

A SYSTEMATIC REVIEW OF DEPRESSION IN UNIVERSITY STUDENTS

Health Sciences

Maria Helena De Agrela Gonçalves Jardim	Coordinator Professor At The School Of Health – Universidade Da Madeira, Portugal, Phd In Psychology And Health Sciences And Postdoctoral In Public Health, Health Sciences Center, University Of Fortaleza, Fortaleza, Ceará, Brazil. *Corresponding Author
Geraldo Bezerra da Silva Junior	Professor At The Faculty Of Medicine, Phd In Medical Sciences, Public Health Graduate Program, Health Sciences Center, University Of Fortaleza, Fortaleza, Ceará, Brazil
Rita Baptista Silva	Head Nurse At The Hospital Dr. Nélio Mendonça, Madeira, Portugal, Phd In Nursing Sciences, University Of Porto, Portugal
Márcia Lúcia Sousa Dias Alves	Nurse In The Service Of Otorhinolaryngology/ Oncologyblood At The Hospital Dr. Nélio Mendonça , Madeira, Portugal Doctoral Candidate In Nursing Sciences At The Abel Salazar Biomedical Sciences Institute, University Of Porto, Porto
July Grassiely De Oliveira Branco	Master In Public Health From University Of Fortaleza, Unifor. Performing Phd In Public Health From The University Of Fortaleza, Unifor.
Paula Dayanna Sousa Dos Santos	Master In Public Health From University Of Fortaleza, Unifor.

ABSTRACT

Summary: The unexpected alterations of the material environment, ecological, socio-cultural, ideological and familiar, confronting people with depression. These evidences supporter imperious need to promote mental health and social equilibrium of citizens, mostly in academic context. With the purpose of getting answers to the question "what are the levels of depression of the college students?" we have done a systematic review indexed in databases online, having selected 21 articles published between 2008 and 2017.

This review is significant to the educational system, due to the relationship between education/mental health reorganizing or recollecting the school's role in the prevention of risk factors. The results are projected to be an encouragement to the scientific community for future research and development support of strategic programs with specific interventions to promote mental health in university students, as well as social policies and educational.

KEYWORDS

depression, young adults, College students, Mental Health

Introduction

The understanding of depression and mental disorders has increased exponentially in recent decades, leading to serious public health problems. This knowledge should be multifactorial, multicultural and multidisciplinary nature, implying specific interventions of different professionals, especially in the areas of education, health and social. The World Health Organization (WHO, 2017) reports that depression affects people of all ages and lifestyles, causing distress and interferes with the ability of the person performing the simplest tasks of everyday life. Points out that in the most severe cases, depression can lead to suicide. Therefore, a better understanding of what is the disease and how it can be prevented and treated, can help to reduce the stigma associated with the context, taking more people requesting assistance. According to the same organization the number of people living with depression has increased 18% from 2005-2015. Currently, it is estimated that over 300 million people of all ages suffer this condition globally and emerges as leading cause of workplace disability. Being the prevalence on world population of 4.4%, this world Organization (WHO, 2014) warns that only 10% of those affected receive help clinic, being the main barriers the scarcity of resources, lack of trained professionals and the social stigma associated with mental disorders. The impact of depression and other conditions involving mental health, this organization emphasizes the urgent need for a comprehensive and coordinated response to the mental disorders among the Member Countries. Similarly, in 2016 at World Suicide Prevention Day (September 10), the Pan American Health Organization and the World Health Organization (PAHO/WHO, 2016) warned this serious public health problem, responsible for one death every 40 seconds in the world. In a statement, PAHO/WHO recognized the depression and attempts at suicide as a priority on the global health agenda (2016) and appealed to countries to implement prevention strategies, breaking stigmas and taboos that exist on the subject. The

World Health Organization (WHO, 2013) reinforces that one of the biggest impacts of the economic crisis, are the effects that lead to the health of affected populations, proving that many of the mental health problems, are related to poverty, inequality, and other Economic and social factors. This organization reinforces in your action plan on mental health 2013-2020, a range of socio-economic factors, in particular, income, employment status, education, material/financial conditions, the State of physical health, family cohesion, discrimination, human rights violations or exposure to vital episodes like sexual violence or abuse and child abandonment, which are crucial in the mental health of the population of the globe. Adolescents and young adults are exposed to natural disasters or civil conflicts, have enormous mental health needs and require special attention, we should develop through a concerted and participatory global policy that embraces strategies integrals of promotion, prevention, treatment and reintegration, if necessary. Effectively is crucial to pass from theory to action.

In contemporary times, the mental disorders, particularly depression, are found in all social spaces, affecting individuals regardless of gender, age, ethnicity, socioeconomic class, culture or geographical area (Acosta-Hernández *et al.*, 2011). Depression in adolescence, is difficult to detect, because it offers no obvious symptoms, such as a latent depression, implied by antidepressants mechanisms and other symptoms (Coimbra de Matos, 2007). In addition, don't reveal situations of complaint on the part of young people, due to the difficulty in recognizing and accepting emotional vulnerabilities that feel, trying to overcome the situation without any support. In the last two decades the depression means as an affective state, dysphoric variable with continuity from a moderate response, more or less adapted to a negative event, until a serious chronic disorder. Is a complex disorder that sticks out of disruptive events in vulnerable

subjects (Campos, 2009). The depression can be considered today one of the main problems of this century, being one of the most common psychiatric disorders in adolescence, your importance has been recognized due to the persistent increase in this age group, identified by education professionals and mental health (Bahls & Bahls, 2002; Levicky, 2013).

The depressive mood or dysthymia in college students includes a constellation of other symptoms, such as anhedonia (inability to experience pleasure), aggressiveness, demotivation, disengagement, low self-esteem, guilt, hopelessness, fatigue, decreasing of concentration, decreased ability to think, hyperactivity, psychomotor performance slowdowns, loss, changes in sleep and appetite, morbid or suicidal thoughts and physical complaints. This set of symptoms exhibited may not reveal a depressive episode or depressive disorder (Bahls & Bahls, 2002). What will determine the seriousness of the situation, is the persistence of symptoms, clinically significant unrest and the impact on the daily routine of the young (Shneider & Ramires, 2007). More precisely, the depressive disorders fall on a continuum, from the Disturbances of adjustment, to Major depressive disorders, passing by dysthymia.

Depression is a serious psychiatric illness with an extensive morbidity, and mortality, and is described in the Diagnostic and Statistical Manual of Mental Disorders (APA, 2013) and International Statistical Classification of Diseases and Related Health Problems (WHO, 2013). Adolescents with depression present a high risk of developing drug addiction, illnesses, difficulties in academic work, social insertion and having trouble with the law (American Academy of Child and Adolescent Psychiatry, 2007). It is estimated that achieves 4% to 8% of youths, with a male/female gender ratio of 1 to 2, showing the 18 years an incidence of approximately 20%.

In adolescents, depression is associated with psychological and behavioural factors, such as loneliness, eating disorders, substance abuse, demotivation and suicide (Swearer, Grills, Hay & Cary, 2004), being one of the biggest concerns in the field of health by lead to serious outcomes or disabling situations. Consequently, the relevance of the study of depression in children and young people is indispensable, given the possibility of preventing the development of major problems and future disruptions in subsequent stages of the life cycle (Sá, 2001). Taking into consideration the socio-cultural and historical context, Social and health areas (e.g., psychology, sociology, nursing, medicine, and others) have evolved tremendously in the study of college students, primarily in the research of the interaction between the situations and social network on which it is entered, or to certain personal factors (gender, sexual orientation, religious beliefs, chronic diseases, among others), contributing to an overall understanding (Jardim, 2016; Várník et al., 2009).

Here shows that college students are described not just by the impulses of physical, mental, emotional, social and sexual, as well as the person's efforts in achieving the objectives related to the cultural expectations of the society in which they live (Eisenstein, 2005), being a stage of life in which the person is in a constant process of dismantling and restructuring. Mood disorders in adolescents and adults, tend to be grouped in the same families, there is a higher incidence in the children of depressed parents and families (Guerreiro, Cruz, Narciso & Sampaio, 2009; Marcelli, Gicquel & Braconnier, 2013; Sadock, Sadock & Ruiz 2015). Consequently, have an endogenous character, as well as an environmental character, where the surroundings can provide the development of a depression.

We have reinforced the relevance of the study of these depressive disorders in universities because they are places of election in the capacity building of young people/adults for a profession. Universities cannot underestimate the vital role of the biopsychosocial well-being training of students, such as: profound changes in lifestyles, the irresponsible behaviour in the preservation of nature, production/consumption models and the structures consolidated power, which today govern our community. The scientific evidence, the result of the concern and valuable reflection on these topics, produced by numerous researchers, philosophers, theologians and social organizations, have demonstrated the importance of the interaction between biological factors, psychological, social, environmental and cultural on determination of depression and suicidal ideations.

The present study aims to contribute to increase the research and fill in the few existing studies for evaluation of depression in College students.

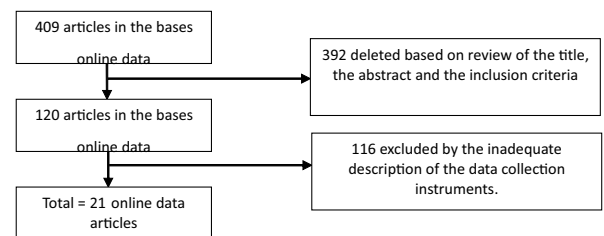
Methodological Design

This research based on a systematic review of the literature with narrative summary. Was held exclusively in online databases, including EBSCOhost (Medline, Cochrane Central Register of Controlled Trials, Cochrane Database of Systematic Reviews, Psychology and Behavioral Sciences Collection, EJS E-Journals, British Nursing Index), SciELO and RCAAP (open access Scientific Repository of Portugal), all simultaneously and without specification of the source.

As inclusion criteria we consider articles reported to the period between 2008 and 2017, in full-text and directing the depression of the College students. Were deleted articles that not reported the investigation around the theme under study.

This research resulted in articles 529, through the key words depression, students, students. Some articles were common to databases and after full thereof reading, 21 studies were selected for systematic review. The rest have been removed for not meeting the inclusion criteria (table 1).

Table 1-reduction scheme



For analysis and synthesis of selected articles was run a summary table contemplating various information extracted from them and then a descriptive analysis of the results.

Results

The synopsis of the articles and selected studies, described in table 2, according to the year of publication, study goals, type of study, methods, and results.

In relation to the year of publication, has identified the prevalence of studies published in 2010 and 2014 with 4 articles for both and later were the years 2008, 2009, 2011, 2012, 2015 and 2016 with 3 articles each year.

Methodologically it was found that studies, in your most, are the quantitative paradigm. Data collection instruments used, the most commonly used was the questionnaire. It was observed the use of qualitative methods in one study and also only one article used a mixed methodology, qualitative and quantitative.

Through the analysis of the results of the studies selected, we categorize them into two subtypes of primary cause of depression, notably in an affective component and a somatic or physical component.

Depression levels, most are in the moderate level. Raj et al. (2008) feature a prevalence of depressive symptoms to 79%, Raj et al. (2008) point to a prevalence of depressive symptoms to 79%, being 29% with slight level, 31% moderate and 19.25% serious e the study of Cristóvão (2012) found 20%. with moderate levels of depression. However, Amaral et al. (2008) reveals moderate and severe depressive symptoms in 6.9% and 19.9% for mild symptoms and Almeida (2014) shows values of 18.3% (n = 360) negative mental health, when 17.7% are of moderate to severe depressive symptoms. On the other hand, Nogueira and Neufeld (2014) reported 22.1% of depressive symptoms, and 5.4% are high. The prevalence for the diagnosis of depression is 28.8% (Paula, 2014) and the bigger the depressive symptoms, the greater the impairment of health (p<0.01) (Carneiro & Baptista, 2011) and the scores in the areas of stress and emotional distress (Cristóvão, 2012). To paraphrase Botti et al. (2016) 10.6% of students had depressive symptoms and complemented these results Vasconcelos et al. (2015) mention that students exhibit 19.3% of

symptoms of depression, where 5.6% have symptoms suggestive of disturbance.

Almeida (2014) adds that only 15% of those who had negative global mental health used professional help. When it comes to sex there was statistically significant association between this variable and depression ($p < 0.05$) (Nogueira & Neufeld, 2014), existing higher prevalence of depression in women ($p < 0.01$) (Varela, 2015). These results were corroborated in several studies, in particular Amaral et al. (2008) report that found, with depressive symptoms, 33.5% of women and 19% of men ($p < 0.001$). Brandtner & Bardagi (2009) mention that women exhibit significantly higher levels compared to men, so much anxiety, as in depression ($p < 0.02$).

In line, Pereira (2011) indicates that women present higher levels of depressive symptoms ($p < 0.05$) and Silva & Costa (2012) complement that the higher prevalence of mental disorder in women (88%) and it is in the female there are more complaints of mental suffering. On the other hand, Roberto & Almeida (2011) reported that male students showed higher values of psychological Distress ($p = 0.00$) and psychological well-being ($p = 0.001$). The levels of depression are positively associated with courses (Almeida, 2014), i.e. higher levels of depression occur when college students are in health courses ($p < 0.001$) (Cristovão, 2012). Accordingly, Brandtner & Bardagi (2009) mention that the students of the courses of literature and psychology showed higher levels of depression compared to others ($p < 0.05$), Pereira (2009) refers to a prevalence in radiology students of 28.3% and 21.2% medicine, having 12% major depression. Likewise, in the study of Sakae et al. (2010) students with higher prevalence of depression were the psychology course (13.3%), nursing (7.2%), medicine (7.0%) and pharmacy (6.2%) and in the study of Roberto and Almeida (2011) was in the course of physiotherapy (40%). As regards the years of course we can see divergence as regards levels of depression as Amaral et al. (2008) reported a higher prevalence of depression in the 3 and 4 years of course ($p < 0.001$), however Brandtner & Bardagi (2009) mention that students start of course significantly higher levels of depression than those who are at the end ($p < 0.05$). In opposition, Almeida (2014) covers students with more than 3 course units in arrears reveal greater depressive and anxious symptomatology. Regarding the prevalence of depression, Varela (2015) states that the greater student satisfaction with social support better is your social integration in higher education ($p < 0.01$) and junior et al. (2016) expose a statistically significant correlation between skin colour of students and major depression ($p = 0.025$), with higher prevalence in blacks and Browns (26.2%).

The authors Roberto & Almeida (2011) show that 8.6% of students are followed by health professionals, perform pharmacological therapy for long-term symptoms related to mental health (6%) and that approximately 10% of students have already performed pharmacological therapy without medical prescription. In the study of Junior et al. (2016) the use of alcohol and illicit psychoactive substances are associated with discrimination against outfits or body props ($p = 0.008$), against religion ($p = 0.031$), how to sex ($p = 0.006$) and as to the period that attends University ($p = 0.019$). There are other studies that prove the link between depression and the use of licit and illicit drugs, particularly Pereira (2011) which refers to the existence of students with depressive episode in the past (16.98%) and use of psychoactive substance dependence or abuse throughout their lives (46.22%), being identified disturbances related to substance abuse or dependence on alcohol or other psychoactive substances (47.14%). On the same sheet, Aquino (2012) identified disturbances related to the abuse of alcohol or other psychoactive substances (47.14%), Vasconcelos et al. (2015) indicate that the use of psychoactive drugs triggers depressive symptoms and anxiety ($p < 0.001$) and Botti et al. (2016) indicate a rate of 86.0% for alcohol use and 80.4% for tobacco use. According to Almeida (2014) alcohol consumption is higher than in males. To paraphrase Botti et al. (2016), students present history of suicidal ideations (9.5%) and Nogueira & Neufeld (2014) refer that this was reported at 4.7%.

Pereira (2011) indicates that 12.6% of the sample has suicidal ideation at some point in your life, 5.5% already think about suicide and 10.7% of the students showed suicidal ideation over the last year and the week before the completion of the questionnaire.

Nascimento et al. (2016) allude to the depressive symptoms is a strong ally the risk of suicide in college students, in that of 13.31% classified

with risk of suicide, 54.53% were male. This study also noted the risk of suicide in which 42.41% was low risk, moderate risk 9.1% and 48.49% of high risk. Likewise, Carneiro & Baptista (2011) complements mentioning association between the suffering and the death wish, psychic stress and depression ($p < 0.01$). However, in the study of Alexandrina-Silva et al. (2009) there was no statistically significant difference between depression and suicidal ideation.

According to Pereira (2011) occurs greater psychological suffering in the Group of students at risk of suicide, including more anxiety ($p < 0.05$), lack of comfort with the proximity ($p < 0.05$) and trust in others ($p < 0.05$). The same author says that women present higher levels of anxiety at the level affective ($p < 0.05$) and social ($p < 0.05$) relationships, that men present higher levels of comfort with the intimacy/closeness in relationships ($p < 0.05$) and that younger students have higher levels of anxiety/fears of abandonment in relationships ($p < 0.05$). It also indicates that the satisfaction with peers/colleagues negatively influence the suicidal ideations ($p < 0.05$), social anxiety disorder ($p < 0.05$), loneliness ($p < 0.05$), depression ($p < 0.05$) and positively influences the comfort with the proximity ($p < 0.05$) and in confidence with others ($p < 0.05$). The research of Fonseca et al. (2008) point to lack as a promoter of affective depression and factors associated with the perception of themselves are designed with the social reality of the context in which they live. To Pereira (2010) 17.4% of the students are dysphoric or depressed mood and in the study of Aquino (2012) anxiety disorders have been identified (43.38%), mood disorder (33.01%) and other diagnoses (27.33%).

Concerning the somatic component, Amaral et al. (2008) shows that the results more frequent on the scale of depression were: sadness (28.9%), anhedonia (67.6%), irritability (50.7%), lack of interest by persons (38.8%), reduced working capacity (46%) and excessive tiredness (61.2%). Sakae et al. (2010) add appetite decreased ($p < 0.001$), low sexual interest ($p < 0.001$), lower lack of health ($p < 0.001$) and weight loss by diet ($p = 0.036$). Cristóvão (2012) complements with average levels of stress (43.4%), associated with the evaluation tests (55.35%), self-esteem and well-being (43.62%), socio-economic conditions (38.99%) and social anxiety (36.29%) and Nogueira & Neufeld (2014) refers to the most common items of depression as nervousness, sensation of heat, fear the worst from happening, inability to relax, palpitations and discomfort in the abdomen for anxiety and, self-criticism, guilt, lack of energy, irritability, difficulty in making decisions and changes in sleep pattern, for depressive symptoms. Adds Serinolli (2015) that the students presented history of anxiety, panic and depression with 34.6%, and that they have the worst levels of quality of life in relation to the physical, psychological, social and environmental ($p < 0.005$). There are statistically significant associations between anxiety and depression ($r = 0.64$; $r = 0.350$, $p < 0.05$) (Brandtner & Bardagi, 2009; Coelho et al., 2010), among the psychosomatic disorders and sleep, psychological stress and mistrust ($p < 0.01$), between sex and psychosomatic disorders, in which the woman offers higher levels of these disturbances ($p = 0.039$) (Carneiro & Baptista, 2011), between the quality of sleep and depression ($p = 0.027$; $r = 0.278$) (Coelho et al., 2010) and with the practice of physical activity and the incidence of depressive symptomatology demonstrations ($t = 2.138$; $p = 0.033$) (Varela, 2015). The author Pereira (2010) refers, also, statistically significant differences in the averages of depression with regard to satisfaction with the course ($p < 0.01$), with the education system ($p < 0.01$), and your financial position ($p < 0.05$) and students who are satisfied with the support social feature lower values of depressive symptoms ($r = -.495$; $p \leq 0.001$). According to Paula (2014), the risk of developing depressive symptoms is higher in women, and students with uncertainty about the future professional, desire to change course, non-participation of social activities and/or relationship difficulties, sporadic or rare leisure activity ($p < 0.001$).

The study by Souza & Baptista (2010) reveals that the higher the family-support the shorter the common mental disorders ($p < 0.001$; $r = -0.431$), i.e. the more appropriate family support perceived, the lower the frequency of risk behaviours among students ($p < 0.001$; $r = -0.119$) and, consequently, the greater the common mental disorders, increased the frequency of risk behaviour ($p < 0.001$; $r = -0.116$). To Pereira (2011) students with lower family income present higher levels of loneliness ($p < 0.05$).

There are representations of depression on melancholy and

disappointment, in a link support and need help (Fonseca et al., 2008). On the same perspective, Bolsoni-Silva and Guerra (2014) refer that college students with depression present significantly in deficit repertoire of social skills, independent of the established social interactions with different interlocutors, whether with family, friends, colleagues or boyfriends.

Table 2 – General characterization of the articles reviewed

Author (s)	Data	Goal of the study	Type of study	Sample	Results
Amara I, G.; Gomide, L.; Batista, M.; Piccolo, P.; Teles, T.; Oliveira, P.; Pereira, M.	2008	To investigate the prevalence of depressive symptoms in medical students	Quantitative	287 students	<ul style="list-style-type: none"> - Prevalence of moderate and severe depressive symptoms of 6.9% and 19.9% for mild symptoms. - Found 33.5% of women and 19% of men with depressive symptoms ($p < 0.001$) - Higher prevalence of depression in the 3 and 4 year of course ($p < 0.001$) - The items that have been more evidenced in depression scale were: sadness (28.9%), anhedonia (67.6%), irritability (50.7%), lack of interest by persons (38.8%), reduced working capacity (46%) and excessive tiredness (61.2%).

Table 2a – General characterization of the articles reviewed (cont.)

Author (s)	Data	Goal of the study	Type of study	Sample	Results
Fonseca, A.; Coutinho, M.; Azevedo, R.	2008	Identify the social representations of depression in students of Psychology	Quantitative	56 students	<ul style="list-style-type: none"> - Representations of the depression in the melancholy and disillusionment, a bond of support and need help - The affective lack was pointed to as a promoter of the depression and the factors associated with the perception of themselves are designed with the social reality of the context in which they live
Resende, C.; Abrão, C.; Coelho, E.; Passos, L.	2008	Meet the prevalence of depressive symptoms among medical students	Quantitative	400 students	<ul style="list-style-type: none"> - Prevalence of depressive symptoms was 79%, being 29% with slight degree; 31% moderate and 19.25% serious.
Alexandrino-Silva, C.; Pereira, M.; Bustamante, C.; Ferraz, A.; Baldassin, S.; Andrade, A.; Alves, T.;	2009	Evaluate the presence of suicidal ideation, depressive symptoms and symptoms of hopelessness among three courses of the health area	Quantitative	603 students	<ul style="list-style-type: none"> - There was no difference in relation to depression and suicidal ideation; - There were no differences regarding the presence of depression or hopelessness; - A significant difference ($p < 0.001$) in hopelessness among medical students compared to students of nursing and pharmacy.

Brandner, M.; Bardagi, M.	2009	Evaluate symptoms of anxiety and depression	Quantitative	200 students	<ul style="list-style-type: none"> - Women exhibit significantly higher levels than men both in anxiety as in depression ($p < 0.02$) - Students who are starting the course feature significantly higher levels of depression than those who are at the end of the course ($p < 0.05$) - The students of the courses of literature and psychology showed higher levels of depression compared to others ($p < 0.05$) - There was a high correlation between the rates of anxiety and depression ($r = 0.64$)
---------------------------	------	---	--------------	--------------	--

Table 2b – General characterization of the articles reviewed (cont.)

Author (s)	Data	Goal of the study	Type of study	Sample	Results
Pereira, A.	2009	Check rate of prevalence of depression and anxiety in students	Qualitative	18 students	<ul style="list-style-type: none"> - Prevalence rate in students of Radiology is 28.3%, and those of medicine is 21.2%, and of these 12% have major depression.
Pereira, A.	2011	Analyze a set of indicators of psychopathological processes in university students	Quantitative	366 students	<ul style="list-style-type: none"> - 12.6% of the sample showed suicidal ideation at some point in your life, 5.5% already think about suicide and 10.7% of the students showed suicidal ideation over the last year and the week before the completion of the questionnaire; - Greater psychological suffering on students at risk of suicide, with more anxiety ($p < 0.05$), lack of comfort with the proximity ($p < 0.05$) and trust in others ($p < 0.05$). - Women present higher levels of depressive symptomatology ($p < 0.05$) and the anxiety level of affective ($p < 0.05$) and social ($p < 0.05$) relations; - The men present higher levels of comfort with the intimacy/closeness psychological relations ($p < 0.05$); - The younger students have higher levels of anxiety/fears of abandonment in relationships ($p < 0.05$); - Satisfaction with peers/colleagues negatively influence the suicidal ideations ($p < 0.05$), social anxiety disorder ($p < 0.05$), loneliness ($p < 0.05$), depression ($p < 0.05$). - Satisfaction with peers/colleagues positively influences the comfort with the proximity ($p < 0.05$) and in confidence with others ($p < 0.05$). - Students with lower family income present higher levels of loneliness ($p < 0.05$)

Table 2c – General characterization of the articles reviewed (cont.)

Author (s)	Data	Goal of the study	Type of study	Sample	Results
Robert o, A.; Almeida, A.	2011	To investigate the relationship between the levels of mental health of medical students of the University of Beira Interior.	Quantitative	272 students	<ul style="list-style-type: none"> - The men showed higher values of psychological distress $p=0.001$ and psychological well-being $p = 0.001$ - Students are followed by health professionals (8.6%) and pharmacological therapy for long-term symptoms related to mental health (6%). 10% of students have performed pharmacological therapy without prescription;
Aquino, M.	2012	To investigate the prevalence of mental disorders among medical students, conducting study in this sample population	Descriptive observational	106 students	<ul style="list-style-type: none"> - Were identified disturbances related to abuse or dependence on alcohol or other psychoactive substances (47.14%), anxiety disorders (43.38%), mood disorder (33.01%) and other diagnoses (27.33%). - Data show the existence of students with depressive episode in the past (16.98%) and use of psychoactive substance dependence or abuse throughout their lives (46.22%).
Cristovão, F.	2012	Characterize the global mental health, emotional distress, stress and depression in students of higher education	Quantitative	220 students	<ul style="list-style-type: none"> - Average levels of stress (43.4%), associated with the evaluation tests (55.35%), self-esteem and well-being (43.62%), socio-economic conditions (38.99%) and social anxiety (36.29%) - Moderate levels of depression (20%). - The courses of the health area are those with higher levels of depression and stress ($p<0.001$) - How much higher are the scores on the scales of depression, the higher will be the scores in the areas of stress and emotional distress.
Silva, R.; Costa, L.	2012	Check the prevalence of common mental disorders in college students of health courses	Quantitative, transversal and descriptive correlational	455 students	<ul style="list-style-type: none"> - Higher prevalence of mental disorders in women (88%) and in the course of physiotherapy (40%); - More complaints of mental distress in female

Table 2d – General characterization of the articles reviewed (cont.)

Author (s)	Data	Goal of the study	Type of study	Sample	Results
Almeida, J.	2014	Analyze the relationship between global mental health, depression, anxiety and risky behaviour	Quantitative, descriptive, correlational, transversal and exploratory	1968 students	<ul style="list-style-type: none"> - The main results showed that 18.3% ($n=360$) had negative mental health; 17.7% moderate to severe depressive symptoms; 15.6% moderate to severe anxiety and just 15% of those who had negative global mental health required professional help; - Alcohol consumption was higher in men; - Students with more than 3 course units in arrears reveal greater depressive symptomatology and anxious - Course and sex variables significantly influence the global mental health, depression and anxiety ($p<0.001$)
Bolsoni-Silva, A.; Guerra, B.	2014	Demonstrate that adverse conditions at the University can have great influence on the academic and development utilization of psychiatric disorders such as depression	Mixed	128 students	<ul style="list-style-type: none"> - College students with depression present significantly in deficit repertoire of social skills, independent of the established social interactions with different interlocutors, whether with family, friends, colleagues or boyfriends.
Paula, J.; Borges, A.; Bezerra, L.; Parente, H.; Paula, R.; Wajnsztein, R.; Carvalho, A.; Valenti, V.; Abreu, L.	2014	Estimate the prevalence of depressive symptoms and your association with sociodemographic and psychosocial aspects in medical students	Quantitative	1024 students	<ul style="list-style-type: none"> - Prevalence for the diagnosis of depression of 28.8%; - Increased risk of developing depressive symptoms the woman, student, reasonable physical health, uncertainty about the future career, desire to change course, non-participation of social activities and/or relationship difficulties, unusual or sporadic activity of leisure ($p<0.001$).

Table 2e – General characterization of the articles reviewed (cont.)

Author (s)	Data	Goal of the study	Type of study	Sample	Results
Nogueira, J., Neufeld, C.	2014	To evaluate symptoms of anxiety and depression in university students from different areas and stages of graduation, belonging to public and private universities of Ribeirão Preto-SP	Quantitative	570 students	<ul style="list-style-type: none"> - 36% of symptoms of anxiety, in which 10.8% are of moderate to severe levels. 22.1% and 5.4% depressive symptoms reveal severe depression; - Association of depression ($p < 0.05$) with the sex variable, with predominance of women; - The suicidal ideation was reported at 4.7%; - The most common items for the depressive symptoms were nervousness, sensation of heat, fear the worst from happening, inability to relax, palpitations and discomfort in the abdomen for anxiety and self-criticism, guilt, lack of energy, irritability, difficulty in taking decisions and changes in the pattern of sleep.
Serinolli, M.; Oliva, M.; El-Mafarjeh, E.	2015	To evaluate the impact of the diagnosis of depression on quality of life of the medical students	Quantitative	405 students	<ul style="list-style-type: none"> - History of anxiety, panic and depression with 34.57%; - Present worse levels of quality of life in relation to the physical, psychological, social and environmental ($p < 0.005$).
Vasconcelos, T.; Dias, B.; Andrade, L.; Melo, G.; Barbosa, L.; Souza, E.	2015	Determine the prevalence of symptoms of anxiety and depression in medical students and evaluate factors associated	Quantitative	234 students	<ul style="list-style-type: none"> - 19.3% report depression, where 5.6% have symptoms suggestive disturbances; - The use of psychoactive drugs develops symptoms of depression and anxiety ($p < 0.001$).

Varela, M.	2015	Identify levels of depression and suicidal ideation in students	Quantitative, descriptive, correlational, and exploratory	250 students	<ul style="list-style-type: none"> - Higher prevalence of depression in women ($p < 0.01$) - The greater student satisfaction with social support better is your social integration in higher education ($p < 0.01$); - Negative relationship between the practice of physical activity and the incidence of depressive symptomatology ($t = 2.138$; $p = 0.033$);
-------------------	------	---	---	--------------	---

Table 2f – General characterization of the articles reviewed (cont.)

Author (s)	Data	Goal of the study	Type of study	Sample	Results
Botti, N.; Monteiro, A.; Benjamim, M.; Queiroz, C.	2016	Evaluate the influence of depression in drug abuse, suicidal ideation, and suicide attempt among nursing students	Quantitative transversal, exploratory and descriptive	179 students	- The students had depressive symptoms (10.6%), history of suicidal ideations (9.5%) and use of alcohol (86.0%) and tobacco (80.4%).
Júnior, A.; Rachkorsky, L.; Ronzoni, P.; Dogra, N.; Dalgallardo, P.	2016	Use descriptive methods to contribute to a better understanding of the relationships between different categories of lack of discrimination and specific groups of mental and behavioural symptoms	Quantitative, transversal	1174 students	<ul style="list-style-type: none"> - Statistically significant difference between the skin color of students and major depression ($p = 0.025$), with higher prevalence in blacks and Browns (26.2%); - The use of alcohol and illicit psychoactive substances, as well as the risk behaviour of your use are associated with discrimination against clothing or body props ($p = 0.008$) and against religion ($p = 0.031$), sex ($p = 0.006$) and the period that attends University ($p = 0.019$).

Nascimento, V.; Arruda, S.; Falcão, F.; Vasconcelos, F.; Ximenes, R.	2016	Determine the risk of suicidal behavior in college students with depressive disorders	Quantitative	274 students	- Suicide risk was observed in that 42.41% was low risk, moderate risk and 9.1% 48.49% of high risk. The depressive symptoms are a strong ally to the risk of suicide in college students; - 13.31% of the students present risk of suicide, 54.53% were male.
--	------	---	--------------	--------------	--

Discussion

The analyzed results emphasize the need to increase the empirical evidence, as well as raise awareness about studies of depression in college students and its risk factors. We note that the level of the student in higher education is significant because, sometimes, reveal moderate and high results. In addition, the greater predominance is the female gender and health courses.

As regards the affective component we found that levels of depression are strongly associated with and have a positive relationship, support and social discrimination, drug abuse and history of suicidal ideations. Some authors above mention that these reactions are derived from lack of comfort with the proximity/intimacy, or distrust before the other, thereby enhancing the mood changes, anxiety, fear of abandonment, feelings of guilt, punishment, low self-esteem and self-criticism. Analysing the somatic component, the more symptoms mentioned were sadness, changes in appetite and sleep patterns, crying, restlessness, loss of personal and social interest, pleasure and energy loss, tiredness or fatigue, indecision, irritability, concentration and decreased libido. The authors reveal positive correlations between anxiety and depression, as well as between the psychosomatic disorders and the standard/quality of sleep, stress and mistrust between the depression and the lack of physical activity, between depression and dissatisfaction with the course and between depression and uncertainty about the future professional.

Conclusion

Reflect about the relevance that this disorder has on the formation of a full citizen and ready to live alone in society, is of great importance for the implications on training of college students. The trajectory of this study had as initial focus the unrest we understand the design of college students, about the process of formation in the school daily, analysing whether it is possible to exist this construction and development, when they exhibit impaired mental health. To this end, some conclusions may serve as a starting point for new studies and personal investigations, and also of other researchers, who want to venture into the subject.

Educate is not the same as teaching content. Today the school has a greater responsibility, not just administer and pass along knowledge, but also the function of forming social individuals along with their families. Should contribute to the strengthening of support networks of college students (family, colleagues and University), promoting more satisfactory relations, prevention of mental disorders, and multi-sectoral cooperation programmes (multicultural and multidisciplinary), thus contributing to increased levels of health of persons, families and communities. One of his contributions is the emphasis on practice of interpersonal relationship, based on factors that result in the satisfaction of human needs, promoting health and individual and family growth, as well as in the understanding of the environment as supporting personal development and integrated biophysical and human behavioural knowledge.

Finally, and still on the basis of the results obtained, we also suggest the development of more research to give a greater empirical consistency to this theme, us college students, and so contribute to the

practice/teaching excellence based on evidence.

References

- Acosta-Hernández, M., Mancilla-Percino, T., Correa-Basurto, J. Saavedra-Vélez, M., Ramos-Morales, F., Cruz-Sánchez, J., Niconoff, S. (2011). Depresión en la Infancia y Adolescencia: Enfermedad de Nuestro Tiempo. Archivos de Neurociencias, 16 (1), 20-25.
- Alexandrino-Silva, C., Pereira, M., Bustamante, C., Ferraz, A., Baldassin, S., Andrade, A., et al. (2009). Suicidal ideation among students enrolled in healthcare training programs: a cross-sectional study. Rev Bras Psiquiatr, 31(4), 338-44.
- Almeida, J. (2014). A saúde mental global, a depressão, a ansiedade e os comportamentos de risco nos estudantes do ensino superior: estudo de prevalência e correlação. Tese de doutoramento. Lisboa: Faculdade de Ciências Médicas.
- Amaral, G., Gomide, L., Batista, M., Piccolo, P., Teles, T., Oliveira, P., et al. (2008). Sintomas depressivos em académicos de medicina da Universidade Federal de Goiás: um estudo de prevalência. Rev. Psiquiátrica RS, 30(2), 124-130.
- American Academy of Child and Adolescent Psychiatry (2007). Practice parameter for the assessment and treatment of children and adolescent with depressive disorders. Journal of the American Academy of Child & Adolescent Psychiatry, 46(11), 1503-26.
- American Psychiatric Association (2013). Diagnostic and statistical manual mental disorders: DSM-5. (5th). Arlington, VA: APA.
- Aquino, M. (2012). Prevalência de transtornos mentais entre estudantes de medicina da Universidade Federal de Minas Gerais. Dissertação da Faculdade de Medicina da Universidade Federal Minas Gerais.
- Bahls, S. C. & Bahls, F. R. C. (2002). Depressão na adolescência: características clínicas. Interação em Psicologia, 6(1), 49-57.
- Bolsoni-Silva, A., & Guerra, B. (2014). O impacto da depressão para as interações sociais de universitários. Psicologia do desenvolvimento, 14(2), 429-52.
- Botti, N., Monteiro, A., Benjamim, M., & Queiroz, L. (2016). Depressão, uso de drogas, ideação e tentativa de suicídio entre estudantes de enfermagem. Revista de Enfermagem UFPE online, 10(7), 2611-6.
- Brandtner, M., & Bardagi, M. (2009). Sintomatologia de depressão e ansiedade em estudantes de uma Universidade Privada do Rio Grande do Sul. Revista Interinstitucional de Psicologia, 2(2), 81-91.
- Campos, R. (2009). Depressivos somos nós: considerações sobre a depressão, a personalidade e a dimensão depressiva da personalidade. Coimbra: Edições Almedina.
- Carneiro, A., & Baptista, M. (2012). Saúde geral e sintomas depressivos em universitários. Salud & Sociedad, 3(2), 166-178.
- Coelho, A., Lorenzini, L., Suda, E., Rossini, S., & Reimão, R. (2010). Sleep Quality, Depression and Anxiety in College Students of Last Semesters in Health Ares's Courses. Neurobiologia, 73(1), 35-39.
- C Coimbra de Matos, A. A. Depressão (2007), 2ª ed. Lisboa: Climepsi.
- Cristovão, F. (2012). Sofrimento emocional, stress e depressão em estudantes universitários. Dissertação de mestrado. Aveiro: Universidade de Aveiro.
- Eisenstein, E. (2005). Adolescência: definições, conceitos e critérios. Adolescência e Saúde, 2(2), 6-7.
- Fonseca, A., Coutinho, M., & Azevedo, R. (2008). Representações sociais da depressão em jovens universitários com e sem sintomas para desenvolver a depressão. Psicologia: Reflexão e Crítica, 21(3), 492-8.
- Guerreiro, D., Cruz, D., Narciso, I. & Sampaio, D. (2009). Aspectos particulares da consulta psiquiátrica e psicológica em adolescentes. Revista de Saúde Mental, 11, pp. 29-41.
- Jardim, M. H. A. G. (2016). Contemplar o adolescente no 3º milénio. Funchal: Imprensa Académica AAUMA.
- Júnior, A., Rachkorsky, L., Ronzoni, P., Dogra, N., & Dalgalarrodo, P. (2016). Experiências percebidas de discriminação e saúde mental: resultados em estudantes universitários brasileiros. Serviço Social & Saúde, 15(2), 273-98.
- Levisky, D.L. Adolescência: reflexões psicanalíticas (4ª ed.). São Paulo: Ed. Zagadoni, 2013.
- Marcelli, D., Gicquel, L., & Braconnier, A. (2013). Adolescence et Psychopathologie. Issy-les-Moulineaux: Elsevier-Masson.
- Nascimento, V., Arruda, S., Falcão, F., Vasconcelos, F., & Ximenes, R. (2016). Risco de Suicídio em Universitários com sintomas depressivos. Educação e Tecnologia na Era do Conhecimento, 1-9.
- Nogueira, J., & Neufeld, C. (2014). Caracterização de ansiedade e depressão em estudantes universitários. 22º Simpósio Internacional de Iniciação Científica e Tecnológica da USP.
- Organização Pan-Americana da Saúde/Organização Mundial da Saúde. (2016). Plano de Trabalho Bianual 2016-2017. Brasília: OPAS/OMS.
- Paula, J., Borges, A., Bezerra, L., Parente, H., Paula, R., Wajnsztein, R., et al. (2014). Prevalência e fatores associados à depressão em estudantes de medicina. Journal of Human Growth and Development, 3, 274-81.
- Pereira, A. (2011). Ideação Suicida e Fatores Associados: Estudo Realizado Numa Amostra da População Universitária da Universidade de Trás-os-Montes e Alto Douro. Dissertação de mestrado. Trás-os-Montes e Alto Douro: Universidade de Trás-os-Montes e Alto Douro.
- Pereira, M. (2010). Sintomatologia depressiva em estudantes universitários: Prevalência e fatores associados. Dissertação de Mestrado. Vila Real: Universidade de Trás-os-Montes e Alto dos Moinhos.
- Pereira, A. (2009). Análise de depressão e ansiedade nos alunos do ensino superior: Comparação com um estudo do curso de radiologia. Castelo Branco: Instituto Politécnico de Castelo Branco.
- Rezende, C., Abrão, C., Coelho, E., & Passos, L. (2008). Prevalência de sintomas depressivos entre estudantes de Medicina da Universidade Federal de Uberlândia. Revista Brasileira de Educação Médica, 32(3), 315-23.
- Roberto, A., & Almeida, A. (2011). A Saude Mental de Estudantes de Medicina: Estudo exploratório na Universidade da Beira Interior. Acta Med Port, 24(S2), 279-86.
- Sá, E. (2001). Ninguém se mata para morrer: reflexões breves sobre a morte e sobre o morrer que se procura. Cadernos de Bioética, 26, 79-83.
- Sadock, B., Sadock, V., & Ruiz, P. (2015). Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry (11ª ed.). Philadelphia: Lippincott, William & Wilkins.
- Sakae, T., Padão, D., & Jornada, L. (2010). Sintomas depressivos em estudantes da área da saúde em uma Universidade no Sul de Santa Catarina – UNISUL. Revista da AMRIGS, 54(1), pp. 38-43.
- Serinolli, M., Oliva, M., & El-Mafarjeh, E. (2015). Antecedentes de ansiedade, síndrome do pânico ou depressão e análise do impacto na qualidade de vida em estudantes de medicina. Revista de Gestão em sistemas de Saúde, 4(2), 113-126.
- Silva, R., & Costa, L. (2012). Prevalência de transtornos mentais comuns entre estudantes universitários da área da saúde. Revista de Psicologia, 15(23), 105-12.
- Schneider, A. C. N. & Ramires, V. R. R. (2007). Vínculo parental e rede de apoio social: relação com a sintomatologia depressiva na adolescência. Altheia, 26, 95-108.
- Souza, M., & Baptista, A. (2010). Relação entre suporte familiar, saúde mental e comportamentos de risco em estudantes universitários. Acta Colombiana de Psicologia,

- 13(1), pp. 143-54.
40. Swearer, S., Grills, A., Haye, K. & Tam Cary, P. (2004). Internalizing problems in students involved in bullying and victimization: implications for intervention. In: Espelage, D., & Swearer, S. (eds). *Bullying in American schools: a social-ecological perspective on prevention and intervention*, p. 63-117.
 41. Varela, M. (2015). Avaliação do risco de depressão e suicídio em estudantes dos PALOP no ensino superior em Coimbra. Dissertação de Mestrado. Coimbra: Escola Superior de Enfermagem de Coimbra.
 42. Várník, A. (2009). Gender issues in suicide rates, trends and methods among youths aged 15-24 in 15 european countries. *Journal of affective disorders*, 113, pp. 216-226.
 43. Vasconcelos, T., Tavares, B., Andrade, L., Melo, G., Barbosa, L., & Souza, E. (2015). Prevalencia de sintomas de ansiedade e depressão em estudantes de medicina. *Revista Brasileira de Educação Médica*, 39(1), pp. 135-142.
 44. World Health Organization (2013). *Mental health action plan 2013-2020*. Geneva: WHO.
 45. World Health Organization. (2014). *Health for the World's Adolescents: a second chance in the second decade*. Geneva: Department of Child and Adolescent Health Development.
 46. World Health Organization. (2017). *Depression and Other Common Mental Disorders: Global Health Estimates*. Geneva: WHO.