Cenas Educacionais

MENTAL HEALTH AND QUALITY OF LIFE OF UNIVERSITY STUDENTS

LA SALUD MENTAL Y CALIDAD DE VIDA DE ESTUDIANTES UNIVERSITARIOS

SAÚDE MENTAL E QUALIDADE DE VIDA DE UNIVERSITÁRIOS

Renata da Cruz Reis [1]
Berta Leni Costa Cardoso [2]
Keyla Iane Donato Brito Costa [3]

Abstract
The entry of university students in higher education results in a process of changes and adaptations that can contribute to changes in Mental Health (SM) and Quality of Life (QOL). This study analyze MS and its influence on QOL. It is a quantitative research, cross-sectional, analytical research, carried out with 103 students, using questionnaires in online versions (sociodemographic, SRQ-20 and Whoqol Bref). In the sample 74.76% are female, 82.51% brown and black, 48.5% sleep for 5 to 6 hours and 50.5% do not practice physical activity. The prevalence of Common Mental Disorders (CMD) was 54.6%, with 44.4% predominantly in women, 10.2% of the sample having suicidal ideation. The overall QoL score is 59.44%. The results of this study should serve as a warning to the academic environment, in order to implement psychiatric and psychopedagogical assistance services.

Keywords: Mental Health; Common Mental Disorder; Quality of Life; University students.

Resumen
La entrada de estudiantes universitarios en la educación superior da como resultado un proceso de cambios y adaptaciones que pueden contribuir a los cambios en la Salud Mental (SM) y la Calidad de Vida (QOL). Esa investigación tubo el objetivo de analizar la EM y su influencia en la calidad de vida. Es una Investigación analítica cuantitativa, transversal, realizada con 103 estudiantes, utilizando cuestionarios en versiones en línea (sociodemográficas, SRQ-20 y Whoqol Bref). En la muestra estudiada 74.76% son mujeres, 82.51% marrón y negro, 48.5% duermen durante 5 a 6 horas y 50.5% no practican actividad física. La prevalencia de los trastornos mentales comunes (CMD) fue del 54,6%, con 44,4% predominantemente en mujeres, 10,2% de la muestra con ideación suicida. El puntaje general de QoL es 59.44%. Consideraciones finales: Los resultados de este estudio deben servir como una advertencia para el entorno académico, a fin de implementar servicios de asistencia psiquiátrica y psicopedagógica.

Palabras clave: Salud Mental; Trastorno Mental Común; Calidad de Vida; Estudiantes Universitarios.

[1] Graduated in Physical Education from the State University of Bahia.
ORCID: https://orcid.org/0000 0002-2994-8124 Contact: renatacruzreis@gmail.com
[2] Postdoctoral in Education at the State University of Southwest Bahia. Doctorate in Physical Education from the Catholic University of Brasília. Professor at the Graduate Program in Education at the State University of Southwest Bahia and professor at the State University of Bahia.
OORCID: https://orcid.org/0000-0001-7697-0423 Contact: bertacostacardoso@yahoo.com.br
[3] Doctorate in Biomedical Sciences by the Italian University Institute of Rosario. Professor at the UNIFG University Center.
ORCID: https://orcid.org/0000-0002-6186-5660 Contact: fisio.keyla@hotmail.com

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Resumo
O ingresso dos universitários no ensino superior resulta em um processo de transformações e adaptações que podem contribuir para alterações na Saúde Mental (SM) e na Qualidade de Vida (QV). Este estudo teve como objetivo analisar a SM e sua influência na QV. Trata-se de uma pesquisa quantitativa, de corte transversal, analítica, realizada com 103 discentes, utilizando questionários em versões online (sociodemográfico, SRQ-20 e o Whoqol Bref). Na amostra 74,76% são do sexo feminino; 82,51% pardos e negros; em relação ao sono 48,5% dormem de 5 a 6 horas; 50,5% dos universitários não praticam atividade física. Na amostra a prevalência de Transtornos Mentais Comuns (TMC) foi de 54,6%, sendo 44,4% predominantemente em mulheres. Na pesquisa 10,2% da amostra apresentam ideação suicida e o escore geral da QV equivale a 59,44%. Os resultados desta pesquisa devem servir de alerta ao meio acadêmico, no intuito de implementar serviços psiquiátricos e psicopedagógicos.

Palavras-chave: Saúde Mental; Transtorno Mental Comum; Qualidade de Vida; Universitários.

Introduction

The entry of students into higher education results in a process of transformations and adaptations to a new sociocultural reality, which reflect on the acquisition of autonomy, the construction of self-concept and identity development. In this way, it is considered that students are vulnerable to presenting risk behaviors related to health throughout their academic trajectory, resulting from possible changes in lifestyles and daily habits, which can contribute to changes in quality of life (QoL) and in their mental health (SM).

Cerchiari, Caetano and Faccenda (2005) emphasized that the permanence of students in universities during the formative period can cause damage to their general mental health, since, in this time interval, there is possibly an increase in levels of tension and psychological stress, mental disorders psychosomatic disorders and insecurity related to their performance potential.

Some pathologies, exogenous aggressions, work with excessive shifts, physical and psychic fatigue and other problems impair mental balance, generating anguish, depression, irritability and neurosis. These elements associated with genetic predisposition trigger mental disorders, which can be extremely psychotic, when delusions manifest, or non-psychotic, when they do not present them (SILVA; CAVALCANTE NETO, 2014).

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Psychosocial disorders such as depression, anxiety, difficulties in interpersonal relationships, feelings of failure, low self-esteem, irritability, concentration problems, insomnia, among others are commonly present in university students (CERCHIARI; CAETANO; FACCENDA, 2005). These characterize common mental disorders (CMD).

In the conception of Nogueira (2017), the quality of sleep is an assertive predictor of well-being and mental health, since sleep is responsible for regulating the vital biological and psychophysiological activities of the organism, being essential for human beings. In this sense, it is considered that insomnia is correlated with the appearance or worsening of mental illnesses, through the manifestation of changes in mood, concentration difficulties, fatigue, anxiety, stress and psychological disorders. In addition, it significantly compromises people's quality of life.

From the perspective of Nahas (2013), quality of life corresponds to the perception that the subject has in relation to his physical and psychological well-being, which is configured through the social conditions in which he is inserted, characterized by the combination of individual parameters (heredity and lifestyle, which includes: eating habits, stress control, level of physical activity, relationships, preventive attitudes) and socio-environmental (housing, transportation, security, medical assistance, education, culture, environment, leisure possibilities, work situations and remuneration), which may or may not change.

Nahas (2013) also points out that, in contemporary societies, lifestyle, and especially levels of physical activity, has gradually become an essential element in determining quality of life. Thus, adopting an active lifestyle characterized by the regular practice of physical activity is extremely relevant for the subjects' mental health, as it provides numerous psychological and physiological benefits, favors a sense of well-being, enables the prevention and treatment of diseases, in addition to promoting greater social integration (GIESTA, 2016).

In view of the above, it is believed that university institutions end up consisting/constituting themselves in an environment conducive to favoring the physical and mental vulnerability of students, since their bureaucratic teaching structure often attributes greater value to scientific productions and academic, as well as

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decreasing concern with preventive measures, thus becoming promoters of psychological-emotional conflicts, which eventually interfere with the quality of life and health conditions of students.

Castro (2017) shows that any elements that enable the emergence and/or development of psychological distress and interfere with the well-being of university students should be an instrument for reflection and studies to be examined in higher education institutions, which need to implement and/or or improve psychological and psychopedagogical assistance policies and services to identify and adequately treat possible psychiatric and psychosocial disorders.

It is noticeable in the Brazilian scenario, how scarce are the epidemiological studies specifically aimed at the university public, which address topics on mental health and quality of life (BORINE; WANDERLEY; BASSIT, 2015; CASTRO, 2017). Therefore, This research aims to analyze mental health and its influence on the quality of life of university students at an institution in Southwest Bahia.

Methods

This research is characterized as quantitative, cross-sectional, whose objective encompasses the analytical character. The collection period took place in the first half of 2019 and this investigation is based on a database of a research carried out for scientific initiation.

The population consisted of 907 university students from a University in the Southwest of Bahia, from Business Administration, Physical Education, Nursing and Pedagogy courses (morning and evening). The study site was Campus XII of the State University of Bahia, located in the municipality of Guanambi belonging to the "Sertão Produtivo" region in southwest Bahia.

The students who agreed to participate in the study composed a non-probabilistic sample of 108 subjects, therefore, the sample consisted of adherence to the invitation made. All students who were enrolled and regularly attended the courses were invited and those who agreed to participate in the research signed a consent form online, which ensures the anonymity of the identity, which are these inclusion criteria. An email was sent to all respondents consisting of an invitation, an informed consent

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form attached in Word, a brief explanatory text about the research and links to the questionnaires used through the Google Docs platform.

There was adherence by 108 students, but 05 did not fully respond to the necessary data from the questionnaires, so the final sample consisted of 103 subjects.

With the purpose of characterizing and tracing the sociodemographic profile of the students, a questionnaire was elaborated that encompasses sociodemographic characteristics and variables, consisting of 26 questions, which address the following variables: age group, gender, course enrolled, semester, marital status, race, residence (rural or urban), level of maternal and paternal schooling, remunerated activity (employment, extension scholarship and internship), school origin (public and/or private education), monthly family income, practice of physical activity and hours of sleep.

In addition to analyzing the mental health variable of the university students, the Self Report Questionare (SRQ-20) was used, a self-report questionnaire, consisting of 20 questions with two answer options "yes" or "no", prepared by the World Health Organization to measure the levels of Mental Disorders (CMT) of an individual, and thus detect possible non-psychotic symptoms (GONÇALVES; STEIN; KAPCZINSKI, 2008), "such as: insomnia, fatigue, irritability, forgetfulness, difficulty concentrating and somatic complaints" (SANTOS et al., 2010, p.546).

With regard to the screening and classification of suspected CMD, it appears that in the literature there is a divergence in the adoption of cutoff points to detect this psychic morbidity. In this sense, it was decided to use the total score, equal to or greater (≥) to 8 "yes" answers for men and women, as a positive indication for the possible presence of CMD, according to some studies (ANSOLIN et al., 2015; CARLETO et al., 2018).

To check the quality of life variable, the Whoqol-Bref questionnaire was applied, which allows investigating the intrinsic perception of the researched individuals about their state of health in the physical and psychological aspects, as well as the social and environmental conditions present in their daily lives. The questionnaire includes a scale from 0 to 100, the closer to 100 the better the quality of life, and 101 university students answered this questionnaire.

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According to Claumann (2017), the Whoqol-Bref consists of 26 questions, 2 of which concern quality of life in general and 24 subdivided into the physical, psychological, social and environmental domains.

This study was approved by the Research Ethics Committee, whose CAAE is: 43789015.4.0000.0057, under Opinion: 1.046.442. As for the data analysis method, these were tabulated and analyzed using the *Software IBM® SPSS® Statistic Statistical Package for the Social Sciences for Windows*, version 21.0, through descriptive and inferential analysis, using Pearson's chi-square test for cross tabulation and association analysis between nominal variables, considering the significance value p<0.05. The results were presented in tables and graphs.

Results and discussion

The sociodemographic characteristics of university students showed that, of the 103 university students responding, 51.5% are from the Physical Education course, 15.5% from Administration, 13.6% from Nursing, 10.7% Pedagogy at night and 8.7% Pedagogy at morning. They attended the 4th period (25.2%), the 3rd and 1st period (23.3%) similarly, the 8th (19.4%), 6th (6.8%), already without a defined semester and who attended the 7th period correspond to (1%) each.

The students have a predominance of age groups from 18 to 25 years old (83.50%), while the others are characterized between 26 to 35 years old (10.70%), younger than 18 and between 36 to 50 years old (2.91 % each). Also, being mostly female (74.76%) and male (25.24%), who self-declare themselves brown (50.48%), black (32.03%), white (15.53%) and indigenous people (1.94%). Regarding marital status, 86.40% are single; and married or in a stable union, 6.8% each.

Regarding some sociodemographic characteristics of university students, studies indicate that 84.54% are female (BUBLITZ, 2016), 81.8% are single (CAMPOS, 2016). In addition, data from the V national survey with students from IFES (Federal Institutions of Higher Education) in Brazil revealed a significant increase in university students who declared themselves brown and black, corresponding to 51.2% (FONAPRACE/ANDIFES, 2019).

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The predominance of females in Higher Education possibly comes from the constant search of women to acquire social recognition, equal rights and equalization of opportunities, especially in the labor market, because, as highlighted by Pinto, Carvalho and Rabay (2017), they do not they have equity in professional valuation in relation to men, characterizing obstacles imposed by a sociocultural reality marked by patriarchy and sexism. This situation is even more aggravating when it comes to black women, even if they have higher levels of education.

It appears that, lately, there have been positive and significant changes in the university population profile, arising from the process of expansion and democratization of Higher Education, enabling people from disadvantaged and marginalized social classes (popular layers), indigenous people, blacks and quilombolas to appropriate these spaces previously frequented only by the elites.

Of the students surveyed, 60.23% come from the urban region and 40.77% from the rural area. Only 16.5% are from the city where the university campus is located. The others (83.5%) come from neighboring regions, however, 57.3% currently reside in the city of the Campus.

Corresponding to the academic history of university students, it was found that the vast majority come from public schools. In this sense, 87.4% stated that they attended all of Elementary School in public schools, 5.8% attended most of them in public schools, 3.9% all in private schools and 2.9% mostly in private schools. In a very similar way, regarding high school, 96.11% attended all public schools, 3.89% all attended private schools.

With regard to the levels of family schooling of college students, 43.7% of mothers have completed Elementary School I, 33% completed High School and 8.7% Elementary School II. Among the parents, 50.5% have elementary school I, 22.3% have no schooling and 10.7% complete high school.

The 5th survey carried out at the Federal Institutions of Higher Education (IFES) to analyze the socioeconomic and cultural profile of students found that 50.8% of these are from families in which the fathers and mothers did not have access to Higher Education (FONAPRACE/ANDIFES, 2019).

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Regarding the employment situation, 51.45% of the students do not perform any paid activity. Among those who develop, 14.56% are linked to the university's teaching/extension scholarship and 10.67% to internship scholarships. As for the students' monthly family income, 47.57% have an income of up to one minimum wage, 50.48% from one to three, and 1.94% have more than three minimum wages.

Table 01 presents the sociodemographic and academic data obtained in the sample of this study:

Table 1: Sociodemographic and academic characteristics of the subjects studied.

Características	Número	%
Sex		
Masculine	26	25,24%
Feminine	77	74.76%
Race/Color		
White	16	15,53%
Black	33	32,03%
Brown	52	50,48%
Indigenous	02	1,94%
Age group		
>18 years	03	2,91%
18 to 25 years old	86	83,50%
26 to 35 years old	11	10,70%
35 to 50 years	03	2,91%
Course		
Administration	16	15,53%
Nursing	14	13,59%
Physical education	53	51,45%
Pedagogy	20	19.41%
Civil status		
Single	89	86,40%
Married	07	6,8%
Stable union	07	6,8%
Residence		
Rural	42	40,77%
Urban	61	60,23%
High school		
Public school	99	96,11%
Private School	04	3,89%
Paid activity		
Teaching/extension scholarship	15	14,56%
Employment relationship	19	18,44%
Internship	11	10,67%
Autonomous	05	4.85%
Noit has	53	51,45%
Family income		
Up to 01 minimum wage	49	47,57%
From 01 to 03 minimum wages	52	50,48%
More than 03 minimum wages	02	1,94%

Source: Research data (2020)

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When comparing the course with the employment relationship, statistical significance was obtained, with p=0.000. Among the 41 university students who reported developing some paid activity, 20 are from the Physical Education course, 9 from Pedagogy (night) and 6 from Administration. Most activities are linked to teaching/extension and internship grants.

Fonseca et al. (2019) emphasize in their study that the financial maintenance of 41.2% of university students comes from the development of academic activities and scholarships. In this sense, it is essential to make available and/or expand the number of teaching, extension, internship and scientific initiation scholarships, in order to ensure student assistance and permanence at the university.

As for the amount of sleep, 48.6% of students sleep approximately 5 to 6 hours per day, 35.9% from 7 to 8 hours, 8.7% sleep 8 hours or more, and 6.8% of 3 to 4 hours. About 55.3% of students do not sleep enough hours, as recommended by the National Sleep Foundation for the adult population aged 18 to 64 years, equivalent to between 7 and 9 hours of sleep (OHAYON et al., 2017).

The variables development of remunerated activity and amount of sleep that university students sleep approximately per day, had statistically significant values (p=0,002) and are shown below in table 2. University students who develop some work activity (41) sleep less, with a higher prevalence of 5 to 6 hours a day.

Table 2 Cross-tabulation between amount of sleep and development of paid activity.

		Number of hours of sleep per day				
		3 to 4 hours	5 to 6 hours	7 to 8 hours	8 or more	Total
Development of paid activity	No	3	22	29	8	62
	Yes	4	28	8	1	41
	Total	7	50	37	9	103

Source: Research data (2020).

Changes in individuals' daily habits generate changes in their sleep potential, causing changes in physical, mental and occupational performance, in addition to substantially affecting quality of life (MULLER; GUIMARÃES, 2007). According to Galvão, Pinheiro, Gomes and Ala (2017), university students do not have a good quality of sleep and this is associated with some mental disorders such as anxiety, stress and depression.

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In this sense, sleep is a factor that can negatively influence being a possible trigger of common mental disorder.

Regarding the practice of physical activity (PA), 50.5% claimed not to practice and 49.5% perform some activity. Among the most cited by students are: futsal, bodybuilding, walking, running, functional training and cycling. Regarding the frequency with which university students practice physical activities during the week, 21.4% perform 2 to 3 times, 17.5% exercise daily, and 12.6% exercise once a week.

Nogueira and Serqueira (2017) found in a study with higher education students that 52.5% performed physical exercises, with 46.3% usually performing 2 to 3 times a week and Souza et al. (2015) found that 30% were characterized as physically inactive or insufficiently active.

When comparing the practice of physical activity according to the courses, a significant difference (p=0.004) was observed between the courses, and Physical Education students are the ones who most report performing such practice. Among those who practice it, about 34.9% are from the Physical Education course, 4.8% from Administration and Nursing respectively, 1.9% from night Pedagogy and 2.9% from morning Pedagogy.

University students considered inactive were three times more likely to develop CMD than active ones, in addition, the graduation period can constitute a risk stage for them, since it presents several stressors, as well as the absence or lack of inadequate practice of physical exercises (SILVA; CAVALCANTE NETO, 2014). In this way, these are essential, as they contribute to the promotion and maintenance of health, in addition to constituting a protective factor by preventing the onset or worsening of CMD.

In view of this, physical exercise increases the production of endorphins, the hormone responsible for feelings of pleasure, happiness and well-being. Oliveira et al. (2011) point out that PA contributes to a better cognitive performance of the individual, in addition to optimizing mental health the proportion that generates physical and psychological well-being, improves the mood, favors the motivation to carry out daily activities, reduces stress and anxiety levels, increases concentration capacity, increases creativity, these being possible factors that minimize CMD cases.

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To analyze the mental health of university students, the SRQ-20 was used, a questionnaire whose objective is to identify the prevalence of Common Mental Disorders (CMD). This was answered by 108 students, respectively 50% of the Physical Education course, 21.3% of Pedagogy, 14.8% of Administration and 13.9% of Nursing. The indication for a possible prevalence of CMD was found in 54.6% of the studied population, which is equivalent to 59 students, as shown in Table 3.

Table 3: Prevalence of common mental disorders in college students

		Frequency	Percentage
CMD	No	49	45,4%
	Yes	59	54,6%
	Total	108	100,0%

Legenda: *****CMD=Common Mental Disorder. S**ource**: Research data (2020)

With regard to the possible predominance of CMD, Cachoeira, Santos, Meneganti, Negreiros, Cardoso and Preto (2016) found similar rates for indicative measurement of CMD in 55% of nursing students. Silva, Cerqueira and Lima (2014) showed the prevalence of CMD in 44.9% of the sample of São Paulo students. Santos, Ribeiro, Boery and Boery (2017a) identified the presence of CMD in 32.2% of medical students.

The prevalence of CMD presented in this study was higher in females (44.4%) corresponding to 48 students, compared to males (10.2%) equivalent to 11 university students, as shown in table 4, however, there was no representative statistical significance ($p=0.326$). This result should be analyzed with caution, as the sample by adherence, the non-egalitarian stratification between genders and also the cut-off point adopted in the questionnaire may underestimate CMD in males.

Table 4: Prevalence of CMD categorized by sex.

		Sex		Total
		Feminine	Masculine	
CMD	No	36	13	49
	Yes	48	11	59
	Total	84	24	108

Legend: *****CMD=Common Mental Disorder. **Source**: Research data (2020).

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Regarding the predisposition to CMD by sex, Silva, Silva, Chagas, Tortela and Caldeira (2019) found in a survey of nursing students a higher rate of CMD among females (43.5%). Perini, Delanogare and Souza (2019) identified a higher prevalence of CMD in women (48.6%) among university students in southern Brazil.

From the perspective of Souza, Barbosa, Silva, Soluza, Ferreira and Siqueira (2017), the fact that females are more prone to CMD is associated with working hours, lower wages and family burdens, which favor possible anxiety disorders, anguish, frustration, stress. Furtado, Saldanha, Moleiro and Silva (2019) also point out that living in rural cities[4] and living in abusive relationships, especially when situations of domestic violence occur, are factors that contribute to women's vulnerability and psychological illness.

In this research with university students from the Southwest of Bahia, it was verified that among the 54.6% who present a positive classification for the manifestation of CMD, 25% are from the Physical Education course, 12% belong to the Pedagogy course, 9.3% from Administration and 8.3% from Nursing, as shown in Table 5.

Table 5: Prevalence of Common Mental Disorders in university students subdivided by course.

Courses	Attendance/percentage of university students	Prevalence of common mental disorders (CMD)
Physical education	(53) 51,45%	(27) 25,0%
Pedagogy	(20) 19,41%%	(13) 12,0%
Administration	(16) 15,53%	(10) 9,3%
Nursing	(14) 13,59%	(09) 8,3%

Source: Research data (2020).

Physical Education students showed a more expressive number in percentage terms of possible prevalence of CMD (25%). However, it is necessary to emphasize a greater concern with the prevalence of mental disorders among Business Administration (ADM) and Nursing (NUR) students.

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[4] Furtado et al. (2019) - Common Mental Disorders in Women in Rural Towns: Prevalence and Correlated Variables

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Among the 16 ADM university students, 10 were predisposed to CMD, possibly because it was an evening course and they reconciled studies with work, making it exhausting. And among the 15 NFE university students, 9 manifested CMD, which could be caused by the high daily class hours, internships, the contact of these students with situations of suffering and vulnerability of patients or even death.

Concerning the symptoms of the SRQ-20 anxious-depressive mood category, it was found that 83.3% of university students reported feeling nervous, tense or worried in their daily routine. Regarding somatic symptoms, it was possible to identify that 46.3% of students indicated that they sleep poorly. Regarding the factors that favor the decrease of vital energy, 75.9% have difficulties in making decisions.

From crossed tabulations of the Chi-Square test, significant statistical values were identified for CMD associated with sleep quality, whose value of $p=0.000$. Comparisons between CMD and symptoms were also significant: feeling nervous, tense or worried ($p=0.000$), idea of ending your life ($p=0.001$) and feeling tired all the time ($p=0.000$).

Among the 50 university students who reported sleeping poorly, 37 had CMD. Of the 59 university students who have a prevalence of CMD, 56 feel nervous, tense or worried. Of the 11 university students who reported having suicidal ideation, all manifested the presence of CMD. Among the 46 who indicated feeling tired all the time, 42 have CMD symptoms.

In this study, in relation to the depressive thoughts category of the SRQ-20, it was found in the university population that 37% indicated that they had lost interest in things, 20.4% felt useless, 13% reported being unable to play useful roles in their lives and feel useless and 10.2% have had thoughts of ending their lives.

Santos et al. (2017b), in a study with university students from the Federal University of Mato Grosso (UFMT), identified that 9.9% of them had suicidal ideation. Veloso, Lima, Sales, Monteiro, Gonçalves and Silva Júnior (2019) found higher rates of suicidal thoughts, corresponding to 22% in the sample of academics, especially among mostly single men.

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When comparing depressive thoughts, the idea of ending one's life and feeling useless and worthless, statistical significance was obtained, with a value of p = 0.000. It is noticed that among the 11 university students who had suicidal ideation, 9 reported feeling useless and worthless.

Suicidal ideation is an extremely worrying phenomenon, which lacks numerous reflections. There are several situations, factors and depressive symptoms that precede it, generating successive reactions. In this way, greater attention is needed to people who indicate feeling sad lately, losing interest in things, feeling tired all the time, useless and worthless, unable to play useful roles, since these can be possible motivating and triggering aspects to lead an individual to idealize suicide.

According to Gonçalves, Freitas and Sequeira (2011), the literature addresses that suicidal behavior integrates three spheres: ideation, attempt and completed suicide. It constitutes a critical public health problem, which arises when there is an intensification of conflicting situations that cause high levels of stress, anxiety and suffering, in which subjects feel unable to face them and unable to resolve them, resulting in an absence of meaning in life, in addition to raising ideas and/or the desire to die.

There are multiple factors associated with suicidal ideation. In the conception of Santos et al. (2017b), these are configured in socioeconomic aspects, sexual orientation, not having a religious practice, suicide attempts in the family and depressive symptoms. In addition, it is believed that the absence of social support, financial difficulties, influences exerted by different sociocultural contexts, relationship breakdowns, uncertainties and challenges in the job market are conditions that contribute to psychological distress and suicidal thoughts.

Given the above, it is clear that in today's societies there is an intensification of psychic suffering, emotional conflicts, depression, suicide, resulting from transformations imposed by capitalism, marked by the accelerated pace of life, in which competition, individualism, superficiality and fragmentation of social relationships, lack of values, affection and acceptance, isolation, causing the degradation of the being, the adoption of self-destructive behaviors, in which, many times, death is seen as the only solution.

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In this sense, Dutra (2012) highlights reflections on suicide and the existential dimension, based on Bauman's (2007) conceptions of contemporary society. The author emphasizes that, although many diseases are cured through technological and medicinal developments, society generates other diverse problems, such as violence, mental disorders, syndromes, depression, suicide, which come from the process of objectification of the human being and massification of aspirations, in a context where everything dissipates, including feelings and affective bonds, making the world inhospitable.

Borine, Wanderley and Bassit (2015) point out that the academic context in higher education is extremely hectic, causing several transformations in the daily routine and lifestyle of students, which favor physical and emotional exhaustion, in addition to providing the emergence and/or prevalence of stress symptoms, negatively interfering in the quality of life of university students.

In this sense, to verify the quality of life of university students, the Whoqol Bref questionnaire was used, from which 101 responses were obtained. Concerning the students' perception of the evaluation of their quality of life (question 1), 47.5% indicated it as good, 42.6% neither bad nor good, 5% bad, 3% very good and 2% very bad. Moura et al. (2016), when analyzing the QoL of students, found that 56.8% classified it as good, 28.2% neither bad nor good, 9.7% very good.

With regard to satisfaction with their health status (question 2), 40.6% of university students indicated that they were neither satisfied nor dissatisfied, 38.6% satisfied, 9.9% dissatisfied, 6.9% very satisfied and 4% very dissatisfied. A comparison between the variables, health satisfaction and satisfaction with the quality of sleep, there was statistical significance whose value of p=0.000. There was also a significant value between the variables, assessment of quality of life and satisfaction with health with a value of p=0.000.

It is evident that, among university students who were not very satisfied with their health status (neither satisfied nor dissatisfied, dissatisfied, very dissatisfied) about 54% equivalent to 55 students, 39.6% did not have a good satisfaction with the quality of sleep. Araújo et al. (2014) emphasize that the quantity and quality of sleep directly

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reflects on the subject's health, positively or negatively, since it generates changes in cognitive and metabolic functions, and is also a predictor for the emergence of Chronic Noncommunicable Diseases (NCDs).

Corresponding to the QoL classification of university students, the total QoL score consisting of 59.44. The domain with the highest score and which represents a better QoL corresponds to physical (65.21%), while the lowest is related to the environment (51.55%). The latter contrasts with data from a survey carried out by Baraldi, Bampi, Pereira, Guilhem, Mariath and Campos (2015) in which the environment domain presented the best result (68.36%). The results of this research are lower than those of a study by Abreu and Dias (2017) in which they obtained scores of 75% for the psychological domain and 72% referring to the environment. It is noticed that the highest rates of general quality of life are in the Nursing course (63.87%) and Physical Education (59.56%).

Among the four courses, the domains with the best rates are physical (70.66% and 66.58%) and social relationships (67.13% and 66.67%). Regarding the positive results of the social relationships domain, it is noticeable that although the academic space constitutes an environment that promotes psychological conflicts, it favors social relationships, the construction of friendships and some affective bonds.

The domains that almost all had lower scores among the courses are those corresponding to the environmental (57.37%, 51.74% and 46.05%) and psychological (except in the Administration course). Therefore, it is possible to identify that university students are not very satisfied with issues such as concentration capacity, self-esteem, financial resources, physical security, access to health services, transportation and recreational opportunities.

The association between the variables age and leisure opportunities of university students was statistically significant in Pearson's chi-square test, whose p-value=0.002. Table 6 portrays that approximately 81.2%, which is equivalent to 82 university students, have, on average, very little or nothing, the availability of leisure opportunities in their daily lives, being mostly from the age group of 18 to 25 years.

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Table 6: Association between Age and Leisure Opportunities of University Students.

		Leisure Opportunities					Total
		Nothing	Very little	Average	Very	Comletely	
Age	under 18	0	0	0	3	0	3
	from 18 to 25	3	20	47	13	2	85
	from 26 to 35	0	6	4	0	0	10
	from 35 to 50	1	0	1	1	0	3

Source: Research data (2020)

In this sense, it is essential to expand and implement programs and public policies in the various social sectors, in order to ensure free access to leisure time, since this causes great impacts on quality of life, being a possible predictor of the same, contributing to the reduction of stress levels, in addition to generating fun, restoring energy, promoting physical and mental well-being and consequently the acquisition of a good state of health.

The practice of physical activity and sports during leisure time favors an improvement in the perception of QoL. In addition, Rocha, Araújo, Almeida and Virtuoso Júnior (2012) emphasize that individuals considered to be active during leisure time are less predisposed to CMD when compared to inactive ones, and also point out that activities carried out in groups enable the integration and strengthening of social relationships. In this sense, leisure eventually enables contact with different cultural manifestations, contributes to an improvement in health status, raises self-esteem and reduces feelings of anxiety and depression.

Final considerations

It is considered that mental health and quality of life are interconnected, with physical and psychological well-being, lifestyle and quality of sleep, factors that directly influence these. In this study, common mental disorders were associated with low quality of life.

Given the above, it is expected that more research will be carried out in the future aimed at the university public with themes that address mental health and quality of life. The results of this investigation indicate the need to carry out a more specific diagnosis

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in the Mental Health of university students and to develop interventions, since the results of this study point to the need to implement or expand services that provide psychiatric and psychopedagogical assistance, in order to prevent, identify and adequately treat the manifestations of mental disorders.

This study can serve as a subsidy and foundation for planning and establishing intervention policies in this sociocultural context, aimed at the creation and installation of programs that collaborate as instruments that promote the development of leisure-oriented activities, providing the well-being of students, as well as how, to modify negative attitudes characteristic of the lifestyle, contributing to an improvement in mental health and quality of life.

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