

Original Article

Academic life factors and suicidal behavior in university students at a federal institution*

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Objective: to understand the factors within academic life that cause psychological suffering and influence suicidal behavior among university students on the humanities campus of a federal institution. **Methodology:** qualitative research carried out with 67 university students enrolled in six humanities programs; data were collected using an online form, and data analysis was based on the Content Analysis framework. **Results:** issues related to adaptation, overwhelming demands, intense competition, interpersonal relationships with peers and professors, lack of representativeness, insufficient student retention policies and, difficulty accessing psychological support proved to be detrimental to mental health and contributed to the development of suicidal behavior. Reports included self-harm, suicidal ideation and attempts associated with the adversities within the academic environment. **Conclusion:** a connection was observed between factors and events in the academic environment and the presence of psychological suffering and suicidal behavior in the participants. However, as suicide is a multifactorial phenomenon, it is not possible to attribute responsibility to a single component, in this case, the academic environment.

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Descriptors: Academic Environment; Emotional Suffering; University Students; Self-injurious Behavior.

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Fatores da vida acadêmica e comportamento suicida em universitários de instituição federal

Objetivo: compreender os fatores da vida acadêmica que causam sofrimento e influenciam o comportamento suicida em universitários do *campus* de humanas de instituição federal.

Metodologia: pesquisa qualitativa, realizada com 67 universitários de seis cursos de humanas. A coleta de dados realizou-se por meio de formulário *online* e a análise pelo referencial da Análise do Conteúdo. **Resultados:** questões de adaptação, demandas exaustivas, competição excessiva, relações interpessoais com pares e professores, não representatividade, insuficiência da política de permanência estudantil e dificuldade em conseguir apoio psicológico mostraram-se prejudiciais à saúde mental e contribuíram para a manifestação do comportamento suicida. Surgiram relatos de autoagressões, ideações e tentativas de suicídio associadas às adversidades do ambiente acadêmico. **Conclusão:** houve relação entre os fatores e eventos do meio acadêmico e a presença de sofrimento psíquico e comportamento suicida nos participantes. No entanto, trata-se de um fenômeno multifatorial, por isso, não é possível apontar para um único componente como responsável, no caso, o acadêmico.

Descriptores: Ambiente Acadêmico; Sofrimento Emocional; Estudantes Universitários; Comportamento Autodestrutivo.

Factores de la vida académica y comportamiento suicida en estudiantes universitarios de una institución federal

Objetivo: comprender los factores de la vida académica que causan sufrimiento e influyen en el comportamiento suicida en estudiantes universitarios del *campus* de humanidades de una institución federal. **Metodología:** investigación cualitativa, realizada con 67 estudiantes universitarios de seis carreras de humanidades. La recolección de datos se realizó mediante formulario *online* y el análisis se llevó a cabo en el marco del Análisis de Contenido. **Resultados:**

los problemas de adaptación, las exigencias extenuantes, la competencia excesiva, las relaciones interpersonales con compañeros y profesores, la falta de representatividad, la insuficiente política de retención estudiantil y las dificultades para la obtención de apoyo psicológico perjudicaron la salud mental y contribuyeron a la aparición de comportamientos suicidas. Hubo informes de autolesiones, ideación suicida e intentos asociados a las adversidades del entorno académico. **Conclusión:** hubo relación entre los factores y eventos del ambiente académico y la presencia de angustia psicológica y comportamiento suicida en los participantes. Sin embargo, se trata de un fenómeno multifactorial, por lo que no es posible señalar un único componente como responsable, en este caso el ambiente académico.

Descriptores: Ambiente Académico; Sufrimiento Emocional; Estudiantes Universitarios; Conducta Autodestructiva.

Introduction

Suicide is a significant global public health issue. In 2019, a total of 703,000 suicides were reported worldwide, accounting for 1,920 deaths per day, with a far greater number of individuals attempting to take their own lives. Among individuals aged 15 to 29 years, suicide was the fourth leading cause of death⁽¹⁾.

In Brazil, suicide represented the third and fourth leading causes of death in 2021 among individuals aged 15 to 19 and 20 to 29 years, respectively⁽²⁾.

The university environment can be particularly challenging for young individuals entering higher education, as they face academic demands, social pressures, life transitions, and the pursuit of identity, all of which contribute to emotional distress. There is a high prevalence of suicidal ideation among these students, with associated factors including academic pressure, emotional stress, social isolation, and adjustment difficulties⁽³⁾.

A study conducted at a Federal Institute of Education in Bahia (*Instituição Federal de Ensino, IFES*) involving 7,177 undergraduate students from 77 programs found a 71.52% prevalence of common mental disorders (CMDs), with 44.9% reporting having sought psychological or psychiatric support in the previous year, and 21.6% expressing thoughts of ending their lives in the month prior to data collection⁽⁴⁾.

Further investigating suicidal behavior, a study at a university in São Paulo found that 34.8% of participants reported thoughts of death, 26.1% reported suicidal ideation, 17.3% expressed a desire to die by suicide, 8.2% had suicidal intent, 9.3% had a suicide plan, and 3.1% had attempted suicide⁽⁵⁾.

Although this is a concerning phenomenon, studies addressing this issue within Brazilian universities remain limited.

This study aimed to understand the academic life factors that cause distress and influence suicidal behavior among students from the humanities campus of a federal institution.

Methodology

Study design

This is an exploratory, descriptive study employing a qualitative approach.

Study setting

The study was conducted on the humanities campus of the Federal University of São Paulo (*Universidade Federal de São Paulo, UNIFESP*), located in Guarulhos, São Paulo.

Period

Data collection was carried out in March 2021 using the Google Forms online questionnaire platform, due to the suspension of in-person classes caused by the COVID-19 pandemic.

Population and sample

The study population consisted of all students enrolled on the humanities campus. A non-probabilistic convenience sampling strategy was adopted, resulting in 67 participants (48 women and 19 men) from six undergraduate programs offered at the institution.

Inclusion and exclusion criteria

Inclusion criteria were being over 18 years of age and actively enrolled in one of the undergraduate programs at the time of data collection. The exclusion criterion was the request for withdrawal after participation, made prior to the disclosure of the data.

Data collection instrument

Data were gathered using a semi-structured questionnaire developed by the researchers, designed to explore issues related to the academic environment, mental health, personal and family history of mental disorders, psychoactive substance use, and suicidal behavior.

Data collection

The questionnaire was sent to all undergraduate students on the campus using the institutional email list provided by the academic administration. Responses were collected within a 72-hour period. A pilot test was conducted beforehand to ensure the appropriateness of the instrument and to refine the questions.

Access to the questionnaire was granted after participants read and signed the informed consent form electronically. The form was written in clear and accessible language. One original copy was emailed to the participant, while another was retained by the research team.

Data processing and analysis

Content Analysis was adopted as the methodological and theoretical framework. This method comprises a set of communication analysis techniques designed to identify, through objective and systematic procedures for message content description (pre-analysis, material exploration, and processing and interpretation of results), indicators that are either quantitative or not,

which allow inferences regarding the conditions under which the messages were produced and received⁽⁶⁾.

Ethical considerations

The study began following approval by the Research Ethics Committee of the Federal University of São Paulo (UNIFESP), under Certificate of Ethical Clearance (CAAE): 40325420.5.0000.5505 and opinion number 5.508.762, dated January 25, 2021. The research complied with Resolutions 466/12 and 510/16 of the Brazilian National Health Council.

This study is part of a broader research project titled "Suicidal behavior among students in humanities programs at a federal institution", developed by the authors for the Graduate Program in Nursing at UNIFESP.

In excerpts presenting participants' written responses, each individual was identified by "E" for student, followed by the questionnaire response number, the initial of their program (F for Philosophy, L for Literature, H for History, P for Pedagogy, HA for Art History, and CS for Social Sciences), and their self-declared gender.

Results and Discussion

The study results were organized into two categories and three thematic units: Category 1: The university as a promoter of distress, Thematic Unit 1: Treatment after university enrollment, Thematic Unit 2: Factors contributing to mental distress and institutional support; Category 2: Suicidal behavior among students, Thematic Unit 1: Presence of suicidal behavior due to academic factors and strategies for intervention and treatment.

Category 1: The university as a promoter of distress

Thematic Unit 1: Treatment after university enrollment

In the first thematic unit, responses revealed worsening mental health conditions and the need for pharmacological and psychotherapeutic follow-up due to academic demands, as well as responses indicating deterioration of pre-existing conditions or the emergence of new symptoms with the start of the academic journey: *I started treatment in the third year of my course. Lupus symptoms combined with university pressure and stress aggravated my anxiety, leading to severe and almost uncontrollable crises...* (E33P- Fem).

Entry into higher education is defined by distancing or emancipation from family, often accompanied by anguish, despair, and feelings of inadequacy, which are intensified during undergraduate studies due to competitiveness and pressure to perform. Approaching

graduation gradually reveals an even harsher scenario, the arduous path toward the labor market. Suicidal ideation and suicide can occur at any point during the course⁽⁷⁾.

Student adaptation to the academic environment involves difficulties that may be specific to the course or general difficulties common to the entire university experience and experienced by all who enter higher education. Moreover, adaptation can be influenced by individual factors, including cognitive, emotional, and behavioral aspects.

By reproducing a productivity-driven logic, the university contributes to student dehumanization and individualization of distress. Often, grades, performance, and productivity are prioritized over learning itself.

Stress and distress may worsen due to daily university life, leading to the emergence of diseases, particularly mental disorders. One participant stated: *Yes, I started to fear being outside and often returned home halfway to the university. Leaving home became a torment, and the physical symptoms of panic attacks intensified, leading to a diagnosis of severe depression...* (E21CS-Male).

A study conducted at a Federal Institute of Education in northeastern Brazil showed that 75.81% of participants believed the university significantly or entirely affected the mental health of their peers, and 56.44% felt their own mental health was significantly or entirely affected by the university⁽⁴⁾.

It was assumed that stress and distress, or the intensification of pre-existing symptoms or disorders caused by university life, are linked to the specificities of higher education, especially overload, pressure, and changes related to entering university.

Participants also cited the consequences of the COVID-19 pandemic on mental health, whether due to isolation or the return to in-person activities amid uncertainty and insecurity. For instance: *I have been in psychoanalysis for seven months because I became interested after studying it at university and felt the need during the pandemic before my condition worsened* (E40P- Fem). *My panic disorder worsened significantly with in-person classes, and I resumed psychiatric treatment at that time* (E41H-Fem).

The transition from in-person to remote learning rendered university students highly susceptible to mental disorders, potentially causing cognitive impairments and affecting learning processes⁽⁸⁾.

On the other hand, research on students' mental health during the pandemic revealed insecurity regarding returning to on-campus learning. Consequently, 84.85% of participants reported concern about leaving home, 76.72% feared infection, and they exhibited poorer and

more fragile mental health compared to participants without such concerns⁽⁹⁾.

University students experienced abrupt changes in their routines due to measures to mitigate viral spread; however, mental health, already strained by higher education demands, was further compromised, resulting in numerous emotional and psychological symptoms during this period.

Some students reported pre-existing mental disorders or distress before entering higher education but considered the academic environment exacerbated these conditions or triggered new symptoms. One participant stated: *I already had a diagnosis of generalized anxiety disorder, but during my first year at UNIFESP I developed panic disorder, which has since been treated* (E59CS-Fem).

A study on mental health and academic performance among undergraduate students at a public university in Bahia found that 52% of respondents had a history of psychiatric or psychological treatment, with 23% initiating treatment before university entry and 29% after. No significant difference in academic performance was observed between groups with and without treatment⁽¹⁰⁾.

Despite numerous studies highlighting the extent of mental health issues among university students, many face difficulties accessing treatment and find some support within the university itself. One participant commented: *Yes, I started treatment because it was what enabled me to continue, and I also accessed a psychiatrist through the Student Support Center* (E17CS-Fem).

Many federal institutions prioritize financial aid while psychological, medical, dental, and nutritional services remain absent from defined policies⁽¹¹⁾.

Services offered by the institution play a significant role in student retention and education, focusing on mental health even when not covered by the National Student Assistance Program (*Programa Nacional de Assistência Estudantil*, PNAES) or other specific policies. This results in heterogeneity in team formation and services across federal institutions. Nonetheless, such services often serve as the first accessible resource for students in distress, experienced in solitude, providing welcoming spaces, shared experiences, and access to additional internal and external support modalities; however, these remain insufficient.

Thematic Unit 2: Factors contributing to mental distress and institutional support

Various factors were identified as promoters of distress in the academic environment.

Some participants expressed feelings of underrepresentation in academia. One participant said: *Definitely. I do not have many Black professors and was forced to learn about race from white professors. I do not see myself in the authors read, in the topics addressed, and so on* (E12CS-Fem); *Definitely. All academic production revolves around what was done, said, and explained by men, mainly white Europeans. Therefore, it is not the most welcoming environment for women. It is as if the work could not be questioned or reflected upon just because it is a classic, or its author a major intellectual reference. There is also a gulf between the university and women who are mothers, women who want to discuss problems inherent to their ethnicity and condition as human beings. Nothing a woman does surpasses what a man does* (E32F-Fem).

Privilege granted to some groups, frequently white men, diminishes the participation of Black women in academia and helps explain their low representation, especially at higher levels such as postgraduate studies or teaching positions⁽¹²⁾.

Stigmatization often leads students in this position to be viewed as inferior or incapable, suffering humiliating and offensive treatment by professors, staff, and peers through jokes, prejudiced comments, or differential treatment such as greater rigor and severity in academic activities.

Regarding the professor-student relationship, opinions were ambivalent: *Excellent. There is closeness between professors and students that is very pleasant in my understanding. It extends beyond the course, so I believe it is a healthy relationship* (E13H-Male); *It is extremely hierarchical. Professors live on pedestals while students struggle to remain at university* (E1CS-Fem).

The professor-student relationship is fundamental as it influences the development of both parties and affects the teaching-learning process. A close relationship, without imposing authority or hierarchy, likely encourages engagement with studies and shapes behavior and personality in professional life⁽¹³⁾.

A study on professor-student relationships during nursing education at a public university in southern Brazil indicated that lack of empathy, trivialization, teaching routine, and power dynamics negatively impacted students' academic goals⁽¹⁴⁾.

In practice, excessive responsibilities and workload may compromise professors' performance, often hindering personalized attention to each student and consequently affecting academic progress.

A relationship based on honesty, equality, respect, and affection is necessary to foster a conducive learning environment. Professors are responsible for guiding students creatively to stimulate critical thinking and intellectual development.

Empathy, dialogue, and support can sometimes replace formal relationships. This approach does not mean overprotection or excusing students from responsibilities but rather recognizing and considering everyday needs and difficulties during education.

In relation to peer relationships, most participants reported negative experiences, primarily due to excessive competitiveness. One participant explained: *With fellow students, I feel a more hostile relationship, with much judgment and competitiveness. I have few, but good colleagues in the course* (E44P-Fem).

At a psychological support service in a federal institution in Rio Grande do Norte, students identified as stressed who used psychoactive substances as coping mechanisms cited course pressure, heavy workload, excessive demands, and high competitiveness as stressors⁽¹⁵⁾.

Scientific knowledge becomes a commodity for obtaining recognition. Academic commodification occurs through various evaluation instruments assessing production quality and researcher valuation. Academic productivity promotes hierarchy and devalues interpersonal relationships, inciting violence from a capitalist perspective since only those who produce much and with "quality" achieve higher hierarchical levels. It fosters individualism and competition among peers who should be collaborators⁽¹⁶⁾.

In capitalist and productivity-driven societies, competitiveness is valued and encouraged, intensifying in universities where competition begins at admission and continues throughout education, competing for top grades, scholarships, projects, internships, and so forth. Motivation to outperform others influences actions and interpersonal relationships.

When asked about satisfaction with retention policies, participants described unfavorable conditions for continuing higher education. One participant mentioned: *...The values are low and many have to work very hard to comply with the rules, which ends up affecting students psychologically, as was the case with one of my best friends...* (E13H-Male).

Students' rights to retention and assistance policies are guaranteed by the Brazilian Federal Constitution; however, despite many students' socioeconomically vulnerable profiles, access to program benefits remains limited, bureaucratic, and poorly publicized within universities⁽¹⁷⁾.

Unfortunately, the program does not yet serve all eligible students, potentially causing preventable dropouts and retention issues, highlighting the need for solid investment to expand student assistance policies and actions.

At the campus where this study took place, student housing is necessary due to its peripheral location, difficult access, and the socioeconomic profile of many students.

Regarding mental health support, participants reported both positive and negative experiences. One participant said: *Yes, in terms of mental health, I was personally well received and referred to psychotherapy* (E48L-Male); *When there is support, it is vague and distant, cold, and lacking empathy* (E23P-Fem).

A study at a public university in São Paulo showed that, facing the need for greater mental health attention, the institution began providing psychological services within courses, including school clinics and a mental health office offering emergency psychological care, screening, psychodiagnostics, welcoming, psychological duty, brief psychotherapy, and group therapy⁽¹⁸⁾.

Some higher education institutions internally organize to use their own structural and human resources to support care and establish agreements with school clinics and integrate with Brazil's Unified Health System (*Sistema Único de Saúde, SUS*), promoting student mental well-being and academic success, while encouraging mental health appreciation strategies and assisting with personal and academic issues.

Many students entering higher education are unprepared for the adversities they will face, contributing to anxiety, stress, depression, and use of alcohol and other psychoactive substances among this already vulnerable group. Therefore, it is crucial for institutions to develop mental health actions to prevent distress and mental illness, enabling students to complete their degrees⁽¹⁹⁾.

Each institution has different teams and priorities; however, financial resource shortages and lack of planning for student assistance teams in health, social assistance, and academic areas also contribute to inadequate services, especially in mental health.

Within the SUS, various obstacles still hinder mental health care: lack of coordination among services, insufficient qualification of human resources, an ineffective primary care network, a limited number of professionals, high demand from users, and frequent referrals to other services as a form of care, all of which compromise the quality of assistance⁽²⁰⁾.

Despite advances in mental health care, the SUS remains largely ineffective in addressing the population's demands. This inefficiency impacts institutional resources at federal institutions of higher education, leading to increased demand among students seeking such care.

Category 2: Suicidal behavior among students

Thematic unit 1: Presence of suicidal behavior due to academic factors and strategies for approach and treatment

We understand that suicidal behavior is multifactorial; however, in this section, we address it in participants from the perspective of academic factors.

There were reports of self-harm episodes linked to university-related factors: *I self-harm every day. This started after I entered college. And many times it is related to topics concerning the university* (E12CS-Fem).

Similarly, a study on self-inflicted violence and suicidal behavior among students from federal higher education institutions (IFES) in Pernambuco revealed that humanities students were more susceptible to self-harm episodes, especially those with a history of bullying and academic stress, such as feelings of malaise, incapacity regarding their course expectations, and academic demands⁽²¹⁾.

The university environment often proves to be an unsafe space with institutional neglect for students, associated with experiences of emotional suffering, oppression, and violence.

Suicidal thoughts related to academic demands were present: *Yes, I have thought about it. I thought many times and it had a strong relation with college. It happened much more frequently after I entered college* (E12CS-Fem); *Yes. After entering university... I feel incapable in the face of academic challenges, twice in 2019 and 2020... I went to the psychologist at NAE* (E21CS-Male).

In relation to the academic experiences, we highlight excessive study demands, interpersonal relationship problems, struggles adapting academically, moving away from the home city, as well as questions such as whether this exhausting and health-damaging path is worth it; to what extent grades shape a good professional; family expectations; self-pressure and insecurity about post-graduation; and the pressures and demands of daily life to produce satisfactory results, meet deadlines, be productive, perform multiple roles, and be a flexible, generalist professional. These feelings and anxieties may contribute to the emergence of psychological suffering and suicidal thoughts⁽²²⁾.

Suicide prevention begins by breaking taboos and stigmas through openly addressing the subject and demonstrating sensitivity during initial reception, to ensure qualified and humane care, preventing psychological suffering from triggering suicidal behavior⁽²³⁾.

Suicide attempts were also identified and recognized as arising from academic experiences:

Yes. Before and after entering university. The mental exhaustion that academic life brings, coupled with lack of financial support and career prospects (E14H-Fem); *Yes. I tried to kill myself five times after entering college. Of these five, three were related to academic life and two occurred within the university space. I overmedicated myself and was hospitalized* (E12CS-Fem).

A study conducted with undergraduate students from IFES in Rio Grande do Norte to explore suicidal ideation and attempts showed that 54.70% of participants had felt the desire to die, of whom 47.22% wanted to commit suicide, 11.50% had attempted suicide, and 6.67% had attempted more than once. The suffering that led students toward attempts at self-extinction originated from individual, social, cultural, family, academic, romantic, financial, and other factors⁽²⁴⁾.

It is necessary to build continuous care with actions promoted by various university sectors alongside students, to better understand this phenomenon, create spaces for welcoming and psychological care, and openly discuss suffering.

Understanding factors that lead a student to choose to end their life without seeing other possibilities, as well as the social, cultural, and personal singularities of each student, is essential to confronting suicidal behavior.

When asked about the possibility of a new suicide attempt, some admitted to thinking about trying again: *Yes, I think about it all the time* (E25P-Fem); *Before, I thought I would never try again, but faced with so much pain and abandonment, I think about trying something more effective than medication* (E23P-Fem).

In the process known as suicidal behavior, the presence of ideation, planning, or previous attempts can indicate a probable future attempt.

A study addressing suicidal behavior among undergraduates from a public higher education institution in Sergipe found that 70.5% of respondents reported having thought about or attempted suicide during their lives, 24% considered suicide in the last 12 months, 28.7% communicated suicidal intent to someone, and 11.6% considered the possibility of killing themselves in the near future⁽²⁵⁾.

Participants highlighted the importance of addressing suicide in universities, emphasizing the need for a welcoming environment free of taboos or prejudices and with available professionals to provide care: *Yes. Observing cases within the Guarulhos campus, it is necessary to have an approach to the subject* (E13H-Male); *Yes, it can help a lot of people with this behavior, creating a better space to express themselves and be welcomed, breaking the taboo* (E20HA-Male).

For students from IFES in northeastern Brazil, the creation and promotion of safe spaces for conversations, building bonds, support, discussions on the subject, and group interventions that foster reflection, sharing of feelings and doubts without judgment, as well as continuous social support involving the community, family, friends, and mental health services, are important tools to value life and prevent suicide⁽²⁶⁾.

The exchange of experiences, knowledge, and dialogues is essential to building more comprehensive care and implementing effective preventive strategies. Thus, suicide prevention becomes a shared responsibility, as it is a complex challenge requiring collaboration from all involved.

It is essential that the institution has a well-structured mental health policy, with clear interventions, pathways, and defined and disseminated actors for the academic community, especially regarding suicide prevention strategies.

There were reports of possible discrimination suffered by students exhibiting suicidal behavior: *There is veiled prejudice; some people avoid approaching those who try or talk about it* (E45F-Male); *Yes, from jokes about suicide (including by professors), but mainly due to the idea that this person has failed in some way* (E41H-Fem).

Prejudice involving suicidal behavior still exists, which can worsen psychological suffering among survivors and hinder prevention⁽²⁷⁾. Despite increased awareness and discussion in contemporary society, many taboos and prejudices persist, highlighting the need for health professionals to be trained on the topic⁽²⁸⁾.

Given this, there is an urgent need to provide intervention technologies at political and institutional levels to promote health, improve quality of life, and prevent negative mental health outcomes, such as enhancing student assistance and creating health services that guarantee welcoming with identity bonding, capable of expanding social skills to overcome discrimination and other aggressions, fostering a sense of belonging and self-confidence.

Responses about support or help in the academic environment amid suffering and suicidal behavior were contradictory. While some students felt supported, others did not and viewed the university as causing psychological suffering: *In my specific case, when my advisor noticed signs of depression in me, she recommended I go to NAE, which helped me a lot... (E14HA-Fem); ...I tried to kill myself, and when I recovered and returned to college, the professors guided me, helped me, and were very understanding throughout the situation... (E23P-Fem).*

The student's vulnerability must not be underestimated. The institution must promote a welcoming environment and be part of the support network, ensuring the student feels safe to seek help without fear, as well as build mechanisms involving professors and staff for risk prevention, identification of protective factors, and creation of institutional policies to combat suicide⁽²⁹⁾.

Despite heterogeneous structures and teams, services and interventions aimed at supporting students in IFES, particularly in mental health, contribute to academic retention and help prevent health problems, psychological suffering, mental disorders, and suicidal behavior through individual and collective approaches within the academic community.

Discussion on this topic should be part of everyday university life, starting in the classroom, to normalize seeking care and reduce stigma related to the need for follow-up and presence of any mental disorder diagnosis. Furthermore, actions and services should be expanded and widely publicized throughout the academic community: *No, the university does not position itself as a place of support for psychological suffering; on the contrary, it is one of the causes of psychological illnesses* (E22F-Fem).

A survey on psychological illness among university students showed that the institution itself seeks internal resources to offer an environment promoting mental health; however, these are recent projects hindered by lack of management support and absence of resources and professionals to meet all specificities and singularities of the issue, intensifying psychological suffering, graduation dropout, worsening mental disorders, and suicidal behavior⁽³⁰⁾.

With mental suffering and illness affecting a considerable portion of higher education students, it becomes necessary for universities to implement mental health promotion strategies and practices in daily academic life, to aid retention and reduce harm to these young people's mental health. Supportive devices and spaces, ongoing psychological support, collective strategies, and adequate dissemination about the problem and available tools to the entire academic community should be part of this initiative.

When participants were asked what could help, the main request was for psychotherapy or psychological support: *Psychological support, material resources to remain in university* (E22F-Fem); *I would like resources to spend on mental health. I would like to be able to trust someone and talk about everything that happened to me* (E32F-Fem).

Difficulties in higher education, especially in the first year due to the adaptation process, highlight the need to contribute to academic success by implementing

social, psychological, and educational support facilities to assist with personal, academic, and socioeconomic difficulties. However, these policies and programs remain scarce in Brazil⁽³¹⁾.

We share students' wishes and agree on the need to expand psychological and psychosocial support. However, these changes require student assistance and retention policies, involvement from management and the Pro-Rector of Student Affairs and Affirmative Policies (*Pró-Reitoria de Assuntos Estudantis e Políticas Afirmativas, PRAEPA*), and, above all, financial investment. This represents the central obstacle, given that IFES currently face severe budgetary constraints.

Limitations of our work include data collection, as the semi-structured questionnaire was applied online due to the pandemic, and sample size, which does not allow generalization.

Contributions include original and unique knowledge to the institution studied, providing a basis for campus and university managers to develop policies aimed at changing the landscape of psychological suffering and suicidal behavior among students.

Conclusion

We believe there was a connection between the academic environment and the presence of psychological suffering and suicidal behavior among the participants.

Entry into university, daily academic life, and its specificities can become detrimental to health due to adaptation challenges, exhausting demands, excessive competition, interpersonal relationships with peers and professors, lack of representativity, insufficiency of retention policies, and difficulty obtaining psychological support. Additionally, the harmful consequences to health resulting from the COVID-19 pandemic contributed to the emergence of suicidal behavior. Self-harm, suicidal ideation, and suicide attempts associated with adversities in the academic environment were observed, as well as feelings of discrimination and lack of institutional support concerning suicidal behavior. Participants referred to the need to discuss the topic, provide a welcoming environment free of prejudice, and ensure the presence of professionals to offer appropriate assistance.

As is well known, suicide is a multifactorial phenomenon; therefore, it is not possible to point to a single component as responsible, in this case, the academic environment.

References

1. World Health Organization. Suicide in the world: global health estimates [Internet]. Geneva: WHO; 2021 [cited 2021 Mar 13]. Available from: <https://iris.who.int/bitstream/handle/10665/326948/WHO-MSD-MER-19.3-eng.pdf?ua=1>
2. Ministério da Saúde (BR). Panorama dos suicídios e lesões autoprovocadas no Brasil de 2010 a 2021. Boletim Epidemiológico [Internet]. 2024 [cited 2024 Ago 18];55(4). Available from: <https://www.gov.br/saude/ptbr/centraisdeconteudo/publicacoes/boletins/epidemiologicos/edicoes/2024/boletimepidiologico-volume-55-no-04.pdf>
3. Pádua MS, Andrade CUB. Suicide risk in university students. Braz J Health Rev. 2024;7(3):e70794. <https://doi.org/10.34119/bjhrv7n3-428>
4. Barros RN, Peixoto ALA. University Mental Health: Survey of Common Mental Disorders in Students of a Brazilian University. Quaderns Psicol. 2021;25(2):e1958. <https://doi.org/10.5565/rev/qpsicologia.1958>
5. Gomes CFM, Silva DA. Epidemiological aspects of suicidal behavior in college students. Res Soc Dev. 2020;9(5):e38953106. <https://doi.org/10.33448/rsd-v9i5.3106>
6. Bardin L. Análise de conteúdo. Lisboa: Edições 70; 2016. 288 p.
7. Pinto e Silva E, Todaro AP, Reis AC. The Suffering of the university student and their relations to the university dynamics. Farol [Internet]. 2020 [cited 2024 Oct 16];7(18):38-75. Available from: <https://revistas.face.ufmg.br/index.php/farol/article/view/5528>
8. Pessoa JS, Ginú ILN, Carneiro LV, Silva VPO, Matias LDM, Melo VFC. Impact of remote education on the mental health of university students during the pandemic of Covid-19. Res Soc Dev. 2021;10(14):e413101422197. <https://doi.org/10.33448/rsd-v10i14.22197>
9. Oliveira EN, Pereira P, Almeida PC, Oliveira FR, Ziesemer RPM, Muniz LML, et al. COVID-19 and mental health: concerns of higher education students in the state of Ceará. Saude Redes. 2023;9(3). <https://doi.org/10.18310/2446-4813.2023v9n3.4084>
10. Melo KNF, Bromochenkel CB. Saúde mental e desempenho acadêmico: um estudo com estudantes de psicologia. Rev PsicoFAE [Internet]. 2021 [cited 2023 Oct 15];10(1):73-82. Available from: <https://psico.fae.emnuvens.com.br/psico/article/view/345/215>
11. Trindade SNC, Salaroli LB, Almeida APSC. Health care in the framework of the Student Assistance National Program in federal universities in northeasterne Brazil. GUAL. 2022;15(3):210-30. Available from: <https://doi.org/10.5007/1983-4535.2022.e88137>
12. Alcântara MS, Silva PR Junior. Uma investigação sobre as trajetórias de mulheres negras na universidade pública. Rev Amazon [Internet]. 2020

[cited 2024 Jan 12];25(2):127-63. Available from: <https://periodicos.ufam.edu.br/index.php/amazonica/article/view/7767>

13. Ribeiro ML. The teacher-student relationship in higher education. *Educ Analise*. 2020;5(1):185-200. <https://doi.org/10.5433/1984-7939.2020v5n1p185>

14. Mattos LM, Ramos AM, Barlem ELD, Gama BS, Minasi ASA, Amorim CB. Repercussion of the teacher-student relationship in undergraduate nursing education. *Rev Baiana Enferm*. 2019;33:e28274. <https://doi.org/10.18471/rbe.v33.28274>

15. Bezerra CG, Moura KP, Dutra E. Psychological duty *on-line* a college students during a pandemic COVID-19. *Rev NUFEN* [Internet]. 2021 [cited 2024 Aug 25];13(2):58-70. Available from: <https://submission-pepsic.scielo.br/index.php/nufen/article/view/22515/920>

16. Romanini M. The masks and the subjective precariousness: Effects of Pandemic on the Life of College Student. *Rev Psicol UNESP*. 2021;20:50-78. <https://doi.org/10.5935/1984-9044.20210003>

17. Alves DC, Brito MLL. Student permanence and university autonomy: the SISU issue in the context of a state university in the interior of Bahia. *Avaliação (Campinas)*. 2021;26(1). <https://doi.org/10.1590/S1414-40772021000100003>

18. Souza DC, Rossato L, Cunha VF, Oliveira PPC, Campos SO, Scorsolini-Comin F. Mental health at the university: report of a psychotherapy service for students of nursing. *Rev Fam Ciclos Vida Saúde Contexto Soc*. 2020;1:648-57. <https://doi.org/10.18554/refacs.v8i0.4673>

19. Silva MEA, Santos RR, Medeiros RVJ, Souza SLC, Souza DF, Ferreira DPV. Mental health of university students. *Rev Eletronica Acervo Enfermagem*. 2021;9:e6228. <https://doi.org/10.25248/REAenf.e6228.2021>

20. Bezerra ENR. Psychosocial care: expanding care in the construction of an articulated network in mental health. *Res Soc Dev*. 2022;11(3):e47511326634. <https://doi.org/10.33448/rsd-v11i3.26634>

21. Fiamoncini CM. Vivências estressoras, violência autoinfligida e comportamento suicida em universitários [Thesis]. Recife: Universidade Federal de Pernambuco; 2020 [cited 2024 Feb 08]. Available from: <https://repositorio.ufpe.br/handle/123456789/40237?mode=full>

22. Silva MVM, Azevedo AKS. A look at Suicide: experiences and experiences of university students. *Rev Psicol Divers Saude*. 2018;7(3):390-401. <https://doi.org/10.17267/2317-3394rpds.v7i3.1908>

23. Kock GPR. The death taboo and suicide prevention at federal universities. *Rev Guará*. 2023;1(15):99-109. <https://doi.org/10.30712/guara.v1i15.38234>

24. Azevedo AKS, Silva MVM, Lima APS. Suicide ideation and attempt in students of psychology: a pain that has life in the university. *Holos*. 2019;35(6):e6203. <https://doi.org/10.15628/holos.2019.6203>

25. Silva MC, Faro A. Suicidal behavior and religiosity in psychology students. *Mudanças Psicol Saude* [Internet]. 2020 [cited 2024 Mar 01];28:35-42. Available from: <https://pepsic.bvsalud.org/pdf/muda/v28n1/v28n1a05.pdf>

26. Fernandes MA, Silva JS, Campos LRD, Nepomuceno VMS, Vasconcelos ACB, Oliveira ALCB. Suicide prevention: experiences of university students. *Rev Cuidarte*. 2020;11(2):e791. <https://doi.org/10.15649/cuidarte.791>

27. Vasconcelos CR, Ferreira WFS. Reflections for the psychotherapist before the suffered mourner. *Rev Univ Vale Rio Verde* [Internet]. 2021 [cited 2024 Feb 13];20(2):1-12. Available from: http://periodicos.unincor.br/index.php/revistaunincor/article/view/6301/pdf_1102

28. Reis AH, Bezerra JMM, Reis PMS. Suicide viewed in the 21st century and contemporaneity: challenges to medical and psychological paradigms. *Rev Cientifica UniRios* [Internet]. 2020 [cited 2024 Feb 04];2:383-97. Available from: https://www.unirios.edu.br/revistarios/media/revistas/2020/25/o_suicidio_na_visao.pdf

29. Vaz RA, Vaz WM. The individuation process of university students as management of suicidal behavior. *Pesqui Prat Psicossociais* [Internet]. 2019 [cited 2024 Feb 06];14(4):e3404. Available from: <https://pepsic.bvsalud.org/pdf/ppp/v14n4/15.pdf>

30. Rufato FD, Rossetto E, Wilkon NWV. Psychic illness in young university students. *Rev Tempos Espaços Educ*. 2022;15(34):e16903. <https://doi.org/10.20952/revtee.v15i34.16903>

31. Faria AMGBJ, Almeida LS. Academic adaptation of 1st year students: promoting success and permanence at the university. *Rev Int Educ Super*. 2021;7:e021024. <https://doi.org/10.20396/riesup.v7i0.8659797>

Authors' contribution

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