

Categories of analysis of mental health for psychology students: a qualitative study

Jéssica Maria Dias Mont Alverne¹, Alexsandra Maria Sousa Silva², Fabiana Pinto de Almeida Bizarria³, Rogeane Morais Ribeiro⁴, Ana Helena Araújo Bomfim Queiroz⁵ and Georgia Maria Melo Feijão⁶

1 Faculdade Luciano Feijão – FLF, jessicamontalverne.psi@gmail.com

2 Professora da Faculdade Luciano Feijão – FLF, alexsandramss88@gmail.com

3 Faculdade Luciano Feijão – FLF e Professora colaboradora PPGP/UFPI, fabiana.almeida.flf@gmail.com

4 Professora da Faculdade Luciano Feijão – FLF, rogeanemorais@yahoo.com.br

5 Faculdade Luciano Feijão – FLF, anahelenaqueiroz@gmail.com

6 Faculdade Luciano Feijão – FLF, georgiafeijao@hotmail.com

Abstract

Objective: the research aims to understand challenges of university life from the perspective of mental health from undergraduates of the psychology course. Methods: to this end, data were collected through field diary entries and workshops with first and second semester undergraduates students of the psychology course. The workshop started from a script elaborated considering three analytical categories of the study: young people's way of life, mental health and experience in Higher Education. Results: the results, with definitions of the empirical categories performance, responsibilities, coping, relationship with teachers, social support, and adaptation to the university culture and to the new city, pointed out that university is a space represented by individual and collective experiences, which demand and impact the trajectory of life. Conclusion: one notices challenges related to expectations about academic performance and anxieties about the professional future that influence the academic path.

Keywords: Social Support; Students; Higher Education.

1. Introduction

The mental health of college students is a widely studied topic, especially recently years¹, reflecting the relevance of the topic from the perspective of understanding the phenomenon for a better intervention. The theme also covers analyses in varied contexts, public and private institutions², undergraduate and graduate students³.

Related to the idea of psychological suffering, Kim and Hong⁴ report concern about the greater exposure of young people in social networks, influencing vulnerabilities and stigmas that can increase psychological suffering in university life.

The Global Report for Suicide Prevention (2014), the World Health Organization (WHO) reports that

Categories of analysis of mental health for psychology students:

annually, about 800,000 people die by suicide in Brazil, considered, in 2012, the second leading cause of death among young people aged 15 to 29 years. Specifically in the municipality of Sobral, when comparing the suicide rate between 2010 and 2015, it is observed that, in 2015, it increased 76% regarding the first year of the survey⁵. As for the context in which these cases occur, Costa and Moreira⁶ point out that anxiety and depression rates are higher in college students when compared to the general population, and may be associated with suicidal ideation.

A publication by the National Association of Directors of Federal Institutions of Higher Education (ANDIFES) and the National Forum of Pro-Rectors of Community and Student Affairs⁷, on the socioeconomic and cultural profile of Brazilian university students, identifies that 79.8% of the total of 939,604 undergraduates in Brazil, report emotional difficulties. Data from Fonaprace⁷ also specify that emotional issues influence academic life, while intense work routine, for example, was associated with low academic performance by 37% of students⁷.

Studies point out a relationship between psychological distress, personality, and challenges of academic life, considering the anxiety experienced by the expectations generated around adulthood and insertion in the labor market¹; the relationship between student assistance, from the perspective of social-emotional support, and the improvement of academic rates, with better retention of students and higher quality of academic life⁸, with prevention and promotion of health in a comprehensive way, both for students and teachers⁹.

Thus, issues related to the identification with the course; adaptation to a new psychosocial context; new responsibilities; greater autonomy; performance, change of city, uncertainties, family, social and personal pressure; lack of support, among others, can weaken the university experience and trigger processes of psychological illness. Other aspects that cross the student condition in universities involve the need to reconcile work and study, often in precarious conditions; expectations related to employability and improvement of living conditions. These and other issues are related to the manifestation of anxiety and depression, as reflected by Ferraz and Pereira¹⁰ and Sahaõ & Kienen¹¹.

In the context of private educational institutions, challenges related to housing assistance, for example, can mobilize higher levels of stress, considering the expansion of the number of students enrolled who work to pay for the course and their livelihood¹².

On the other hand, the effective expansion of access to Higher Education also needs to consider the challenges presented, for the elaboration of policies favorable to the permanence of students, with intentions based on the socioeconomic and socioemotional conditions of young people during their academic life¹³. It is emphasized that the college years are a crucial developmental period when students make the transition from late adolescence to emerging adulthood¹⁴. Thus, the research aims to understand challenges of university life from the perspective of mental health from undergraduates of the psychology course.

2. Mental health and university living

According to the World Health Organization¹⁵, there is no exact definition for mental health, since it

Categories of analysis of mental health for psychology students:

differs in different cultures, but it can be said that it encompasses subjective well-being, autonomy, and the self-fulfillment of the subject's intellectual and emotional potential.

Mental health also has a broad definition, not restricted to the condition of absence of mental disorders. According to the CID-10, for example, there are definitions such as schizophrenia, depression, anxiety, mental retardation, substance use disorders; it can also be determined by a series of socioeconomic, biological, and environmental factors, such as rapid social change, stressful working conditions, gender discrimination, social exclusion, unhealthy lifestyles, violence, and human rights violations¹⁵.

Macedo and Dimenstein¹⁶ report that deinstitutionalization requires problematizing asylum practices and values in favor of contributing with knowledge that prioritizes the possibilities of sociability as opposed to the asylum practices. For the authors, the emphasis of care does not imply only the medical professional, but the participation of users in decision-making processes, to promote their autonomy and citizenship. Dimenstein¹⁷ approaches the concepts of quality and humanization in mental health, moving it away from an assistance perspective, by defining that

humanizing implies commitment to the plurality of forces that make up life. It aims at the weakening of the hegemonic social logic that seeks to produce subjects with privatized, hedonistic identities, massified by consumption (p. 113).

In research carried out in the state of Piauí to map the knowledge and practices of psychologists and the ways in which they are involved in the Psychiatric Reform movement, Dimenstein¹⁷ found that only a minority (17%) base their work on psychosocial care and collective health. Such evidence goes against the interdisciplinary movement in the health field, with dialogues in Sociology, Political Science, social epidemiology, among others, which would allow the appreciation of historicity and unique knowledge of the social and economic profile of the subject¹⁶.

The WHO¹⁵, therefore, points out that stress and mental illnesses can affect decision making for healthy behaviors. It defines that “Recent evidence has shown that young people with psychiatric disorders, such as depression and drug addiction, for example, are more likely to engage in high-risk sexual practices compared to those without any psychiatric disorder”¹⁵ (p. 38).

It is necessary that the environment provides conditions for the subject to overcome it¹⁸, for today individuals live with the feeling of distress from having the sense that they are not doing all they could², and begin to blame or exploit themselves, leading to burnout.

3. Method

The research has a qualitative nature to favor the emergence of multiple meanings, which emerge from the reality that needs to be interpreted, firstly, by the research subjects themselves. The study was developed in a Higher Education Institution located in the interior of the State of Ceará, founded in 2004, maintained by a non-governmental entity, non-profit, administratively and financially autonomous.

To answer about the challenges of university life in the perspective of mental health from the point

Categories of analysis of mental health for psychology students:

of view of undergraduates of the psychology course, students of the 1st and 2nd semester of the Psychology course of the IES were defined as subjects of the research.

Data collection took place in 2019, a workshop, a space with critical potential for the elaboration of meanings, allowing the visibility of arguments and positions, contributing to build processes of subjectivization. The workshop was based on a script prepared considering three central categories of the study: young people's way of life, mental health and experience in Higher Education. The records were made by field diaries and audio recordings.

Figure 1 – Analytical Categories

Analytical Categories	Themes covered
Young people's lifestyles	Discussions about work, family and mobility, which are listed as empirical categories
Mental Health	Addressed the psychological suffering from an articulation with the category experience in higher education
Experience in Higher Education	It presented issues related to tests, adaptation to the academic culture and to the new city as well as the relationship with teachers, social support, identification with the course and life project as triggering factors of psychological distress or emotional difficulties

Source: elaborated by the authors (2020)

For data analysis, it was performed the categorization of themes addressed in data collection through the Content Analysis of Bardin¹⁹, with the help of the Atlas T.i. software. For this, it uses three moments: a stage to store the transcribed data, the next to categorize and, related to this, the stage of analysis of the observed interactions. The research followed all the ethical procedures of the Ethics Committee on Research with Human Beings, obtaining a favorable opinion N^o: 5.818.940 CAAE: 51705221.3.0000.5053.

4. Results

4.1 Mental health and the experience of the young university student in higher education

University is a space represented by individual and collective experiences, which demands sociability and responsibility, since it implies that young people make decisions, with important influence on their life trajectory. To that end, higher education institutions have increasing rates of mental disorders in their university audience²⁰.

To do so, it starts from the collective and singular conception of the people involved, students and social actors, understanding it as part of a complex network (socioeconomic, cultural, political, family and individual) of influences in the constitution of the psyche. To this end, excerpts from the narratives were gathered in the chart

Figure 2 – Categories related to mental health in the context of the experience in higher education and text segments

Categories of analysis of mental health for psychology students:

Analytical Categories	Empirical categories	Segment of the narratives
(1) Young People's Lifestyle	Performance Responsibility	They would be in 5 days, that is, every day we would have two tests. (LUCAS, OF2). I believe that for me it is a very big responsibility to be here, to deliver the assignments on time, to absorb the contents and learn. (LIA, OF2). Determination. Even if we don't want to, we have to have it. There are certain necessities that we have to have determination to be directly facing these difficulties that we have no knowledge of, so we have to have determination to learn everything again. (LUISA, OF2).
(2) Mental Health	Confrontation	I took these questions to the coordination, not so much because of the teachers, because they also have to pass them on to us. (JOEL, OF2).
(3) Higher Education Experience	Relationship with teachers Social Support Adaptation to the University culture and to the new city	The people who are closest to me came to talk and ask about the situation, I had this support related to this. (JOEL, OF2). I came from a theoretically small town, and when I arrived here, everything was so big, so new, I felt lost in space, but as everyone knows me. (ANA, OF1).

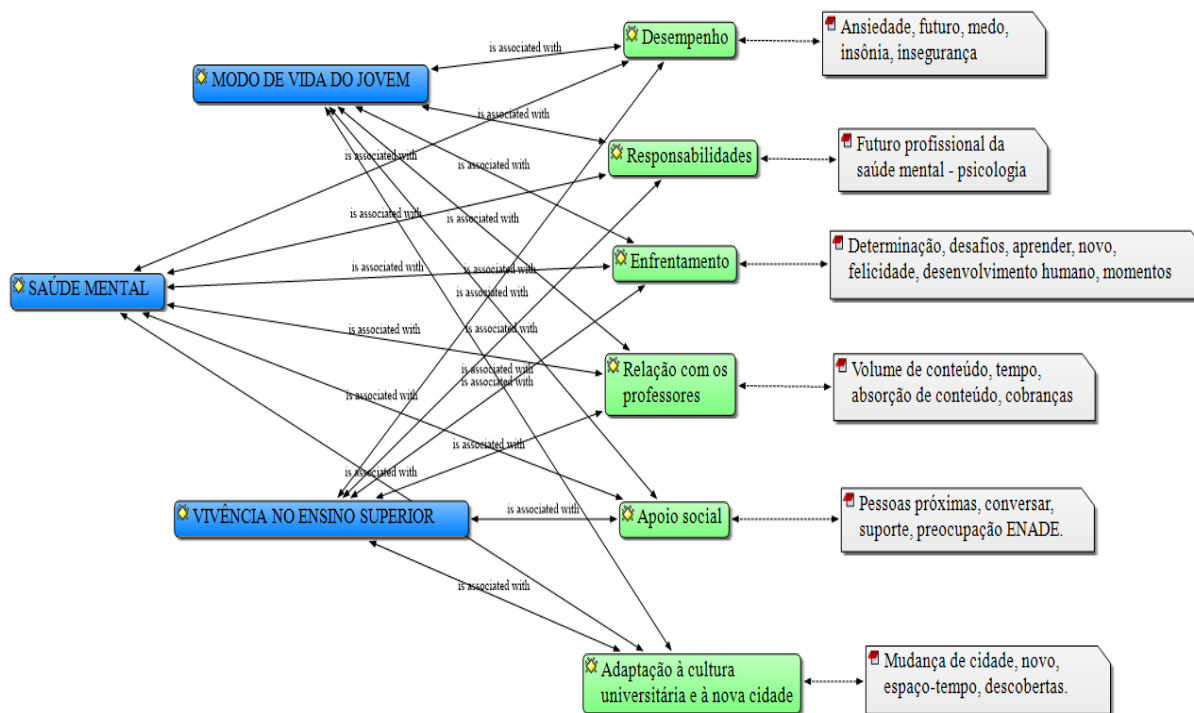
Source: elaborated by the authors (2020)

Based on the reports present in Figure 2, the adaptation to the university context, the distance from family, psychological well-being, social skills and interpersonal relationships are discussed. To strengthen this reflection, the statement by Levinsky²¹ that relates some of these conflicts associated with the mourning process for the loss of childhood structure and the need to decide on the profession to be followed for the rest of their lives at an age when the young-adolescent is still constituting their identity.

Figure 3 represents the relationships between analytical and empirical categories developed in the coding process, as well as words representing these, in comments (memos).

Figure 3 – Categories of analysis of mental health from the perspective of psychology students

Categories of analysis of mental health for psychology students:



Source: Output of the categories from the Atlas Ti Software.

4.2 Discussion

It is important to emphasize that the university culture exposes the student to a multiplicity of stimuli, such as classes, but also a wide range of parties. This can be experienced with more freedom than in previous phases, since the older age and, in some cases, the distance from the family home facilitate this desire to experience these social relationships intensely.

In the study by Neves and Dalgalarondo²² they point out that many young people experience mental suffering or illness, such as depression, anxiety, stress, panic, sleep problems, and eating disorders. The epidemiological studies conducted by Cerchiarì²³, for example, revealed the beginning of adulthood and, especially, the university period, as propitious to the onset of psychological illnesses for the first time, which can be “compromised by the teaching strategy, teacher-student relationship, forms of assessment and deficiencies in the physical facilities and materials of the institutions”²³(p. 45).

In this perspective, references to anxiety, depression and even suicide are recurrent, emphasizing mainly these disorders since they are the most common in higher education. According to Ferreira et al.²⁴, “anxiety is linked to symptoms such as tachycardia, dizziness, headache, muscle pain, tingling, sweating, in addition to insomnia, tension, irritability and distress”. These authors add that a greater intensity of these signs can bring negative perceptions regarding motor and intellectual abilities, since it interferes with selective attention.

Depression is one of the most common psychiatric disorders. An assessment of depression in 224 nursing students showed rates close to those of the general population, with 10.3% for dysphoria and 6.7% for moderate and severe depression²⁵. Anxiety, as a natural feeling, consists of a sense that there is a real danger for which the body must prepare itself to react. For this reason, it is important to know and distinguish

Categories of analysis of mental health for psychology students:

between state anxiety and trait anxiety. The former is a transient emotional state that can vary in intensity temporally. While trait anxiety would be a personal disposition or a tendency to respond with anxiety, perceiving situations as more threatening than they really are²⁴. It resembles a feeling of helplessness.

One can cite as periods with higher probability of elevation of anxiety in Higher Education those referring to transitions of human development, such as entering university and the last semesters before graduation, either due to the choice of areas of expertise or by the insertion of internships. Thus, they can be seen as threatening situations and can negatively interfere with cognitive aspects²⁴.

4.3 Mental health, higher education, and psychological distress

The family plays a strong social support role for these young people, according to their statements. For many, the family participates as a stimulus or a need to give back the love and hope for a better life. For others, the family contributes to interruptions in their personally motivated trajectory, tending to submit themselves to the choices of their parents, which has repercussions, also, in the identification with the course. Abreu, Miranda, and Murta²⁶ and Garcia, Capellini, & Reis⁸, consider that preventive interventions and actions in mental health can assist and minimize risk factors and fortify protective factors that infer on the mental health of college students.

The social support also refers to the institutional support, the relationship with the professors, their demands, and the rigidity in the way they evaluate the knowledge was also quite problematized. All these experiences are mentioned by the youngsters as some of the factors that provide psychic suffering, a subcategory described in this research, portraying anxiety disorders, panic, depression, hopelessness, insomnia, excessive shyness, among others.

When it was suggested that young people name feelings or words to represent how their personal experience in Higher Education is characterized, terms like organization, resilience, gratitude, love, faith, freedom, patience, happiness, evolution, sensitivity, shyness, anxiety, stress, hope, persistence, tiredness, challenge, new beginning, fulfillment, and need emerged. Thus, one can understand that this context is marked by contradictions; however, it becomes a potential space for growth from the construction of affection and friendships when facing people with such different realities, but, at the same time, so close that, in a certain way, drives them to overcome the challenges of everyday life. In addition, we point out the student assistance policies in Higher Education, which are other means of support that could be inserted in this context, because their purpose is to offer resources and essential mechanisms to enable students to have a quality stay in the university.

When thinking about these objectives and their relationship with the minimization of psychological suffering, I establish here reflections based on the issues most pointed out in the workshops, one of them being the experience of young people with the tests.

Students report several problems entering Higher Education, mainly those related to studying and attention span and concentration, which will be reflected in high levels of anxiety and physical malaise that disrupt the achievement of academic success and, in numerous cases, lead to “dodging” exams, precisely because of the

Categories of analysis of mental health for psychology students:

difficulties in managing anxiety¹⁰ (p. 158).

Considering the statement of Ferraz and Pereira¹⁰, there were students who reported having already missed tests due to psychological exhaustion and extreme fatigue and, like them, for Joel the week of tests corroborates with the appearance of anxious symptoms that interfere with his desired performance, since it represents self-charging and accountability as to his professional commitment in the future. Students seek forms of social support when feeling fragile, such as friends, teachers, and coordination. Moreover, they show that there are professors available to talk, but institutional norms are still not very flexible when it comes to actions aimed at mental health.

The participants in the workshops shared the support of the Academic Center (AC) when referring to the week of exams. Costa and Moreira²⁷ point out that it is necessary to consider not only the excessive load of academic work as stressors, but also financial difficulties, the change of city and interpersonal difficulties contribute to the fragility of the student in the academic environment. It can be noticed that these difficulties, together with the demands, interfere in the students' cognitive capacity and, possibly, influence their academic path, which is permeated by greater demands and responsibilities.

Some challenges at this level of education require a greater preparation from young people and the feeling of belonging to this new context that can be made possible by the student's involvement in the activities of the academic community, since when they feel welcomed by the institution, they will, in a certain way, fill the homesickness with the family from the new affective investments¹⁰.

It is possible to relate the adaptation to a new city and a new level of education about Ferraz and Pereira¹⁰ (p. 162) that “it is not the compulsory study that allows academic success, being essential the emotional and motivational state”. However, there are factors that may hinder this adaptation by some young people.

In this way, the relationship with teachers also appears as a determinant in healthy permanence. As Accorsi²⁸ (p.78) argues, “the interaction between teachers and students is the central working relationship of the students” experience and is directly related to their mental health and psychosocial well-being.

The attempt to dialogue with some professors to establish agreements about the amount of content required involves the search for understanding and possible adaptation in didactics due to the time spent at work and personal and social issues. The course coordination is seen as a mediator, since it understands that teachers also follow rules. In this sense, Accorsi²⁸ suggests that the institution should function as a channel for dialogue and mutual understanding between teachers and students, so as not to harm the motivation of these young people.

Thus, it is evident the need to discuss mental health in HEIs, seeking theories and practices of Psychology, not only a clinical-individualizing approach, which would remain under the perspective of a traditionalist and still predominant Psychology. By broadening this psychosocial view, it would be possible to contribute to a path of changes in the current hegemonic university culture.

5. Conclusion

Aiming to understand the challenges of college life from the perspective of mental health from college students of the psychology course, several challenges were shared by young people in the experience of higher education that often become naturalized in contemporary society.

This way, it was possible to notice that difficulties mark the juvenile condition of these students, such as, for example, financial issues (rent, transportation, leisure), the distance from family and friends, the adaptation to the new context that demands more autonomy and presents a strong level of accountability and demand.

Among them, mobility was a relevant factor, as well as the guarantee of rights and of fundamental articulation with mental health.

Social support was another category that emerged, with an analysis of institutional and family support, when one realizes the relevance of a support network for young people. The institution must work as a possible mediating instrument for the solution of problems and for planning in the academic community. To this end, it is fundamental to listen to the problems that young people address to their teachers to find a solution considers their life realities. Thus, it contributes to the motivation of the students, as well as to the disposition in the search for strategies to face psychological suffering. It is also a suggestion to the institutions to offer moments of leisure, culture, and sports that contemplate the exposure and sharing among colleagues of the feelings that are present.

6. References

1. Nottage MK. et al. Loneliness mediates the association between insecure attachment and mental health among university students. *Personality and Individual Differences*. 2022;185.
2. Perez KV, Brun LG, Rodrigues CML. Saúde mental no contexto universitário: desafios e práticas. *Trab.En, Palmas-TO, Brasil*. 2019;4(2):357-365.
3. Penha JRL, Oliveira CCO, Mendes AVS. Saúde mental do estudante universitário: revisão integrativa. *Journal Health NPEPS*. 2020 jan-jun. 2020;5(1):369-395.
4. Kim T, Hong H. Understanding university students' experiences, perceptions, and attitudes toward peers displaying mental health-related problems on social networking sites: online survey and interview study. *JMIR Ment Health*. 2021;8(10).
5. Parente AC. et al. Perfil dos casos de suicídio em Sobral entre os anos de 2010 e 2015. *Revista Sanare. Sobral – CE*. 2016;15(2):15-22. 2.
6. Costa M, Moreira YB. Saúde mental no contexto universitário. In: *Seminários Sobre Ensino em Design*. 2016, Paraná. Anais. 2016;73-79.

Categories of analysis of mental health for psychology students:

7. Fórum Nacional de Pró-Reitores de Assuntos Comunitários e Estudantis. IV Pesquisa do Perfil Socioeconômico e Cultural dos Estudantes de Graduação das Instituições Federais de Ensino Superior Brasileiras. Uberlândia: PRONAPRACE, 2014. Available from: Disponível em: http://www.andifes.org.br/wp-content/uploads/2017/11/Pesquisa-de-Perfil-dos-Graduanso-das-IFES_2014.pdf Acesso em: 12 fev./2021.
8. Garcia LM, Capellini VLMF, Reis VL. dos. Saúde mental na universidade: a perspectiva de universitários da permanência estudantil. *Colloquium Humanarum, Presidente Prudente*. 2020;17:167-181 jan/dez.
9. Bleicher T, Oliveira RCN. Políticas de Assistência Estudantil em Saúde nos Institutos e Universidades Federais. *Revista Psicologia Escolar e Educacional, São Paulo*. 2016;20(3):543-549.
10. Ferraz MF, Pereira AS. A Dinâmica da Personalidade e o Homesickness (Saudade de Casa) dos Jovens Estudantes Universitários. Universidade de Aveiro. *Psicologia, Saúde e Doenças, Portugal*. 2002;3(2):149-164.
11. Sahão FT, Kienen N. Adaptação e saúde mental do estudante universitário: revisão sistemática da literatura. *Psicologia Escolar e Educacional*. 2021;25.
12. Chaves VLJ, Amaral NC. Política de Expansão da Educação Superior no Brasil – o Prouni e o Fies como financiadores do setor privado. *Educação em Revista, Belo Horizonte*. 2016;32(4):49-72.
13. Zago N. Do acesso à permanência no Ensino Superior: percursos de estudantes universitários de camadas populares. Universidade Federal de Santa Catarina, Programa de Pós-Graduação em Educação, *Revista Brasileira de Educação*. 2006; 11(32).
14. Bruffaerts R, Mortier P, Kiekens G, Auerbach RP, Cuijpers P, Demyttenaere K. et al. Mental health problems in college freshmen: Prevalence and academic functioning. *Journal of affective disorders*. 2018;225:97-103.
15. Organização Mundial da Saúde. Relatório Mundial da Saúde. Saúde mental: nova concepção, nova esperança. Climepsi Editores. 2002;1ª ed.
16. Macedo JP, Dimenstein, M. Efeitos do saber-fazer de psicólogos na saúde mental do Piauí. *Fractal: Revista de Psicologia*. 2016;28(1):37-45.
17. Dimenstein M. A reorientação da atenção em saúde mental: sobre a qualidade e humanização da assistência. *Psicologia Ciência e Profissão*. 2004;24(4):112-117.

Categories of analysis of mental health for psychology students:

18. Silva MAS. Compreensão do adoecimento psíquico: de L. S. Vigotski à Patopsicologia Experimental de Bluma V. Zeigarnik. Dissertação de Mestrado, Programa de Pós-Graduação em Psicologia da Universidade Estadual de Maringá. Maringá. 2014.
19. Bardin L. Análise de conteúdo. Tradução Luis Antero Reto e Augusto Pinheiro. Lisboa. 2016.
20. Dantas IL, Matos DL, da Silveira Moreira JDJ, de Melo EV, de Oliva Costa EF, Neta MTSL. Relação entre saúde mental e vivência acadêmica dos estudantes de Engenharia de Alimentos e Engenharia Civil de uma universidade pública da região Nordeste. *Research, Society and Development*. 2021;10(3): e48910313585-e48910313585.
21. Levinsky DL. Adolescência: reflexões psicanalíticas. 2ª edição, revisada e atualizada. São Paulo: Casa do Psicólogo. 1998.
22. Neves MC. & Dalgalarondo P. Transtornos Mentais Auto-Referidos em Estudantes Universitários. *Jornal Brasileiro de Psiquiatria*. 2007;56(4):237–244.
23. Cerchiari EAN. Saúde mental e qualidade de vida em estudantes universitários. 2004. (Tese de doutorado, Universidade Estadual de Campinas, Campinas)
24. Ferreira CL. et al. Universidade: contexto ansiogênico? Avaliação de traço e estado de ansiedade em estudantes do ciclo básico. Universidade Federal do Rio Grande do Norte. *Ciência & Saúde Coletiva*. Natal – RN. 2009;14(3):973-981.
25. Furegato ARF. et al. Depressão e auto-estima entre acadêmicos de enfermagem. *Revista Psiq. Clin*. 2006;33(5):239-244.
26. Abreu S, Miranda AAV, Murta SG. Programas preventivos brasileiros: quem faz e como é feita a prevenção em saúde mental?. *Psico-USF*. 2016;21:163-177.
27. Costa M. de, Moreira YB. Saúde mental no contexto universitário, p. 73-79. In: Beccari, Marcos N.; Machado, Carolina Calomeno (Eds.). *Seminários sobre Ensino de Design [Blucher Design Proceedings, v.2 n.10]*. São Paulo: Blucher. 2016.
28. Accorsi MP. Atenção psicossocial no ambiente universitário: um estudo sobre a realidade dos estudantes de graduação da Universidade Federal de Santa Catarina. Florianópolis: UFSC, 2015. 118 p. Dissertação (Mestrado) – Programa de Mestrado Profissional em Saúde Mental e Atenção Psicossocial, Universidade Federal de Santa Catarina, Florianópolis. 2015.