

Experience report

Implementation of a service organization protocol to address psychological distress in university students*

Implementação de protocolo de organização de serviço para enfrentamento do sofrimento psíquico universitário

Implementación de un protocolo de organización de servicios para abordar el malestar psicológico en estudiantes universitarios

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* Extracted from the thesis "Implementação e análise de protocolo de organização de serviço para enfrentamento do sofrimento psíquico de universitários", Graduate Program in Nursing Professional Doctoral Degree, Universidade Estadual Paulista "Prof. Júlio de Mesquita Filho" (UNESP) - Botucatu, 2024.

Abstract

Objective: to report the experience on the process of developing and implementing a service organization protocol to address university psychological distress. **Method:** an experience report on the production of the second version of the material (February to October 2023) and its concomitant implementation, resulting from action research, carried out through online meetings with professionals linked to the services of the health and student assistance departments of a public university in the countryside of São Paulo. **Results:** the development of the product allowed teams to reaffirm the problem, providing the opportunity to establish educational, therapeutic and support actions, carried out individually or in groups based on projects with internal/external partnerships. **Conclusion:** the experience made it possible to list specific activities articulated with the institution's internal policy to address university psychological distress, providing an exchange of experiences and knowledge to redefine and boost the work developed by the institution's health and student assistance departments.

Descriptors: Mental Health; Universities; Coping Skills; Student Health; Stress, Psychological

Resumo

Objetivo: relatar a experiência sobre processo de elaboração e implementação de protocolo de organização de serviço para enfrentamento do sofrimento psíquico universitário. **Método:** relato de experiência da produção da segunda versão do material (fevereiro a outubro de 2023) e sua implantação concomitante, sendo fruto de pesquisa-ação, realizado por meio de encontros online com profissionais vinculados aos serviços dos departamentos de saúde e assistência estudantil de uma universidade pública do interior paulista. **Resultados:** a elaboração do produto possibilitou que as equipes reafirmassem o problema, oportunizando o

estabelecimento de ações educativas, terapêuticas e de apoio, executados individualmente ou em grupo a partir de projetos com parcerias internas/externas. **Conclusão:** a experiência possibilitou enumerar atividades específicas, articuladas com a política interna do local para o enfrentamento do sofrimento psíquico universitário, proporcionando a troca de vivências e saberes para redefinir e impulsionar o trabalho desenvolvido pelos departamentos de saúde e assistência estudantil da instituição.

Descritores: Saúde Mental; Universidades; Habilidades de Enfrentamento; Saúde do Estudante; Estresse Psicológico

Resumen

Objetivo: reportar la experiencia del proceso de desarrollo e implementación de un protocolo de organización de servicios para el abordaje del malestar psicológico en estudiantes universitarios.

Método: relato de experiencia sobre la producción de la segunda versión del material (febrero a octubre de 2023) y su concomitante implementación, resultado de una investigación-acción, realizada a través de encuentros en línea con profesionales vinculados a los servicios de las secretarías de salud y atención al estudiante de una universidad pública del interior de São Paulo. **Resultados:** el desarrollo del producto permitió a los equipos reafirmar la problemática, brindando la oportunidad de establecer acciones educativas, terapéuticas y de apoyo, realizadas individualmente o en grupos a partir de proyectos con alianzas internas/externas. **Conclusión:** la experiencia permitió enumerar actividades específicas, articuladas a la política interna de la institución, para el abordaje del sufrimiento psicológico universitario, propiciando un intercambio de experiencias y conocimientos para redefinir y dinamizar el trabajo desarrollado por los departamentos de salud y atención al estudiante de la institución.

Descriptores: Salud Mental; Universidades; Habilidades de Afrontamiento; Salud del Estudiante; Estrés Psicológico

Introduction

Considered a group that is demonstrably vulnerable to psychological distress, university students are prone to developing some type of distress, as university life is marked by a cycle of innovative individual and collective experiences that require discipline, new responsibilities and the development of social and academic skills that can have negative influences on students' lives.¹

This reality, associated with leaving the family environment, does not correspond to the academic life romanticized and fantasized by students, but with a phase of greater vulnerability, with frustrations and longings for a period of maturity and independence.²

Furthermore, experiences in university education bring changes, requiring young people to make important decisions that can decisively impact their future.³

In this scenario, it is essential to recognize that students who do not adapt to this new phase may show signs of psychological distress, manifesting symptoms such as

dizziness, dry mouth, an empty feeling in the stomach, tightness in the chest, tachycardia, sweating, tremors, tingling, abdominal cramps, among others.⁴

In the World Health Organization (WHO) mental health review, almost one billion people, including 14% of the world's adolescents, were found to be living with a mental disorder, and their death averages 10 to 20 years earlier than the general population.⁵

The factors that explain this reality include the adverse effects of medication, as well as unhealthy lifestyle behaviors, which increase the likelihood of developing obesity and hypercholesterolemia, which, in turn, increase the risk of chronic diseases, such as hypertension, diabetes mellitus or even metabolic syndrome.⁶

Supporting these data, the impacts generated by the COVID-19 pandemic are also added, including the psychological distress caused by social isolation, since it is a highly contagious disease with a little-known clinical picture, affecting different segments of the population.⁷

In this context, studies on students' mental health indicate an increase in mental illness of around 30%, while in the general population it was 9%, following a trend of transforming human distress into pathologies.⁸

This disparity reveals a worrying trend, which makes it essential to understand the causes of this distress. To this end, it is essential that higher education institutions focus on student mental health, implementing health promotion actions and creating spaces where students can seek help from professionals.²

Given the importance of recognizing university students' mental health needs and demands, there is a need to develop collective and individual resources that enable the early detection of related complaints and symptoms. Moreover, it is crucial that there is monitoring by healthcare professionals in identified cases, aiming to provide immediate therapeutic interventions. In this way, it will be possible to minimize students' distress and prevent its consequences, promoting a healthier and more welcoming academic environment.⁹

Given the above, the objective is to report the experience regarding the process of elaborating and implementing a service organization protocol to address psychological distress at university students.

Method

This is an experience report of action research¹⁰ aimed at preparing the second version (February to October 2023) and concomitant implementation of a service organization protocol to address university psychological distress, indicated as part of the product of a professional doctoral thesis in nursing.

Action research is a model of social research, with an empirical basis, which is conceived and carried out in close association with an action or with the resolution of a collective problem, in which researchers and participants are involved in a cooperative and participatory manner. The suggestion of this type of research emphasizes the analysis of the different forms of action in a group of structurally determined social relations, being qualified as such when there is actually an action by the people or groups involved in the problem under observation.¹⁰

The study was carried out at a federal public university in the countryside of São Paulo which, as of April 2023, had 23,721 enrolled students (14,148 undergraduate students; 4,308 graduate students; 1,930 master's students; 2,067 doctoral students; and 1,268 specialization students)¹¹ and 2,321 staff members (1,383 teaching staff and 938 technical-administrative staff), distributed across four *campi*.¹²

The sector responsible for managing actions and strategies that aim to promote the quality of life and permanence of all people who make up this university community is the Dean's Office of Community and Student Affairs (In Portuguese, *Pró-reitoria de Assuntos Comunitários e Estudantis* - ProACE), managing the health and student assistance departments.

Health departments aim to promote and actively participate in primary care actions aimed at preventing illnesses and promoting the university community's health, and it is also expected that they will be able to provide medical, dental, psychological, nursing and occupational therapy care.

The university *campi* also have social workers and administrative technicians, who provide services aimed at student social assistance.

The health and student assistance teams from the ProACE departments of the four *campi* of the aforementioned university were invited to participate in the development of this protocol. A formal invitation came after the consent of the senior management (Vice-Dean of

Community and Student Affairs) via an online format with each team, in which the work proposal was presented.

All formal procedures were formalized via the university's electronic information system. Upon the official acceptance of all teams, the intervention schedule, with ProACE's consent, was agreed upon.

In total, in 2023, 34 professionals worked in the departments of the four *campi* of the university. On *campus* A, there are two separate departments: the Department of Healthcare (In Portuguese, *Departamento de Atenção à Saúde* - DeAS); and the Department of Student Assistance (In Portuguese, *Departamento de Assistência ao Estudante* - DeAE). At DeAS, the team consists of 11 people, and at DeAE, five people. On *campi* B, C and D, the health and student assistance departments work together, with the Department of Community and Student Affairs (In Portuguese, *Departamento de Assuntos Comunitários e Estudantis* - DeACE) having, specifically, six, seven and five professionals (Table 1).

Table 1 - Categories of professionals working in the Departments of Healthcare and Student Assistance and Community and Student Affairs, 2023

Professional categories	DeAS	DeAE	DeACE	DeACE	DeACE	Total	
	A	A	B	C	D	n	%
Social worker	0	3	2	2	1	8	22
Psychologist	2	1	1	1	1	6	18
Nurse	2	0	1	1	1	5	15
Doctor in another specialty	1	0	1	1	0	3	9
Administrative assistant	2	1	1	1	1	6	18
Nursing assistant/technician	1	0	0	1	0	2	6
Psychiatrist	1	0	0	0	0	1	3
Dentist	1	0	0	0	0	1	3
Occupational therapist	1	0	0	0	0	1	3
Biologist	0	0	0	0	1	1	3
Total	11	5	6	7	5	34	100

Civil servants, assigned to the health and/or student assistance departments of ProACE and available to participate in the activities, were included. The researcher was considered a member of the health team of *campus* D and a participant in the activities of the other three *campi*.

This research project was approved by the Research Ethics Committee of the proposing institution, under Opinion 5,766,479, year 2022, meeting all the standards provided for research carried out with human beings. The implementation of this research project was also approved by the university's ProACE.

Participants were informed about all the research objectives. They had access to explanations about the procedures adopted and were given the option to participate in the research or not, in accordance with the ethical principles of scientific research with human beings, in accordance with Resolution 466/12 of the Brazilian National Research Ethics Committee.¹³

Ethical procedures prior to data collection were followed. Thus, permission was requested from ProACE staff to participate in the virtual environment in the workshops to develop the protocol. After the respective employee and their team consented, the research proposal was presented and each employee was asked to sign the Informed Consent Form, clarifying that confidentiality would be maintained and that they would be free to withdraw from participating in any of the phases of the project development, without any harm to individuals.¹³

Data collection took place through notes made by the researcher in a field diary and recordings of the workshops, held from February to October 2023, and its analysis took place descriptively.

To prepare the second version of the protocol, the healthcare protocol and service organization model was used as a theoretical methodological framework.¹⁴

In accordance with the adopted planning model, it was prepared collectively and flexibly so that the active participation of all components of the team(s) involved with the health problem in focus was ensured, based on the professional specificities of each one and the interfaces between them and the agreement of responsibilities.¹⁴

Also as a framework to support the protocol elaboration, the premises of the university's mental health policy were considered, resulting from a process of mutual

interaction with the participation of the entire university community as a result of multiple academic processes and social participation in different phases, with a focus on principles and guidelines. It is a public, democratic, secular university, of academic excellence with social commitment, which can face the challenge of promoting equity.¹⁵

To follow up on the protocol that was constructed and obtain support for the second edition, a methodological path was outlined within the action research framework, allowing for a collective, participatory and active structure in terms of information collection, with the purpose of obtaining support to support implementation¹⁰ (Figure 1).

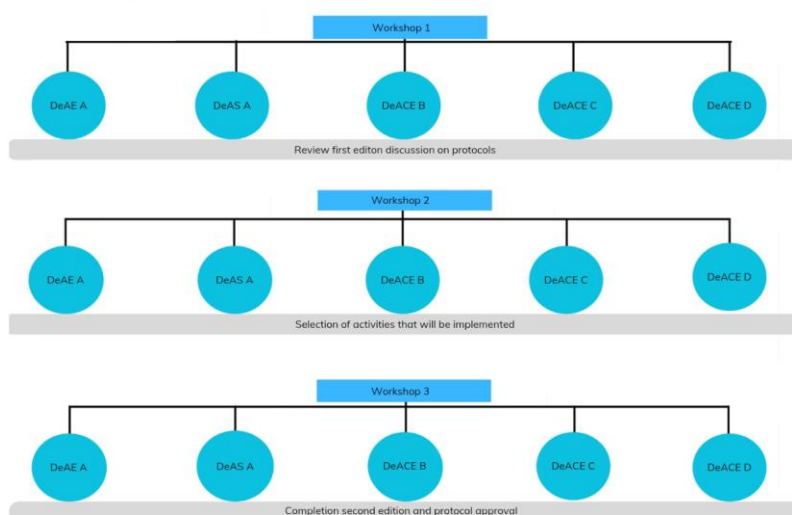


Figure 1 - Protocol implementation stages

Since the first edition, online workshops have been held with teams working in ProACE's (4 *campi*) health and student assistance departments to review this product and prepare its second edition, which is descriptive in nature, ensuring a participatory and democratic process.

The intervention was developed in three synchronous moments of 1 hour each on each *campus*. It was not possible to carry out the workshops with all participants from the four *campi* at the same time due to incompatibility of schedules among teams. There were also several asynchronous moments to review the initial version and its remodeling necessary to address the problem. Thus, the workshops were recorded for later description by the researcher.

The first workshop addressed student psychological distress and the characterization of the problem, presenting the activity plan and discussing protocols. The second workshop selected the activities to address psychological distress that are being carried out and which will be implemented. The third workshop discussed the second edition of the workshop with participants, completed it and validated it. All *campi* were free to propose actions that they considered relevant.

Results

The meetings allowed teams to reaffirm the problem and think about alternatives for prevention and necessary care for students, identifying various activities in partnership with external and internal networks, promoting the exchange of experiences and strengthening relationships. This approach aims to improve environments that influence work, establishing interconnected connections that benefit everyone involved.

Twenty-six professionals from the departments participated in the protocol preparation and implementation, accounting for 76% of the target population. The losses were related to DeACE B (three due to refusal to participate) and DeACE C (five due to refusal to participate).

In the first meeting of each team, the objective was to review what was built in the first edition, seeking a collective reflection on university students' psychological distress, focusing on the characterization of the problem, its magnitude, transcendence, vulnerability, determinants and implications for students and the university.

This first synchronous online meeting with DeACEs B, C and D teams took place on February 23, 2023, with the participation of seven professionals from the health and student assistance teams, plus the researcher, who is also part of team D and led the workshop, making a total of eight people. Among the university staff, a total of 80% attendance was recorded, with one absence attributed to vacation and one to sick leave.

As a result of the discussion, the opinion emerged to emphasize the use of alcohol and other drugs as a powerful influencer in generating distress, in addition to others such as difficulties with adaptation, academic performance and relationships, separation from family, psychological immaturity, lack of routine,

immediacy, extreme perfectionism, diverse vulnerabilities, socioeconomic conditions, cultural differences, among others.

Concerning the magnitude of the problem, it was observed that it should be reformulated and made more comprehensive, also considering it as a consequence of the COVID-19 epidemic.

After this discussion, the meeting was positively assessed by those present, through an oral assessment, in which each participant reported in one word how the workshop went: "productive (two people)"; "clarification"; "learning" (2 people); "knowledge"; "reflection"; "useful".

The first synchronous online meeting with DeAS A team took place on February 27, 2023, with the participation of seven professionals from the health team and the researcher, who also led the workshop, making a total of eight people. Among the university staff, a total attendance rate of 88% was recorded, with one absence attributed to leave due to vacation.

As a result of the conversation, the team reports the subjectivity in assessing a given action when it comes to mental health and discomfort regarding activities that do not focus on prevention and health promotion.

After this discussion, the meeting was considered favorable by those present, based on an oral assessment, in which each participant reported in one word how the workshop went: "learning"; "informative"; "construction"; "mental health" (two people); "productive"; "prevention"; "laborious".

The first synchronous online meeting with DeAE A team took place on May 10, 2023, with the participation of five team professionals and the researcher, making a total of six people, with 100% presence of the team's staff.

As a result of the debate, the team expressed concern about participating in a protocol focused on mental health. This is due to the fact that the focus of the team's work is assistance, and cases of students who are distress are welcomed and referred to other departments, not being monitored by this sector.

After this discussion, the meeting was positively assessed by those present, through an oral assessment, in which each participant reported in one word how the workshop went: "productive"; "construction"; "learning" (two people); "concern"; "clarification".

In the second meeting, after the first edition of the protocol was sent for individual analysis, the objective was to select which activities are being implemented, which have not yet been completed and the deadline for their completion.

With the teams from DeACEs B, C and D, this meeting took place on March 2, 2023, with the participation of eight professionals from the health and student assistance teams and the researcher, who is also part of team D and led the workshop, making a total of nine people. Among the university staff, a total of 90% attendance was recorded, with one absence attributed to absence due to vacation.

This meeting began with the researcher welcoming participants, and after that, a review of all activities was proposed, starting with *campus* C and subsequently listing the activities of *campus* B.

Due to limited time, it was not possible to review the activities of *campus* D, and a new date was proposed and agreed upon with this specific team for completing the activity. After this agreement, the meeting assessment took place with the opening of the floor, with a positive result for those present, and should remain in the same format.

The second synchronous online meeting with DeAS A team was on March 6, 2023, with the participation of seven professionals from the health team and the researcher who led the workshop, making a total of eight people. Among the university staff, a total of 88% attendance was recorded, with one absence attributed to personal reasons.

This meeting began with the researcher welcoming participants, and after this, a review of the activities was proposed by observing the first edition of the protocol. After the activity was completed, the team made a positive assessment by opening the floor.

Continuing workshop 2, on March 8, 2023, only *campus* D met online and synchronously to list which activities are being implemented within the *campus* and which have not been implemented, with plans for implementation. This meeting was attended by four professionals from the health and student assistance teams and the researcher, who is also part of team D and led the workshop, totaling five people (100% attendance). After completing the activity and achieving the proposed objectives, participants assessed the meeting positively. They highlighted the importance of participating in initiatives that promote student health.

After a period of protocol maturation and analysis by the teams, a third meeting was scheduled with the aim of assessing the second edition of the protocol, finalizing and validating its content.

The third synchronous online meeting with DeACE D team took place on August 9, 2023, with the presence of four staff members and the researcher who is also part of this team (100% attendance). At this meeting, the activities were reviewed, and the protocol was validated and approved. Participants gave a favorable assessment of the workshop.

The third meeting with the DeACE B team took place on August 25, 2023, with the three staff members and the researcher present, making a total of four people and 100% attendance. At this time, the researcher sought to review the content of previous workshops, discuss with the team the activities being carried out, the completion, validation and approval of the second edition of the protocol, as well as the final assessment of the workshop, which was considered very productive.

On August 28, 2023, DeAS A team met with the researcher to hold the third workshop, seven team members plus the researcher who led the workshop, making a total of eight people. Among the university staff, a total of 88% attendance was recorded, with one absence attributed to vacation. The activities carried out by the team were reviewed, the second version was approved and validated, and the meeting was assessed as a continuous learning experience.

After this meeting, a team member who had been absent from the workshop was contacted so that she could analyze the second version and observe whether the activities she performs are in accordance with what was specified. However, the team member left ProACE, so activities such as Reiki, Yoga, body practices of relaxation and self-knowledge with Bach Flower were excluded from the protocol.

With DeACE C team, the third meeting took place on September 14, 2023, with the two staff members and the researcher present (100% attendance). The content of previous workshops was recalled as well as the activities that are being carried out.

The team expressed concern about collective activities to address psychological distress, because even with widespread publicity, attendance rates are very low, which is demotivating for the team. After discussion, the second edition was finalized, validated and approved, and the meeting was assessed as motivating to continue moving forward.

DeAE A team had difficulty meeting with the researcher to hold the workshops due to the team's overwork, making it necessary to schedule a longer period to hold the second and third workshops on the same day. This meeting was held on October 10, 2023, with the five team members and the researcher present, totaling 100% attendance. At this meeting, the researcher, after welcoming participants, reviewed the content of the first version of the protocol with the team, emphasizing with special attention the activities that were listed, those that were being carried out, and those that could remain in the second edition. After completing this stage, the activities were reviewed and approved, given that they were already carried out by the team.

However, it is important to note that three people decided not to continue with the work, as they did not feel comfortable with the research topic, even with a positive open oral assessment.

After the third meeting with the five teams from the four *campi*, the second edition was finalized, validated and approved, recognized by the teams that, as it is characterized as a care protocol, once prepared and implemented, it has temporary validity, recommending its periodic assessment and consequent modification, especially considering the circumstances involved, operational capacity and epidemiological profile.¹⁴

In this second version, published institutionally,¹⁶ the proposed actions were classified into collective activities, through the holding of discussion groups, workshops and conversation circles, subdivided into two fronts, namely: with students (sexual and reproductive health promotion group, violence prevention group against university students, psychological distress prevention group (self-care), workshops and conversation circles on welcoming freshmen, self-control techniques group - mindfulness); with staff from the departments of the four *campi* (discussion and case studies, Singular Therapeutic Project and matrix support in mental health).

Individual activities were classified as therapeutic and supportive for students (welcoming and qualified listening, early diagnosis of syphilis, hepatitis and HIV, home visits, psychological support, emergency psychological care, psychotherapy, medical consultation, nursing consultation, oral health promotion, and guidance on scholarships and benefits for students), including cultural and leisure activities

(publicity of cultural activities inside and outside the university) as well as physical and sports activities (provision of sports equipment and circular dancing).

Table 2 summarizes staff participation in the workshops, indicating how much they value and care about university students' psychological distress. This active participation is a sign of the importance that the teams attribute to this topic.

Table 2 - Summary of dates and number of people present at the workshops

	Workshop I	Workshop II	Workshop III
DeAS A	02/27/23	03/06/23	08/28/23
Number of people on the team/total	7/8	7/8	7/8
DeAE A	05/10/23	10/10/23	10/10/23
Number of people on the team/total	5/5	5/5	5/5
DeACE B	02/23/23	03/02/23	08/25/23
Number of people on the team/total	2/3	2/3	3/3
DeACE C	02/23/23	03/02/23	09/14/23
Number of people on the team/total	2/2	2/2	2/2
DeACE D	02/23/23	03/02/23 and 03/08/23	08/09/23
Number of people on the team/total	4/5	5/5 5/5	5/5
Total - %	20 - 87%	21 - 91%	25 - 95%

Discussion

Following the WHO review on mental health guideline, deepening the value and commitment to well-being, reorganizing the environments that influence it and establishing interconnected networks,⁵ the teams listed several activities in partnerships to enrich learning and strengthen ties among members.

According to the activities listed, it is clear that individual activities appear more frequently, reflecting the individual nature of psychological distress, with a focus on the biomedical model.¹

The collective activities offered to students have been expanding across the four *campi*, reinforcing the psychosocial care model with the inclusion of Integrative and Complementary Practices, taking into account criteria of safety, cost-benefit and acceptance for health promotion.⁴ However, it is clear that this type of action needs to be encouraged not only by the dynamic proponents, but by the entire community (professors, technicians, friends), since the attendance rate is low compared to the number of students distress, making it necessary to rethink strategies that bring students into collective activities. Perhaps rethinking strategies that involve students in the creation of activities or offering incentives that make participation attractive and that can strengthen these actions.

Considering the practices that involve welcoming, both individual and collective, it is noted that these activities provide students with a greater chance of presenting satisfactory interpersonal relationships, favoring the adaptation process with an increase in quality of life and well-being.¹⁷ Revealing painful subjects through these interventions means to encourage their protagonism, promoting the creation and strengthening of bonds and adherence to treatment.¹

The welcoming highlighted as a comprehensive activity of the protocol presents itself as a link between professionals and students. Carried out on the four *campi*, this activity links the professional as a reference server for close contact with vulnerable students.

It has been proven that these previously mentioned services (qualified welcoming and listening, early diagnosis of syphilis, hepatitis and HIV, home visits, psychological

support, emergency psychological care, psychotherapy, medical consultation, nursing consultation, oral health promotion, guidance on scholarships and benefits for students, sexual and reproductive health promotion group, group for the prevention of violence against university students, group for the prevention of psychological distress (self-care), workshops and discussion groups on welcoming freshmen, and group for self-control techniques – mindfulness) offered by the university are essential for maintaining good mental health, which is evident during the academic period.¹

The cultural and leisure activities that take place at the university and in surrounding areas are publicized and encouraged by the teams. For physical and sports activities, materials such as soccer balls, volleyballs, basketballs, table tennis, chess, and checkers are provided. Circular dances are also offered on one of the *campi*, activities that contribute to the promotion of well-being, being protective factors for mental health¹⁸ and encouraged on the four *campi* as beneficial factors for a good quality of life.

It is the university's duty to discuss this issue and promote services to address distress as a potential resource for preventing harm,¹ and ProACE teams are following this path.

Regarding the facilities found during this work, the importance given by the teams throughout the process of preparing the protocol was observed, with more than 86% of staff attending the three workshops and the support given by the ProACE management team.

When considering the difficulties, it was found that, faced with a university with approximately 24,000 students enrolled on its four *campi*,¹¹ the small number of staff working in this Vice-Dean's Office increases work overload and negative impacts on student services.

A limitation of this study was the lack of participation of university students in the elaboration of the aforementioned protocol, due to the unavailability to reconcile schedules, since the teams' work schedules coincide with class schedules. However, the expertise of the staff who work with students in the university departments was recognized.

It is therefore admitted that this study contributed as a point of considerable reflection for the health and student assistance departments on the importance of

prevention and health promotion actions/activities offered in the institutional context to strengthen the relationship among students and the university with practices that alleviate and/or reduce distress.

Conclusion

The experience of producing this protocol has brought about effective changes in the care provided to students with mental health issues by strengthening support teams and promoting an integrated approach that is sensitive to students' needs. This includes training professionals, creating spaces for listening and support, and implementing programs that aim not only at students' entry, but also at their continued presence at the university.

Thus, transdisciplinary projects, seeking network partnerships within and outside the university are potential mechanisms for promoting well-being.

In this way, the joint action of professionals and departments, articulated with an internal policy that promotes mental health, is a path that can contribute to ensuring that students' time at university is permeated by successful experiences, reducing risk factors for illness and contributing to mental health.

To achieve this goal, it is essential that the university continues to develop actions and programs that offer ongoing support, ensuring an environment of adaptation and inclusion for all students, as effective support not only strengthens mental health, but also enriches the academic experience as a whole.

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Funding/Acknowledgement: *Universidade Estadual Paulista “Prof. Júlio de Mesquita Filho”* (UNESP) – Botucatu/ the Dean’s Office of Community and Student Affairs (ProACE) – UFSCar staff team.

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Editor in Chief: Cristiane Cardoso de Paula

Associate Editor: Daiana Foggiano de Siqueira

How to cite this article

Rodrigues TCMM, Barbosa GC. Implementation of a service organization protocol to address psychological distress in university students. *Rev. Enferm. UFSM*. 2025 [Access at: Year Month Day]; vol.15, e10:1-18. DOI: <https://doi.org/10.5902/2179769287173>