.

Anxiety can be understood as a natural reaction to challenges and changes, however, when at high levels, it can bring harm to the individual, especially when it triggers anxiety syndromes. These are grouped into two major categories, the first being generalized anxiety disorders and the second anxiety crises. The group of generalized disorders is characterized by exacerbated and frequent anxious symptoms, in which constant tension, irritability and/or anguish are commonly noted. The second group, in turn, is characterized by intermittent crises, in which people in these situations present anxiety symptoms with great intensity and may or may not present concomitantly with generalized anxiety (Dalgarrondo, 2008).

The understanding that mental health is a complex phenomenon, in which illness is the result of multiple causes that are correlated, provokes a different look at the aspects related to it. In the university context, it is no different. Many scholars discuss the determining role of psychosocial, environmental, and demographic factors in the onset and course of psychiatric disorders among students (Ariño & Bardagi, 2018; Lima et al., 2006; Santos et al., 2017; Steptoe et al., 2007).

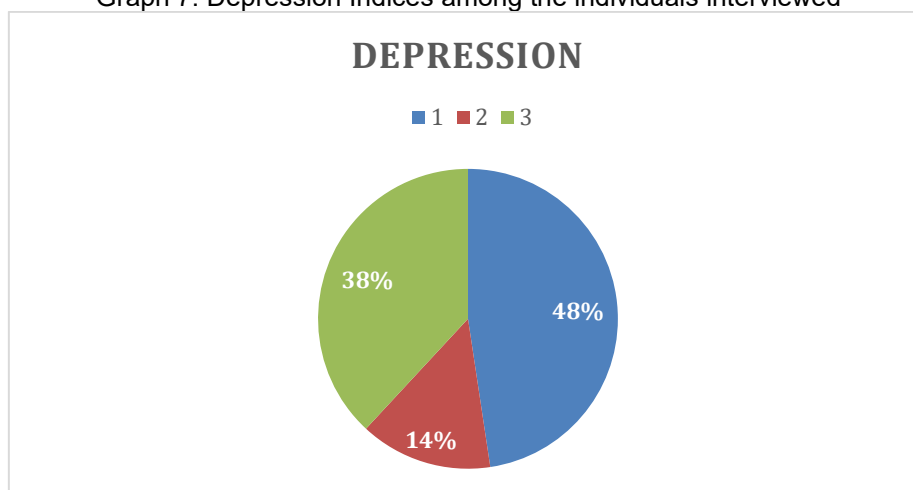
In general, the literature frequently reports the presence of psychological distress among university students (Graner & Cerqueira, 2019), indicating high prevalence of mental

disorders such as depression and anxiety (Mesquita et al, 2016; Leão et al, 2018; Eisenberg et al, 2007). It also describes an apparent increase in the number and severity of mental health problems among its students (Benton et al., 2003; Storrie et al., 2010), with higher rates of depression than in the general population (Ibrahim et al., 2013).

Among university students, depression is one of the most common mental health problems, affecting about 1/3 of students (Ibrahim et al., 2013), a figure well above those estimated by the WHO in the general population. It has symptoms that affect academic performance, affective relationships, and increase the risk of suicidal ideation and suicide attempts (Steptoe et al., 2007).

In the present study it was no different, however, we obtained the alarming result of 52% of students with signs of depression between severe and moderate, 14% severe and 38% moderate, as shown in the following graph:

Graph 7: Depression Indices among the individuals interviewed



Data from the World Health Organization (WHO) estimate that there are more than 300 million people suffering from depression in the world and this number tends to increase. In addition, depression is among the pathologies with the highest burden of disease, causing disability in individuals, thus being responsible for numerous financial and social losses (WHO, 2018).

In Brazil, about 5.8% of the population suffers from depression, which is equivalent to 12 million people, characterizing it as the highest rate in Latin America and the fifth highest in the world (WHO, 2017). More recently, the online psychotherapy platform, Vittude, (2019) published on its website the results of a survey carried out between October 2016 and April 2019, obtaining 492,790 responses to the DASS-21 scale.

According to the platform, 86% of respondents suffer from some mental disorder, with 59% presenting symptoms in the range of extremely severe depression, 63% with symptoms of extremely severe anxiety, and 37% symptoms of severe stress, 59%.

According to Sadock et al (2016), the presence of anxiety in academics results in changes in cognition, learning difficulties, changes in the perception of places, people, and meanings, which may be reflected in the association of concepts, learning difficulties, and low academic performance.

This research reveals a possible significant correlation between the psychological impacts faced by students and their academic performance, attention, and sociability.

Students subjected to very high stress may face difficulties in concentrating, assimilating content, and actively participating in academic activities, which can negatively affect their academic progress.

In the present study, no relationships between symptoms and type of course were investigated, so that, in view of the contributions of previous studies, it was observed that further studies on these variables and associations were needed.

FINAL CONSIDERATIONS

The purpose of this study was not to exhaust the complex relationship between university and mental health, but rather to provide an initial view of the problem. To this end, indicators of mental health status were adopted, including the presence or absence of common mental disorders, symptoms of depression, anxiety, and stress.

The results revealed significant prevalences in all these indicators, highlighting the seriousness of the issue. The data indicate that a significant portion of students face serious mental health conditions and require specialized care.

It is essential to implement and strengthen projects and programs that provide support to students, in addition to developing preventive and health promotion actions. Faced with this challenge, educational institutions must conduct a continuous evaluation of their practices, teaching models and student support structures.

It is also observed that, in general, women have worse mental health conditions, which highlights the importance of a more sensitive approach to the needs of female students.

The academic journey is a period of intense transformation and growth for students, but it can also be marked by a series of psychological challenges. From the moment they

enter university, students face increasing pressure to achieve academic success, handle financial and social responsibilities, and navigate interpersonal relationships and professional aspirations. This combination of demands can trigger a series of psychological impacts that deserve attention.

One of the most common challenges is academic stress, which arises from the pressure to get good grades, meet assignment deadlines, and take exams. This prolonged stress can lead to anxiety and even depression in some cases. In addition, competition among students can create an environment of constant comparison, generating feelings of inadequacy and low self-esteem.

Loneliness is also a significant concern. Many students find themselves far from their family support networks and struggle to build new friendships in an unfamiliar environment. This can lead to feelings of isolation and alienation, negatively affecting emotional well-being.

Another important aspect is the high expectations imposed by the students themselves and by society. Many young people feel the pressure to achieve unrealistic standards of academic and professional success, which can lead to a cycle of self-demand that is harmful to mental health.

Additionally, the transition to college life can also bring up issues of identity and purpose. Students may face questions about their career choices, their personal identity, and their place in the world. This discovery phase can be emotionally challenging and contribute to feelings of confusion and anxiety.

To deal with these psychological impacts, it is essential that educational institutions offer holistic support to students. This includes affordable psychological counseling services, mental wellness programs, academic advising, and safe spaces for emotional expression and socializing. Additionally, it is essential to foster a culture of acceptance and empathy, in which students feel valued and supported in their journey of personal and academic growth.

It is thus concluded that the psychological impacts faced by students during their academic training are varied and complex. However, with the proper support and awareness of these issues, it is possible to create healthier and more inclusive educational environments where students can thrive not only academically but also emotionally.

Finally, it is recommended that future research adopt longitudinal approaches for a deeper understanding of the phenomenon.

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