COMMON MENTAL DISORDERS AMONG HEALTHCARE STUDENTS

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Abstract: The present study aimed to evaluate the factors associated with mental disorders among health area students. An integrative literature review was conducted, analyzing articles retrieved from the secondary databases Virtual Health Library, Latin American and Caribbean Literature in Health Sciences, Scientific Electronic Library Online, and Online System for Search and Analysis of Medical Literature using the descriptors common mental disorders; student; and university. The assessment of factors associated with mental disorders among health science students highlights that academic training in these courses is permeated by a level of stress that exceeds the limits of healthy adaptation; the study showed that the prevalence of symptoms of anxiety, depression, and sleep disorders is intrinsically linked to a combination of institutional and psychosocial factors, with particular emphasis on excessive workload, academic competitiveness, and early exposure to suffering and death. To reverse the identified scenario, it is imperative that higher education institutions go beyond a purely technical focus and implement robust psychopedagogical support policies, support groups, and a review of the curriculum structure.

Keywords: common mental disorders; student; university.

INTRODUCTION

The academic environment is a space of projects and dreams, but it also brings with it a lot of pressure, sleepless nights, stress, and frustrations. In this context, along with other factors in personal life, university students become vulnerable and face the daily duality of achieving success versus the uncertainty of their professional future. The demands for productivity, excessive activities, and course

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progression demonstrate insecurity, sadness, and exhaustion, in addition to the need to meet academic demands, those of colleagues, society, and themselves (Costa et al., 2010).

One consequence of this situation is the increased prevalence of Common Mental Disorders (CMD) and the use of psychotropic drugs in this population. CMD, known as minor psychiatric disorders or non-psychotic mental disorders, is a health condition that does not meet sufficient formal criteria for diagnoses of depression and/or anxiety according to the classifications of the Diagnostic and Statistical Manual of Mental Disorders – 5th edition (DSM-V) and the International Classification of Diseases – 11th revision, but it can impair quality of life (ICD-11). Common mental disorders (CMD), also called minor mental disorders, are the most frequent and least severe among mental disorders, being associated with significant mental suffering, difficulties in relationships, and loss of quality of life (Costa et al., 2010).

Studies suggest that mental health disorders (MTDs) affect 9% to 12% of the world's population. There is no research presenting the prevalence rates of mental health problems at the national level, but it is estimated that the prevalence of MCDs in Brazil is 12% to 15% across all age groups (Fiorotti). et al., 2010; Grether et al., 2019).

Given that health science students are preparing to deal with human lives, it is important to better understand the psychological conditions of these students. It is necessary to investigate the causes and propose solutions, resulting in the relief of the psychological suffering they face, a decrease in cases of mental health disorders, suicide, and course dropouts, because the earlier the diagnosis, the better the prognosis, providing a better quality of life in the academic and professional setting (Graner; Cerchiari, 2017).

The loss of mental health is related to decreased student productivity, greater difficulty in relationships, and mental suffering (Carvalho et al., 2021). In this sense, medical schools must have the capacity to care for, respect, listen to, and help medical students develop mechanisms to cope with the pressure they will be subjected to in their academic and professional lives, providing them with psychological and pedagogical support (WHO, 2022). Therefore, this study sought to evaluate the

factors associated with common mental disorders among university students in the health field.

METHODS

An integrative literature review was conducted. This approach was adopted because it allows for the combination of data from investigative and theoretical research, which can thus be directed towards conceptualizations, recording gaps in research areas, theoretical review, and methodological analysis of studies on a specific subject, allowing for literature analysis (Ercole; Melo; Alcoforado, 2014).

In this sense, six interdependent and interrelated phases were considered: elaboration of the guiding question, literature search or sampling, data collection, critical analysis of the included studies, discussion of the results, and presentation of the integrative review. The guiding question was defined as: What factors are associated with common mental disorders among university students in the health field? (Souza; Silva; Carvalho, 2010).

The collection of studies was carried out through electronic searches in the following databases available in the Virtual Health Library (BVS), Latin American and Caribbean Literature in Health Sciences (LILACS), the Scientific Electronic Library Online (SciELO) and Medical Literature Analysis (MEDLINE).

Inclusion criteria included full articles available electronically, in Portuguese, English, or Spanish, and that addressed the proposed theme in the title, abstract, or keywords. Ineligibility criteria considered letters to the editor, editorials, duplicate articles, and those that did not unequivocally address the subject matter of the study.

The study review was conducted between May and July 2026. The Health Sciences Descriptors (DeCS), retrieved from the website https://decs.bvsalud.org/, were used as research strategies. The keywords were common mental disorders; student and university. Boolean operators were used to refine the search and better select the data for analysis.andfor combining the selected descriptors.

For data collection, an instrument validated by Ursi was developed. (2005) for integrative reviews, including the following categories of analysis: identification code, publication title, author and author's background, source, year of publication, type of study, region where the research was conducted, and the database in which the article was published. After selecting the articles, the information to be extracted from the studies was defined. To facilitate the retrieval of information, a database developed in was used.software Microsoft Office ExcelThe data from 2010 were composed of the following variables: article title, year of publication, study design, and main outcomes. The data obtained were grouped into a table and thematic approaches and interpreted according to specific literature.

RESULTS

Fifteen studies that met the eligibility criteria were included in this review; the titles, methods, and main outcomes of the analyzed studies are described in the table below (Table 1).

Table 1. Studies included in the review and the characteristics evaluated.

Article Title	Study Objective	Main Results / Associated Factors
Prevalence of common mental disorders in university students in the health field.	To identify the frequency of anxiety and depression symptoms in different health courses.	The prevalence was found to be greater than 40%, with higher rates among nursing and medical students.
Factors associated with stress and anxiety in medical students	To analyze the specific triggers of mental distress within the medical academic environment.	Excessive working hours, early exposure to death, and pressure to perform were the main factors.
Quality of life and mental health of nursing students: a cross-sectional study.	To assess the relationship between lifestyle and the development of mental disorders.	The study linked sleep deprivation and lack of leisure time to an increase in depressive symptoms.

Burnout syndrome and associated factors in dental undergraduates.	To investigate academic burnout in students undertaking clinical practice.	Clinical stress (patient care) and concern about the future job market were determining factors.
Suicidal ideation and self-harming behaviors in students of health sciences courses.	To identify the prevalence of suicidal thoughts and their relationship to social support.	He revealed that the absence of family support and a history of substance abuse increase the risk of ideation.
The impact of the COVID-19 pandemic on the mental health of students in the health field.	To analyze how the interruption of classes and the fear of contamination affected well-being.	An acute increase in levels of generalized anxiety and post-traumatic stress disorder was observed.
Use of psychoactive substances and mental health among university health students.	To investigate the correlation between alcohol/drug use and mental disorders.	The use of stimulants for studying (nootropics) has been associated with episodes of insomnia and panic attacks.
Eating disorders and body image in nutrition and physical education students	To investigate the vulnerability of specific courses for body image disorders.	Nutrition students showed a higher prevalence of orthorexic behaviors and body dissatisfaction.
Relationship between physical activity level and mental disorders in health sciences university students.	To assess whether a sedentary lifestyle contributes to the worsening of psychopathological symptoms.	Regular exercise has proven to be a robust protective factor against academic stress.
Association between academic performance and prevalence of depression in health science students.	To determine whether low grades are a cause or a consequence of mental disorders.	A vicious cycle was identified: depression impairs concentration, and academic failure deepens the depression.
Mental health and religiosity/ spirituality in medical students	To analyze whether spirituality acts as a factor in resilience.	Students with active spiritual practices reported lower levels of anxiety and greater life satisfaction.
Psychosocial factors and sleep quality in physiotherapy students	To investigate the relationship between sleep hygiene and mental health.	Poor sleep quality was the strongest predictor of the development of irritability and chronic fatigue.

Prejudice and stigma regarding mental health among psychology and medical students.	To assess whether technical knowledge reduces the stigma surrounding one's own illness.	Surprisingly, many students avoid seeking help for fear of being judged as "unfit" for the profession.
Violence and harassment in the academic health environment and its mental health repercussions.	To investigate the impact of abuse committed by teachers or supervisors on student health.	Workplace harassment in hospital inpatient settings has been directly correlated with episodes of major depression.
Gender differences in the prevalence of mental disorders among health science students.	To analyze whether female health students experience more psychological pressure.	Women reported higher levels of anxiety symptoms, often linked to the double burden of work and social pressures.

Source: study data.

DISCUSSION

This study evaluated the factors associated with mental disorders among students in the health field. In this sense, the prevalence of common mental disorders, such as anxiety and depression, among health students is intrinsically linked to a curricular structure that prioritizes the accumulation of technical knowledge to the detriment of preserving the biopsychosocial health of the student. This culture of sacrifice, in which sleep deprivation and social isolation are seen as necessary rites of passage for professional training, acts as a chronic stressor that weakens the student's psychic defenses, making them vulnerable to premature burnout and feelings of intellectual inadequacy (Carvalho et al., 2021).

The insertion of students into practical settings exposes young people to ethical dilemmas and the suffering of others even before they have developed the emotional maturity to deal with such experiences; the lack of institutional spaces to address these anxieties leads students to adopt defense mechanisms, such as depersonalization and emotional detachment. This institutionalized emotional paradigm not only harms the future professional-patient relationship, but is directly correlated with an increase in episodes of post-traumatic stress disorder and suicidal ideation during the internship or

placement period (Graner; Cerchiari, 2017).

The rigid and sometimes authoritarian hierarchical structure of health education institutions favors the occurrence of episodes of moral harassment; the fear of reprisals and the dependence on subjective evaluations in practice fields silence the student in the face of psychological abuse, creating a toxic environment. This toxic organizational climate is one of the main determinants for the development of mental disorders even during undergraduate studies, deconstructing the student's intrinsic motivation and replacing it with a state of constant vigilance and anxiety (Pacheco et al., 2017).

Factors associated with mental illness also extend to the socioeconomic dimension, where pressure for high academic performance is exacerbated by fear of professional failure and competitiveness. For students in vulnerable situations, higher education becomes a field of survival, where performance anxiety is fueled by a lack of financial and family support. This disparity in internal and external resources creates an environment of psychological inequality, where academic success is often achieved at the cost of mental health (Costa et al., 2010).

Furthermore, the use of disruptive substances and coping mechanisms are associated factors; the recourse to the abusive use of psychoactive substances—both stimulants to increase performance and benzodiazepines to induce sleep—reveals a desperate attempt at pharmacological stress regulation. This self-medication, common among those who possess knowledge about drugs, masks the symptoms of underlying mental disorders and delays the search for professional help. The irony lies in the fact that the future health promoter uses self-destructive methods to meet the demands of an education system that neglects their well-being, perpetuating a cycle of dependence and silent suffering (Costa et al., 2010).

The prevalence of non-prescribed use of psychostimulants among health science students reveals a dysfunctional attempt to adapt to cognitive demands. In seeking artificially enhanced performance and delayed fatigue, students ignore the physiological limits of their own bodies, establishing a relationship of pharmacological dependence that masks underlying mental illness. This

behavior not only predisposes individuals to anxiety disorders and chronic insomnia, but also signals an ethical failure in the education system, which prioritizes immediate productivity over the health and safety of future professionals (Fiorotti et al., 2010).

Progressive social isolation, imposed by a routine that consumes almost all of a student's useful time, is a critical risk factor for major depression. By distancing themselves from family and friendship circles outside of their health, students lose their main mechanisms for emotional regulation and affective support. Life begins to revolve exclusively around the hospital and academic environment, which limits the individual's worldview and intensifies feelings of loneliness. Without the safety net of these support networks, any academic failure is perceived as an existential tragedy, potentially exacerbating depressive crises and suicidal ideation (Santos et al., 2018).

There is a paradox in which health students, although studying the human mind, feel prevented from admitting their own suffering for fear of being judged as unfit for the profession; the internalized stigma surrounding mental illness acts as the final barrier preventing early diagnosis and treatment. In the academic imagination of health, the caregiver must be invulnerable, and admitting an illness is often interpreted as a weakness of character or unpreparedness for clinical practice. This silencing, enforced by institutional culture, pushes the student into isolation, consolidating cases of major depression that could be mitigated if there were a mental health policy that treated the student not as a learning machine, but as a human being in formation (Lima et al., 2016).

Finally, reversing the trend of mental illness among health science students requires a profound curricular reform that goes beyond simply reducing teaching hours and achieves the integration of mental health care as a cross-cutting axis of training.

CONCLUSION

An assessment of the factors associated with mental health disorders among students in the health field leads to the conclusion that academic training in these courses is permeated by a stress

load that exceeds the limits of healthy adaptation. The study showed that the prevalence of symptoms of anxiety, depression, and sleep disorders is intrinsically linked to a combination of institutional and psychosocial factors, notably excessive workload, academic competitiveness, and early exposure to suffering and death.

The main difficulties lie in the neglect of self-care in favor of excellent technical performance, often reinforced by rigid teaching methodologies. Factors such as insecurity about the professional future, lack of leisure time, and the fragility of socio-emotional support networks emerge as critical predictors for the development of Common Mental Disorders. The study reinforces that psychological distress should not be seen as a "natural stage" of education, but as a warning sign of the need for reforms in the university environment.

Finally, the mental health of health science students is an indirect determinant of the quality of care they will provide to society. To reverse the identified situation, it is imperative that higher education institutions transcend a purely technical focus and implement robust psycho-pedagogical support policies, support groups, and revisions to their curricula.

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