

**ANXIETY AND DEPRESSION IN THE UNIVERSITY: CONTRIBUTIONS FROM INTEGRATIVE COMMUNITY THERAPY**

***ANSIEDADE E DEPRESSÃO NA UNIVERSIDADE: CONTRIBUIÇÕES DA TERAPIA COMUNITÁRIA INTEGRATIVA***

***ANSIEDAD Y DEPRESIÓN EN LA UNIVERSIDAD: CONTRIBUCIONES DE LA TERAPIA COMUNITARIA INTEGRATIVA***

Jucelei Pascoal BOARETTO<sup>1</sup>  
Milene Zanoni da SILVA<sup>2</sup>  
Eleine Aparecida Penha MARTINS<sup>3</sup>

**ABSTRACT:** This paper assesses the levels of anxiety and depression of undergraduate and postgraduate students at public universities in the south of the country before and after participation in Integrative Community Therapy. We use the experimental research, with pre/post-test design with Integrative Community Therapy intervention, developed in 2018/2019, using the “Hospital Anxiety and Depression” Scale and analysis performed by statistical program R Core Team and Wilcoxon Test. It can be observed a statistically significant decrease of the probable anxiety and depression scores in approximately 30% of undergraduate and postgraduate students, which brings the potential of integrative community therapy to manage these pathologies besides promoting health, self-knowledge, strengthening bonds. Integrative Community Therapy has decreased the levels of anxiety and depression in students. Therefore, it can be considered an important tool to help health care in the university student environment.

**KEYWORDS:** Complementary therapies. University. Anxiety. Depression.

**RESUMO:** *Este artigo avalia os níveis de ansiedade e depressão dos estudantes de graduação e pós-graduação de universidade pública no sul do país antes e após participação em Terapia Comunitária Integrativa. Utilizamos a pesquisa experimental, com desenho pré/pós-teste com intervenção da Terapia Comunitária Integrativa, desenvolvida em 2018/2019, com uso da Escala de “Hospital Anxiety and Depression” e análise realizada por programa estatístico R Core Team e Teste de Wilcoxon. Pode-se observar diminuição estatisticamente significativa dos escores de provável ansiedade e depressão em aproximadamente 30% dos estudantes da graduação como para pós-graduação, o que traz o potencial da terapia comunitária integrativa para manejo destas patologias além de promover a saúde, autoconhecimento,*

<sup>1</sup> State University of Londrina (UEL), Londrina – PR – Brazil. Master's student in the Postgraduate Program in Nursing. Coordinator of Integrative and Complementary Practices in the City of Londrina. ORCID: <https://orcid.org/0000-0002-5562-9370>. E-mail: [juceleipb@gmail.com](mailto:juceleipb@gmail.com)

<sup>2</sup> Federal University of Paraná (UFR), Curitiba – PR – Brazil. Adjunct Professor II of the Department of Collective Health. PhD in Public Health (UEL). ORCID: <http://orcid.org/0000-0002-1177-9668>. E-mail: [milenezanoni@gmail.com](mailto:milenezanoni@gmail.com)

<sup>3</sup> State University of Londrina (UEL), Londrina – PR – Brazil. Associate Professor in the Department of Nursing and professor of the Postgraduate Program in Nursing. Doctorate in Fundamental Nursing (EERP-USP). ORCID: <https://orcid.org/0000-0001-6649-9340>. E-mail: [eleinemartins@gmail.com](mailto:eleinemartins@gmail.com)

*fortalecimento de vínculos. A Terapia Comunitária Integrativa diminuiu os níveis de ansiedade e de depressão nos estudantes. Desse modo, pode ser considerada, uma ferramenta importante para auxílio ao cuidado de saúde no ambiente estudantil universitário.*

**PALAVRAS-CHAVE:** *Terapias complementares. Universidade. Ansiedade. Depressão.*

**RESUMEN:** *Este artículo evalúa los niveles de ansiedad y depresión de estudiantes de pre y posgrado de una universidad pública del sur del país antes y después de participar en la Terapia Integrativa Comunitaria. Se utilizó la investigación experimental, con diseño pre / post test con la intervención de la Terapia Comunitaria Integrativa, desarrollada en 2018/2019, utilizando la Escala "Hospital Anxiety and Depression" y análisis realizado por el programa estadístico R Core Team y Wilcoxon Test. Es posible observar una disminución estadísticamente significativa en los puntajes de probable ansiedad y depresión en aproximadamente el 30% de los estudiantes de pre y posgrado, lo que trae el potencial de la terapia comunitaria integradora para el manejo de estas patologías además de promover la salud, el autoconocimiento, el fortalecimiento. de bonos. La Terapia Integrativa Comunitaria disminuyó los niveles de ansiedad y depresión en los estudiantes. Por lo tanto, puede considerarse una herramienta importante para ayudar a la atención de la salud en el entorno del estudiante universitario.*

**PALABRAS CLAVE:** *Terapias complementarias. Universidad. Ansiedad. Depresión.*

## Introduction

In 2017, an important report by the World Health Organization (WHO) pointed out that approximately 450 million people suffered from some type of mental or neurobiological disorder and, Brazil, would be the most anxious and depressed country in Latin America (OMS, 2017).

This fact has become a challenge both for the national population and for health professionals, especially with regard to the preparation to work in this area. A study carried out in a higher education institution in Northeastern Brazil found a prevalence of anxiety and depression among students of health courses of 36.1% and 28.6%, respectively (LEÃO *et al.*, 2018).

Difficulty in adapting and changing the routine of students entering higher education is evident and generates, in almost 50% of this population, disorders resulting from anxiety. Thus, Medeiros and Bittencourt (MEDEIROS; BITTENCOUR, 2017), point out that some measures must be taken before anxiety becomes harmful, that is, pathological.

The use of psychotropic drugs, such as antidepressants and benzodiazepines, has been the main therapeutic strategy for the treatment of diffuse suffering and mental disorders in

Brazil and this consumption has been increasing, sometimes unnecessarily and irrationally (WAGNER, 2015).

Considering this problem, it is important to establish other therapeutic offers in health systems, which go beyond the biomedical model (SOUSA *et al.*, 2017). To this end, in 2006, the Ministry of Health approved the National Policy on Integrative and Complementary Practices (PNPIC, Portuguese initials) (BRASIL, 2018) with the insertion of 5 integrative practices and, in 2017 and 2018, another 24 PICs were approved in the SUS, among them, the Integrative Community Therapy (ICT), which is a genuinely Brazilian PIC, classified by the Ministry of Health as an advanced psychosocial approach (BRASIL, 2018), whose approach is group, created in 1987, by Professor Dr. Adalberto Barreto, which provides a space for welcoming and sharing feelings and life experiences, where people's resources and skills are mobilized through the therapeutic action of the group itself (BARRETO, 2010). Being an unconventional therapeutic resource, ICT is a viable, low-cost and non-medicalizing public policy, which aims not only at preventing and treating mental disorders, but also promotes mental health, in a positive and comprehensive perspective (SILVA, 2015).

Therefore, evaluating ICT in the management of anxiety and depression within the academic environment is of paramount importance, as it contributes to the construction of social support networks, which translates into changes and the recognition of their own competences (JATAI; SILVA, 2012 ). This study is justified because, by the literature review carried out, no study was identified that would assess the levels of anxiety and depression and the practice of ICT. In addition, it is important to produce scientific evidence about the impact of this PIC on human health, for its maintenance and expansion as a public policy in SUS.

Given the above, the objective was to evaluate the effects of the practice of Integrative Community Therapy on the levels of anxiety and depression in undergraduate and graduate students at a public university in southern Brazil before and after participating in ICT circles.

## Method

It is a quasi-experimental research, with pre/post-test design. The typology of quasi-experimental studies does not have a random distribution of respondents by treatments or control groups. It allows the observation of how, when and to whom cause-effect relationships occur, without an experiment (FERREIRA NETO, 2015).

The inclusion criteria for this research were students enrolled in undergraduate courses in nursing, pharmacy and physiotherapy and in the Master of Nursing at the Health Sciences

Center of a public state university, with at least 12 months of attendance in classes and who, accepted the invitation made via email to the academic center and the collegiate courses, then working with a sample for convenience. Due to the methodology requiring that the person be empathetic willing to share their life stories, unintentional probabilistic sampling does not apply to this type of intervention. Students who did not participate in all scheduled meetings were excluded, as well as those who did not respond to the email sent.

Five meetings were held in each group of students, from August 2018 to April 2019, totaling 20 ICT circles. Data collection of independent (sociodemographic) and dependent (depression and anxiety) variables occurred in 2 moments, before (T0) and after (T5) of the intervention. The ICT intervention carried out followed the technique according to Barreto (2008), following the welcoming stages, the choice of the theme, the contextualization, the problematization, the conclusion and the appreciation (BARRETO, 2012) with a community therapist with expertise in the methodology.

The instrument used to assess levels of anxiety and depression was the “Hospital Anxiety and Depression” Scale (ZIGMOND; SNAITH, 1983). This scale was validated for Portuguese by Botega (BOTEGA *et al.*, 1995) and collaborators in 1995 in Brazil, and consists of 14 multiple-choice questions, containing two “subscales”, that is, seven items for the odd questions (1, 3, 5, 7, 9, 11, 13), focused on anxiety levels and, seven items for even questions (2, 4, 6, 8, 10, 12, 14), focused on depression levels. The global score in each "subscale" ranges from zero to 21 points, with 0 to 7 points indicating an unlikely result; from eight to 11 points the result is possible, and from 12 to 21 points the result is probable, that is, the individual can be classified with level of anxiety and/or depression. It is a highly sensitive instrument in the detection of anxiety and/or depression levels (CASTRO *et al.*, 2006) and does not aim to attribute a clinical diagnosis of mental disorders, but rather to provide subsidies for services to assess levels of anxiety and depression and seek prevention strategies (ZIGMOND; SNAITH, 1983).

The data obtained were tabulated and typed twice in an Excel spreadsheet and imported and analyzed using the *R Core Team* program, version 2017. Frequency distribution tables of the studied variables were constructed, calculating the medians for the non-normal continuous variables. To calculate the association between the categorical variables of exposure and outcome, the analysis was initially performed for students whose data met the assumptions of Normality and Homogeneity of Variances, using the Student's T test (MESSETTI, 2018).

For students with data that did not meet the assumptions, the Wilcoxon equivalent non-parametric test was performed. For both tests, paired samples were chosen. P-value <0.05 was considered significant (GOESSLER, 2018).

The ethical precepts established in Resolution No. 466/2012 of the National Health Council were complied with and the research was approved by the Research Ethics Committee, according to opinion No. 2,682,912. All students consented to participate through the Informed Consent Form.

## Results

The study totaled 25 students who met the inclusion criteria, that is, who participated in the five circles of ICT.

As for the sociodemographic profile of the population studied, 84% (n = 21) of the students were women and all students were in the adult age group (19 - 29 years).

Four groups were formed, with 28% of the components being postgraduate students and 72% of undergraduate students who formed three distinct groups, being nursing (20%), physiotherapy (32%) and pharmacy (20%). Table 1 shows the prevalence of anxiety (52%) and depression (12%) of the studied population. Regarding anxiety, the course with the highest score was physical therapy (24%). In the case of depression, the rate was 4% among undergraduate courses (data not shown in the table). After the intervention with the Integrative Community Therapy, the score levels of “probable” anxiety decreased from 52% to 24% (p <0.05). As with depression, it decreased from 12% to 4% (p <0.05).

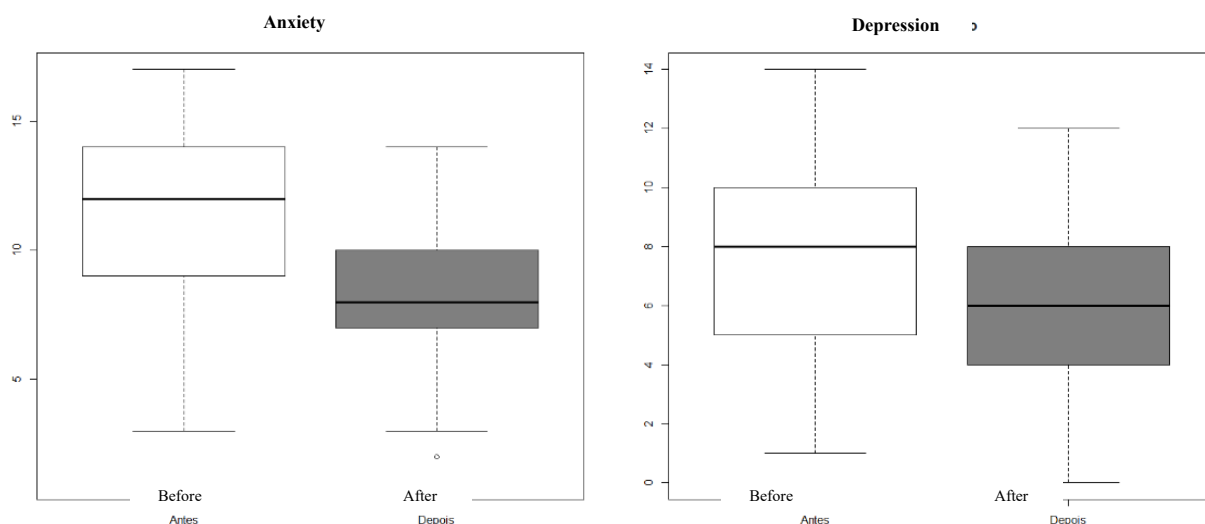
**Table 1** – Probable anxiety / depression scores by sex on the HAD Scale of students before and after participating in the Integrative Community Therapy rounds - Londrina - PR 2019

	Before	After	p
<b>Total</b>	<b>25 (100)</b>	<b>25 (100)</b>	
Female	21 (84)	21 (84)	
Male	4 (16)	4 (16)	
<b>Anxiety</b>	<b>13 (52)</b>	<b>6 (24%)</b>	<b>&lt;0,05</b>
Female	12 (48)	5 (20)	
Male	1(4)	1 (4)	
<b>Depression</b>	<b>3 (12)</b>	<b>1 (4%)</b>	<b>&lt;0,05</b>
Female	male	0 (0)	
Masculino	1(4)	1 (4)	

Source: Research data (2018-2019)

In figure 1, when comparing the anxiety rate before and after the ICT circles, there was a statistically significant reduction in the median of 30% in the HAD scores for anxiety ( $p = 0.0000078$ ) and depression ( $0.0009$ ).

**Figure 1** – Comparison of the levels of the “probable” score for anxiety and depression before and after the practice of Integrative Community Therapy with undergraduate and postgraduate students. Londrina-PR, 2018-2019



Source: Research data (2018-2019)

**Table 2** – Comparison of the prevalence of Anxiety Scores before and after the practice of Integrative Community Therapy with undergraduate and postgraduate students. Londrina-PR, 2019

Courses	% Score for Anxiety T0			% Score for Anxiety T1		
	Improbable	Possible	Probable	Improbable	Possible	Probable
EM (1)	0	43	57	43	14	43
E (2)	0	80	20	60	20	20
Fs (3)	12,5	12,5	75	50	37,5	12,5
Fa (4)	0	40	60	40	40	20

- (1) **EM** – Postgraduate Students: Master's in Nursing
- (2) **E** – Undergraduate Nursing Students
- (3) **Fs** – Undergraduate Physiotherapy Students
- (4) **Fa** – Undergraduate Pharmacy Students

Source: Research data (2018-2019)

Tables 2 and 3 show the rates of anxiety and depression scores before and after the Integrative Community Therapy intervention. When considering the levels of anxiety at T0 and T1, all courses obtained a reduction in prevalence in the “probable” category, except for nursing (Table 2). Physiotherapy had the best percentage of decrease, going from 75% at T0 to 12.5%

at T1. As for depression, there was a reduction in the “probable” category in pharmacy and nursing courses.

**Table 3** – Comparison of the prevalence of depression scores before and after the practice of Integrative Community Therapy with undergraduate and postgraduate students. Londrina-PR, 2019

Courses	% Score for Depression T0			% Score for Depression T1		
	Improbable	Possible	Probable	Improbable	Possible	Probable
EM (1)	57	43	0	57	43	0
E (2)	40	40	20	40	60	0
Fs (3)	37,5	50	12,5	62,5	25	12,5
Fa (4)	20	60	20	100	0	0

(1) **EM** – Postgraduate Students: Master's in Nursing

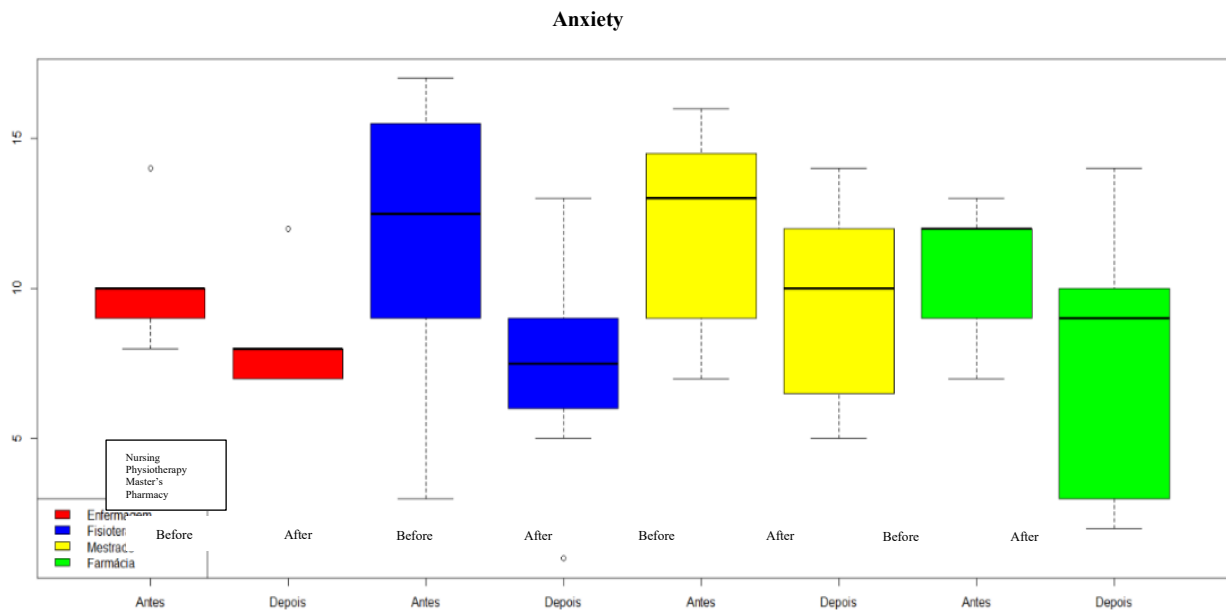
(2) **E** – Undergraduate Nursing Students

(3) **Fs** – Undergraduate Physiotherapy Students

(4) **Fa** – Undergraduate Pharmacy Students

Source: Research data (2018-2019)

**Figure 2** – Distribution of levels of probable anxiety before and after the five rounds of Integrative Community Therapy with undergraduate and postgraduate students. Londrina-PR, 2018-2019

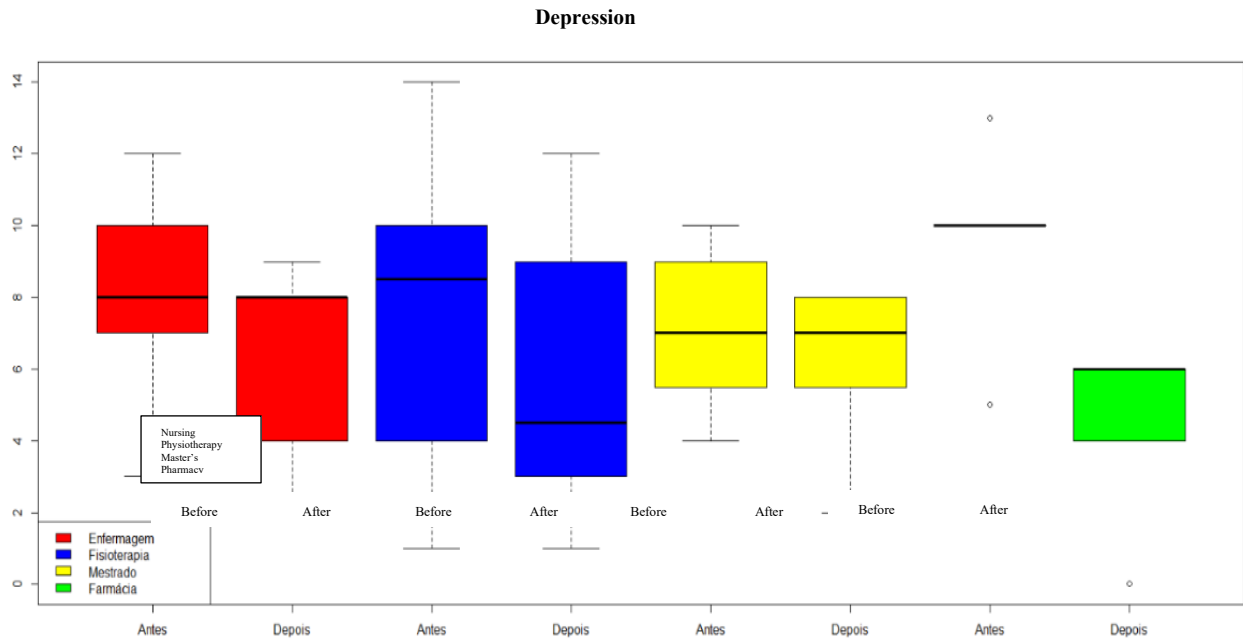


Source: Research data (2018-2019)

Figure 2 shows the medians of anxiety scores among students in the three undergraduate courses in nursing, physiotherapy, pharmacy and postgraduate students in the master's degree in nursing. They presented statistically significant results with  $p < 0.05$ , and the ones that obtained the greatest improvement were those from the pharmacy.

Analyzing the data presented in figure 3, which shows the distribution of the medians of the depression scores before and after participating in the ICT, it appears that the levels of depression decreased in all students who participated in the ICT, with a significant improvement for pharmacy students ( $p = 0.02724$ ).

**Figure 3** – Distribution of levels of probable depression before and after the five rounds of Integrative Community Therapy with undergraduate and postgraduate students. Londrina-PR, 2018-2019



Source: Research data (2018-2019)

The anxiety and depression scores decreased, which was evident at the end of the study, as students pointed out a reduction in “*tension*” considering that only 8% referred, in the end, to the alternative “*never*”. Regarding “*fear*”, the results showed a drop of 24% among students who considered themselves “*yes, strongly*” and an increase in the percentage of “*yes, but not that strong*” of 8%. There was also a reduction in feeling “*restlessness,*” “*worried*”, in addition to an improvement in “*feeling relaxed*”, according to data analyzed in the comparison of the instruments applied before and after the five ICT circles.

In the indexes related to depression, the items “*joy*”, “*laugh and have fun*”, “*like the same things as before*”, “*mood*” and “*interest in taking care of one's appearance*” showed improvement in frequencies in the post-test (T1) compared to the pre-test (T0). The “*mood*” and the “*interest in taking care of one's appearance*” also showed improvement.



## Discussion

In the present study, it can be seen that more than half of the research participants had probable anxiety scores (52%) and 12% with depression scores. In addition, community therapy proved to be a relevant strategy for the management of mental health in higher education, considering that there was a decrease of anxiety and depression by approximately 30% for both undergraduate and graduate students in the different courses of the university. Health area. In agreement with the study by Almeida (2015), there is evidence of the need to use instruments and strategies to promote the mental health of university students.

Corroborating this understanding, a study by Lantyer *et al.* (2016) reaffirm the importance of developing psychotherapeutic intervention programs at the university. Svoboda *et al.* (2018) also emphasize that one of the possible interventions to reduce stress is the ICT circles, used in two Brazilian universities in 2017, pointing to 62.5% of the meetings being on the theme "stress" (SVOBODA *et al.*, 2018).

The methodology used in this study aims to rescue the self-esteem of the participants, bringing to light their conscience that, if there is a difficulty in each person's life, there are also mechanisms within them capable of overcoming and transposing it, achieving the overcoming (BARRETO, 2008), and not diagnosing any participant as pathologically anxious or depressive, that is, the HAD scale, allows the quantitative analysis of the levels of anxiety and depression (PETERMANN, 2015). This same instrument has been proven effective in different articles and contexts, as shown by studies by Terol-Cantero and Cabrera-Perona (2015) and Faro (2015).

In the general analysis of the instrument used in the pre and post-test to assess the effect of ICT, it was observed that the students decreased the "tension", the "fear" and the "concern", in addition to mentioning an improvement in the question of "feeling relaxed", which allows quantitative measurement of benefits by participating in the ICT circles.

According to Cruz *et al.* (2019), in a study carried out at a university in the interior of the state of São Paulo, showed that ICT was cited as a strategy to support students, resignifying their lives through sharing and learning to perform a self-analysis, individually.

These data corroborate the analysis of the instrument applied in the pre and post test in this study, which demonstrated an effective decrease in negative symptoms and an increase in positive symptoms, decreasing the anxiety and depression rates among the students participating in the study.

The instrument also addresses issues related to feeling “restless”, which decreased 50% among the participants, pointing to the need for spaces for sharing, welcoming and listening among university students in health courses, aiming at personal development, in addition to academic (ARAÚJO; BRESSAM, 2017).

With regard to depression, the subscales that quantified the levels of the students, had a positive score in the item “*happiness*”, as well as slight, but significant changes, in the item “*laugh and have fun*” and “*like the same things as before*”, which demonstrates the belonging of these people in relation to their identity and personal perception and the need for strategies that promote care in a unique way, that is, in the individuality of each human being (SOUZA *et al.*, 2017).

The spirit and interest in taking care of their appearance also showed significant improvement after participating in the ICT circles, as well as the fact that students can feel “*pleasure*” when they watch a good television, radio program or when they read something, because the ICT circles work on feelings in a welcoming and participatory way, promoting personal empowerment and self-knowledge (BOARETTO; MARTINS, 2019).

It is considered important the student's participation in a program in which, during each meeting, he can perceive that everything that was bad for him, could be resolved by himself, because when he listened to the other colleagues in the group, he identified that there were “Emotions/feelings” within himself that should be modified. Thus, emotions/feelings are invisible most of the time and, even though they are the target of academic studies in the areas of psychology, medicine and/or nursing, there is still a need to promote care before pathologies happen, because the greater the quality of life, the lower the anxiety and depression rates (BORINE *et al.*, 2015).

ICT's strategy takes into account that the demands of health courses are extensive (full-time), which requires university students to spend more time outside their family and social environment, with a change in their lifestyle; in addition, there is an increase in the burden of responsibilities and demands, which can lead to emotional and psychological disorders, studied within psychology (SOUZA *et al.*, 2017).

Human suffering, despite being the subject of several researches and lectures around the world, still needs to be welcomed and re-signified, as is the proposal brought by ICT. With the expansion of new forms of health care, a new perspective is observed on the practices performed in other areas of health. Empirically, the value of ICT was recognized, as students showed improvement in anxiety and depression levels.

According to Faro (2015), anxiety and depression are the major causes of incapacity in the world, being associated with different incapacitating pathologies: heart disease, premature death and different types of cancer. Only when individuals recognize the need to seek strategies to reduce these feelings, they can avoid the risks to their development. Anxiety and/or depression are pointed out, in different studies, as factors present in several higher education institutions (CASTRO, 2017).

In this study, the methodological care to ensure the internal validity of the research involved the performance of the ICT circles by a community therapist with expertise, the collection of data in T0 and T1 at the appropriate time (beginning and after 5 meetings), without time gaps and the inclusion criteria involved the analysis of only students who participated in all meetings. Intentional sampling, which could be a limiting factor, however, in this type of intervention it is not possible to carry out probabilistic sampling. Therefore, the disadvantages of this type of sampling are typical of non-probabilistic sampling as the impossibility of generalization (GOESSLER, 2018).

However, the study showed that the levels of anxiety and depression have changed after the participation of the ICT circles. There is a gap in knowledge regarding the use of integrative and complementary practices aimed at the care of the mental health of university students, therefore, this study promotes an advance in knowledge and leaves the way open for new research within the theme in question.

## Conclusion

The results found in the analysis of the pre and post-test, point to a significant reduction in the levels of anxiety and depression scores of university students, after participating in the Integrative Community Therapy rounds. The items "*tension*", "*fear*" and "*concern*", measured by the items of anxiety decreased and university students also reported an improvement in the item "*feeling relaxed*," which demonstrates the measurement made, quantitatively, of the benefits of participating of the circles of Integrative Community Therapy.

With regard to depression, there was a positive score in the item "*joy*", as well as slight changes, as in the item "*laugh and have fun*" and "*like the same things as before*" and a significant improvement in relation to "*mood*" and "*interest in taking care of one's appearance*".

From the results found after data collection and statistical analysis, which had already been perceived during the years of experience within this integrative and complementary

practice of ICT by the researcher, it is presented, in the light of science, that this strategy can be used to reduce levels of anxiety and depression. The results of this study also demonstrate the possibilities for conducting new research within this theme of anxiety and depression, overcoming the weaknesses pointed out here as drivers for new strategies.

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