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Beyond Academics: Understanding the Well-Being Crisis in Brazilian Higher Education

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Abstract

Brazilian higher education faces a deepening well-being crisis among its student population, marked not only by psychological distress but also by entrenched socio-economic inequalities and institutional governance dynamics. Despite extensive documentation of mental health challenges among Brazilian university students, a critical research gap remains: existing studies focus predominantly on prevalence rates and individual risk factors while neglecting the institutional and governance mechanisms that mediate these outcomes. This paper explores how socio-economic vulnerabilities, beyond individual psychological factors, shape undergraduate student well-being and analyses the mediating role of institutional arrangements and governance practices. Framed by contemporary literature on student mental health, socio-economic inequality, and higher education governance, the analysis synthesizes recent empirical and theoretical findings from Brazilian and international contexts. The discussion is anchored in a governance perspective, examining how decision-making structures, resource allocation, accountability mechanisms, and organizational culture interact with persistent inequalities to shape well-being outcomes. The paper concludes with specific policy recommendations aimed at institutional reform, resource redistribution, and governance strategies to promote equity and improve student well-being across Brazil's higher education system.

Keywords: Brazilian Higher Education, Student Well-Being, Socio-Economic Inequality, Educational Governance, Mental Health.

Introduction

Over the past two decades, higher education in Brazil has expanded significantly due to public policies. Between 2000 and 2017, university enrolments increased from approximately 2 million to 8 million students, transforming Brazil's educational landscape and ostensibly democratizing opportunities for social mobility (McCowan & Bertolin, 2020). This expansion also shifted the composition of student bodies. The percentage of students from public schools increased from 37.5% in 2003 to over 60% by 2018, while students from families earning up to half the minimum wage per capita grew from 0.5% in 2010 to 31.9% (ANDIFES, 2019). The presence of Black and Brown students increased by 282% over fifteen years, accompanied by growing representation

of Indigenous, quilombola, LGBTQIA+, and students with disabilities (ANDIFES, 2019).

The implementation of REUNI (Program of Support to Restructuring and Expansion Plans of Federal Universities) between 2007 and 2012 aimed to expand access and restructure federal universities, resulting in increased enrolment capacity and the creation of new campuses in interior regions (Brasil, 2007; McCowan & Bertolin, 2020; Penha et al., 2020). Simultaneously, a federal law implemented in 2012 mandates that public universities reserve 50% of admission slots for students from public schools, with sub-quotas for low-income students and racial minorities (Brasil, 2012; McCowan & Bertolin, 2020). This policy successfully increased representation in federal universities. Students from the lowest-income quintile increased from a negligible proportion to approximately 20% of enrolment (McCowan & Bertolin, 2020).

At the same time, the government implemented the PROUNI (University for All Program), which provided scholarships (full or partial) for low-income students to attend private universities, in exchange for tax exemptions for private institutions in return for enrolment slots. By 2017, PROUNI had benefited approximately 1.5 million students (McCowan & Bertolin, 2020).

Another policy implemented to expand access and make higher education more equitable was the FIES (Student Financing Fund). This government-subsidized loan program enables students to finance private university tuition with deferred repayment, though it still faces challenges due to non-payment (McCowan & Bertolin, 2020).

These policies achieved significant demographic shifts. FONAPRACE surveys document that by 2018, over 70% of federal university students came from families earning up to 1.5 times the minimum wage per capita (ANDIFES, 2019). The socio-economic vulnerability index, which considers family income and parental education, indicates that approximately 25% of students fall into the highest vulnerability category, with neither parent holding a higher education degree and family income below three minimum wages (Leonardi et al., 2024).

This expansion occurred within a complex higher education system characterized by significant stratification. While federal public universities maintain high academic standards and zero tuition, they enroll only a fraction of total students. The private sector dominates Brazilian higher education, with enrolment patterns reflecting this stratification. Private institutions have grown substantially, especially with digitalization and e-learning, though research indicates quality variations across sectors (Penha et al., 2020).

These democratization efforts have not been matched by corresponding investments in student support infrastructure, as evidenced by the inadequate implementation of the PNAES (National Student Assistance System) and the persistent underfunding of mental health services (Brasil, 2010; Penha et al., 2020), thereby creating structural conditions that exacerbate mental health vulnerabilities. In this sense, this contextual landscape reveals a higher education system in tension: expanded access without corresponding support infrastructure, demographic diversification without cultural transformation, and policy frameworks that are inadequately operationalized. These tensions create the conditions for the well-being crisis examined throughout this paper.

Brazilian universities are confronting an unprecedented well-being crisis that should concern policymakers and educators, with alarming rates of mental health challenges among their student populations (ANDIFES, 2019; Penha et al., 2020). Recent evidence indicates that nearly 80% of students in federal institutions have experienced emotional difficulties that interfere with academic performance, representing a dramatic increase from 47.7% in previous surveys (Penha et al., 2020). Available evidence from systematic reviews confirms a pooled prevalence of 37.75% for anxiety and 28.51% for depression among Brazilian undergraduates, rates substantially exceeding general population estimates (Demenech et al., 2021; Ibrahim et al., 2013).

Institutional responses to the well-being crisis require urgent attention from university administrators and educators, as many universities currently lack adequate psychological services, with long waiting lists and insufficient staff (Penha et al., 2020). This broader institutional responsibility is also consistent with debates about the relevance of Brazilian universities beyond academic prestige, particularly their social and economic roles in

national development (Colus, 2023). Addressing persistent stigma around mental health can foster hope and empowerment, encouraging students to seek help and reducing barriers to support (Penha et al., 2020; Gulliver et al., 2010). This crisis emerges at a critical juncture in Brazilian higher education, following decades of expansion policies that dramatically increased access for historically marginalized groups.

Considering this gap, this paper aims to analyze how socio-economic inequalities influence student well-being in Brazilian higher education and to identify how institutional arrangements and governance practices can mediate this relationship. Highlighting these factors will help inform targeted policy reforms and institutional strategies to address the well-being crisis effectively.

To address these questions, the paper develops a theoretical and integrative analysis grounded in recent meta-analyses, national surveys, and institutional evidence from the Brazilian higher education context. It proceeds by critically examining the limits of individualizing approaches to student mental health, analyzing the roles of socio-economic inequality and institutional mediation, and advancing a conceptual framework that links socio-economic conditions, institutional arrangements, and well-being outcomes, rather than treating them as individual concerns. Based on this framework, the paper derives analytically grounded directions for institutional and policy responses in higher education research by reframing student well-being as a dimension of educational equity, governance, and institutional responsibility.

Theoretical Framework

Student Well-Being and Mental Health

Conceptualizing student well-being is essential for understanding this unprecedented crisis in Brazilian higher education. Student well-being in higher education extends far beyond the absence of mental illness; it encompasses psychological health, social inclusion, academic fulfillment, economic security, and a sense of belonging within the university environment (Leonardi et al., 2024). Contemporary research has established a robust link between well-being and educational outcomes, demonstrating that student mental health is integrally related to retention, academic achievement, and long-term life

trajectories (Leonardi et al., 2024). The transition to university, often described as a period of heightened vulnerability, can expose students to intense academic demands, social pressures, and challenges to personal identity (Di Santi et al., 2025).

Socio-Economic Inequalities

Brazilian society is characterized by significant income inequality, stratification along racial and regional lines, and persistent barriers to social mobility (McCowan & Bertolin, 2020). These inequalities are strongly echoed within higher education. Access to public universities, often considered the most prestigious, is disproportionately granted to students from higher socio-economic backgrounds. At the same time, those from poorer families are overrepresented in under-resourced private institutions (McCowan & Bertolin, 2020). Even within public universities, students from marginalized groups navigate a "hidden curriculum" marked by subtle and overt forms of exclusion, cultural dissonance, and unequal access to support.

Governance and Institutional Arrangements

Understanding how institutional arrangements mediate the relationship between student characteristics and well-being outcomes requires theoretical frameworks that illuminate organizational dynamics and governance practices. Luo et al. (2024) propose a governance capability framework conceptualizing institutional governance along three dimensions: time, space, and quantity. Governance capability represents an institution's capacity to optimize the allocation of resources, personnel, and programs to achieve responsive and effective outcomes. The time dimension addresses institutional responsiveness and adaptability, as well as the capacity to identify emerging needs and implement timely interventions. The space dimension encompasses the geographical and organizational distribution of resources and services. The quantity dimension addresses resource adequacy and allocation priorities (Luo et al., 2024).

Conceptual Framework: A Socio-Institutional Model of Student Well-Being

In social epidemiology, the relationship between socioeconomic status and mental health is well established, and this pattern is evident among university students. Students from low-income families, first-generation university students, and those from families with limited formal education face elevated mental health risks (Leonardi et al., 2024; Penha

et al., 2020). Generally, students who already face pre-existing vulnerabilities are significantly more likely to experience course dropout and long-term negative trajectories (Leonardi et al., 2024).

This study proposes a conceptual framework in which student well-being emerges from the interaction between socio-economic conditions and institutional arrangements, going beyond the individual. Socio-economic vulnerability influences well-being indirectly, mediated by governance structures, support infrastructures, academic practices, and institutional culture. Well-being outcomes, in turn, feed back into institutional dynamics through disengagement, evasion, and challenges to institutional legitimacy.

Discussion

Student Well-Being and Intersectional Inequalities

Considering the landscape of higher education, the transition to university constitutes a critical developmental period marked by geographic separation from family networks, adaptation to new pedagogical demands, the establishment of new social bonds, and, often, the beginning of adult responsibilities. These challenges require substantial cognitive and emotional resources that vulnerable students often lack (Briggs et al., 2012; Penha et al., 2020).

Empirical studies in Brazilian universities report high rates of psychological suffering among undergraduates, with symptoms including anxiety, depressive episodes, sleep disturbances, and persistent stress (Carlotto et al., 2026; Leonardi et al., 2024; Penha et al., 2020; Piva, 2024). The integrative review by Penha et al. (2020) traced scientific production on university student mental health between 2005 and 2018, identifying a marked increase in studies since 2010. This growth coincides with increased national attention to student vulnerabilities following the implementation of the PNAES and FONAPRACE surveys, which identified depression, psychosomatic disturbances, social difficulties, psychological stress, and reduced self-efficacy as the most frequently reported problems affecting student well-being (ANDIFES, 2019). The pandemic also intensified pre-existing vulnerabilities (Leonardi et al., 2024).

It is important to acknowledge that mental health challenges are not distributed randomly across student populations but show clear patterns related to demographic and situational factors (Lin et al., 2023).

A study by Leonardi et al. (2024), using data from UNIFESP (a public university in Brazil) and socio-cultural vulnerability indices, reveals important patterns. Students classified in the highest vulnerability category (neither parent with higher education, family income below three minimum wages) demonstrated an increased likelihood of mental suffering. However, these effects were mediated by other factors, including the campus attended, work status, and physical activity engagement (Leonardi et al., 2024). This finding suggests that socio-economic vulnerability creates risk conditions that institutional factors can either amplify or buffer.

A study at the Federal University of Ouro Preto (another public university in Brazil) found anxiety prevalence of 38.1% among health science students, with family issues prior to university entry significantly influencing anxiety levels (Alves et al., 2021). These pre-existing vulnerabilities interact with university stressors, compromising academic and social performance (Alves et al., 2021; Leonardi et al., 2024).

Working students face particular challenges, experiencing higher rates of mental suffering both with and without psychotropic medication use in both pre-pandemic and pandemic periods (Leonardi et al., 2024). The need to balance employment with academic demands creates time pressures, limits participation in university life, and reduces the availability for study and rest (Hordósy et al., 2018; Bozick, 2007; Summer et al., 2023). For low-income students, employment is often economically necessary rather than optional, creating inescapable tensions between financial survival and academic success (Hordósy et al., 2018; Bozick, 2007).

Beyond economic factors, socio-economic inequality intersects with other dimensions of marginalization, creating compounded vulnerabilities. Students with disabilities face substantially elevated mental health risks, with 25.1% reporting suffering in the pre-pandemic period, rising to 40.7% during the pandemic (Leonardi et al., 2024). These figures reflect both the inherent challenges of managing vulnerabilities in university

environments and the inadequacy of institutional accommodations and support services.

Gender and sexual identity constitute additional axes of inequality affecting mental health. Women consistently demonstrate higher rates of anxiety and depression symptoms (approximately 1.6 times) compared to men (Alves et al., 2021; Demenech et al., 2021; Leonardi et al., 2024). The disparity becomes even more pronounced for transgender and travesti students, who showed 7 to 16 times higher odds of mental suffering depending on medication use in the time examined (Leonardi et al., 2024). These dramatic differences reflect not only minority stress related to discrimination, a well-established mechanism (Meyer, 2003), but also the heteronormative organizational cultures of most universities that render LGBTQIA+ students invisible or actively hostile (Leonardi et al., 2024; King et al., 2008).

The intersection of multiple marginalized identities creates cumulative (multiplicative) disadvantage, where each status amplifies vulnerabilities created by others, a core principle of intersectionality theory (Crenshaw, 1989). A low-income transgender student with disabilities faces not simply additive but multiplicative risks; each marginalized status amplifies vulnerabilities created by others (Leonardi et al., 2024). This intersectional understanding is essential for developing governance responses adequate to the complexity of contemporary student populations.

Policy and Systemic Constraints

At the policy level, Brazil provides a framework for student assistance: the PNAES, a Brazilian federal program created to combat dropout rates and promote the retention of low-income students in federal higher education institutions (Brasil, 2010). However, despite policy-level efforts to support institutional arrangements, resource allocation for mental health services remains inadequate relative to documented need (Penha et al., 2020; Demenech et al., 2021).

Another major issue is that PNAES applies only to federal universities, leaving state and private institutions outside its framework. State universities develop their own assistance policies with variable coverage and quality. Private institutions, particularly for-profit entities, face no policy mandates regarding student support services, and profit motives

discourage such investments (McCowan & Bertolin, 2020). This creates dramatic inequalities in access to institutional support, contradicting equity goals.

Another policy derived from the REUNI was the expansion of public higher education in Brazil, which led to a major shift towards a multicampus model and the creation of numerous satellite campuses in the country's interior to democratize access (McCowan & Bertolin, 2020). This change posed challenges in ensuring equitable service provision across locations. For example, in UNIFESP, research shows significant campus-level variation in student mental health outcomes, with Guarulhos and Zona Leste campuses demonstrating higher suffering rates (Leonardi et al., 2024). These differences likely reflect variations in local resource availability, campus culture, and student composition, illustrating how spatial governance arrangements create differential outcomes.

Institutional Governance and Decision-Making

Institutional theory provides additional insights into how organizational structures and cultures shape student experiences. Universities function not only as technical organizations but also as entities embedded in norms that reflect broader social values and power relations (Bleiklie & Kogan, 2007). Currently, Brazilian federal universities typically include faculty representation in collegial governance structures (Brasil, 1968). Decision-making processes follow hierarchical-collegiate models, in which deliberations require approval from multiple committees dominated by faculty and administrators (Luo et al., 2024). Although this format seeks to ensure stakeholder representation, it ultimately generates a bureaucratic slowness that does not correspond to the urgency of the mental health crises faced by students.

In this scenario, governance arrangements play a core role in establishing accountability mechanisms for student well-being, including assigning responsibility, monitoring mental health outcomes, and involving students in welfare-related decisions. However, the governance of student well-being in federal universities reveals profound tensions between institutional structures and the demands of an increasingly diverse and vulnerable student body (Penha et al., 2020). This scenario configures a democratic deficit, suggesting that current governance arrangements do not adequately represent the needs and perspectives of the student body.

Evidence from FONAPRACE surveys demonstrates that, although there is institutional awareness of well-being challenges, this has not translated into proportional governance responses (ANDIFES, 2019; Penha et al., 2020). The dramatic increase in students reporting emotional difficulties should have prompted a reassessment of decision-making processes (Penha et al., 2020). Instead, responses remain fragmented, suggesting systems that acknowledge the problem but fail to undertake the necessary restructuring to resolve it. Frequently, strategic planning prioritizes academic expansion, research productivity, and external rankings. At the same time, mental health services occupy marginal positions in organizational hierarchies and budgets, reinforcing the notion that well-being is an individual responsibility (Luo et al., 2024).

A clear example of this implementation gap is observed in the governance of quota policies (Brasil, 2012). Although federal legislation required numerical representation, the execution of support details was left to the universities. Data show that quota students achieve academic success equivalent to that of their peers when they receive adequate support, such as financial assistance, academic tutoring, and psychological services (Bezerra & Gurgel, 2012). However, many institutions implemented quotas without a corresponding expansion of support services, effectively exposing these students to the risk of failure. This flaw reflects governance decisions that prioritize formal compliance with legal mandates over a substantial commitment to student success and mental health.

Organizational Structure

Organizational practices applied to student well-being are diverse and follow multiple paths. These practices include psychological counseling services, academic guidance, peer support programs, services for people with disabilities, and financial aid programs. Their availability, accessibility, quality, and integration substantially influence how institutions protect students from stress and respond to emerging mental health needs (Lopes & Nihei, 2021; McCowan & Bertolin, 2020; Oliveira et al., 2019).

However, research on the use of mental health services in Brazilian public universities reveals worrying patterns. An analysis of one state university's psychological service showed that students most frequently seeking help were in developmental transition

periods, facing identity-formation challenges alongside new environmental demands (Penha et al., 2020). However, the majority of students experiencing psychological distress never access services (Demenech et al., 2021; Lopes & Nihei, 2021). This low utilization reflects multiple factors, including a scarcity of services, stigma surrounding mental health, and a lack of awareness of available resources (Demenech et al., 2021; Salimi et al., 2023).

Physical campus environments also influence well-being, though this factor receives less research attention. Studies exploring environmental preferences among university students identify that access to restorative spaces (green areas, quiet zones, aesthetically pleasing environments) contributes to psychological restoration and stress reduction, consistent with attention restoration theory (Kaplan, 1995; Penha et al., 2020). Campus design decisions thus carry mental health implications that governance should consider.

Social integration and sense of belonging represent crucial psychosocial organizational factors. Students who establish meaningful connections with peers, feel valued by faculty, and experience institutional recognition demonstrate better mental health outcomes and a lower risk of dropping out (Penha et al., 2020). Conversely, social isolation and perceived institutional indifference amplify psychological distress. For students from marginalized backgrounds, establishing a sense of belonging in historically exclusionary spaces poses particular challenges that require intentional institutional efforts (Lopes & Nihei, 2021; Salimi et al., 2023).

The quality of student-institution relationships emerges as particularly significant. Students who are satisfied with their courses, feel adequately supported, and perceive their institution as responsive demonstrate greater stress tolerance and lower mental health problems (Penha et al., 2020). This dimension suggests that institutional legitimacy and trust serve as protective factors, whereas institutional alienation poses a risk factor (Ariño et al., 2023).

Physical activity and lifestyle factors, at the individual level, warrant mention due to their strong protective effects demonstrated across multiple studies (Ariño et al., 2023; Leonardi et al., 2024; Lourenço et al., 2017; Penha et al., 2020). Students who engage in

physical activity regularly or sporadically have substantially reduced odds of mental suffering, with approximately a 20-30% reduction across the pre-pandemic and pandemic periods (Leonardi et al., 2024). This finding suggests institutional investments in accessible recreational facilities and activity programs constitute cost-effective mental health interventions.

These reveal that student well-being outcomes emerge not simply from individual characteristics but from the interaction between student populations and institutional arrangements. Effective governance requires intentional design of structures, policies, and cultures that proactively support vulnerable students rather than assuming they will adapt to existing arrangements designed for different populations.

Accountability and Organizational Culture

Accountability mechanisms within Brazilian federal universities inadequately address student well-being outcomes. Traditional accountability focuses on academic metrics (completion rates, graduation times, research output) while mental health indicators remain largely invisible in institutional evaluation systems, a perverse effect documented in higher education performance regimes (INEP, 2017; Luo et al., 2024). What gets measured gets managed, and the absence of well-being metrics in institutional dashboards and external evaluations signals its organizational marginality.

Organizational culture constitutes a more subtle yet powerful governance dimension that affects student well-being (Ariño et al., 2023; Penha et al., 2020). The persistent stigma around mental health help-seeking within university communities reflects cultural norms that associate psychological difficulty with weakness or inadequacy (Penha et al., 2020). These norms deter students from seeking available services and inhibit open discussion of mental health challenges. Cultural change requires leadership commitment, sustained communication campaigns, and normalizing help-seeking through visible institutional practices.

Academic environment characteristics constitute another cultural determinant. High workload demands, competitive atmospheres, inadequate feedback, and unclear expectations create stressful academic environments that contribute to psychological

distress (Penha et al., 2020). Implicit norms around academic performance, student independence, and help-seeking behavior may clash with the realities of vulnerable students' lives, creating additional psychological burdens (ANDIFES, 2019; McCowan & Bertolin, 2020). Course-level factors also matter. For instance, health science programs, particularly medicine and nursing, consistently report higher rates of mental health problems, likely reflecting both demanding curricula and exposure to human suffering during clinical training (Ariño et al., 2023; Penha et al., 2020).

The culture around academic stress and performance expectations also merits attention. Many university programs maintain implicit norms celebrating overwork, sleep deprivation, and extreme dedication as markers of seriousness and competence (Souza, 2017). Faculty modeling these behaviors reinforces cultures that normalize unsustainable workloads and stigmatize self-care. Changing such cultures requires not just policy statements but also reconsideration of pedagogical practices, workload expectations, and definitions of academic excellence.

Gender equity and LGBTQIA+ inclusion represent challenging cultural dimensions given their strong associations with mental health outcomes, as already highlighted (Alves et al., 2021; Demenech et al., 2021; Leonardi et al., 2024). This reflects organizational cultures that remain heteronormative and cisnormative despite formal inclusion policies. So, creating genuinely inclusive environments requires extensive cultural work, including training, policy development, infrastructure modifications (e.g., gender-neutral bathrooms), and active efforts to confront discrimination (Alves et al., 2021).

For students with disabilities, organizational culture around disability inclusion remains ineffective (Leonardi et al., 2024). Many universities maintain disability services offices but fail to apply universal design principles that proactively accommodate diverse abilities, treating accommodations as exceptions. Cultural transformation toward genuine inclusion requires disability perspectives to inform all aspects of institutional design, rather than confining them to specialized offices (Louzada & Martins, 2023).

Resource Allocation and Funding Structures

Resource allocation decisions constitute the most tangible expression of institutional

priorities and directly determine the capacity to support student well-being. Brazilian federal universities face chronic underfunding, with budget cuts particularly severe following the 2016 Constitutional Amendment 95, which capped public spending for 20 years (Brasil, 2016; McCowan & Bertolin, 2020). Within constrained budgets, universities must prioritize competing demands to keep themselves running. In this sense, student support services are often cut to fund faculty salaries, infrastructure maintenance, and research investments.

PNAES provides federal funding specifically designated for student assistance, including financial aid, housing, meals, transportation, health care, and psychological support (Brasil, 2010). Since its 2010 implementation, PNAES has significantly expanded student assistance, serving millions of low-income students (Penha et al., 2020). However, PNAES funding levels have not kept pace with enrollment growth and student needs.

The private higher education sector, which enrolls 75% of Brazilian students, operates under different funding logics emphasizing profit generation (McCowan & Bertolin, 2020). For-profit institutions typically provide minimal student support services, viewing them as cost centers rather than mission-essential functions. Students in private institutions thus face even less access to mental health support than those in underfunded public universities, exacerbating educational inequalities (Souza, 2017).

Resource allocation for mental health services reveals inadequacies across dimensions. Many federal universities maintain small teams of psychologists that cannot meet demand, resulting in waiting lists that effectively deny students in crisis timely access (Penha et al., 2020). Staffing should adhere to recommended ratios of 1 mental health professional per 500 to 1000 students (IACS, 2023), but many Brazilian universities fall far short of this benchmark.

Another factor is the physical infrastructure for the provision of mental health services; counseling requires private, comfortable, and accessible spaces, but many universities relegate psychological services to precarious facilities that compromise the quality of service and reinforce stigma. Investment in wellness facilities, such as meditation spaces, recreation areas, and restorative green spaces, remains minimal, despite evidence of their

benefits for mental health (Kaplan, 1995).

Programming resources for prevention and health promotion receive even less allocation than clinical services. Evidence-based interventions, such as stress management workshops, mindfulness training, and recreational activities, have been shown to reduce psychological distress (Conley et al., 2015; Penha et al., 2020). However, such programs require funding for staff, materials, and facilities that universities rarely prioritize.

The interaction between socioeconomic vulnerability and resource constraints creates compound disadvantages. Low-income students face heightened mental health risks due to financial stress, work demands, and educational background challenges. At the same time, they often attend institutions (whether under-resourced public universities or low-quality private institutions) that are least able to provide adequate support. This regressive distribution of resources undermines equity goals and perpetuates social stratification despite expanded access (Matta et al., 2017).

Student Support Systems and Service Integration

The architecture of student support systems (their design, accessibility, integration, and quality) substantially mediates institutional capacity to promote well-being. Brazilian federal universities typically organize support through multiple disconnected units: psychological services, disability services, financial assistance offices, academic advising, and student affairs departments. This fragmentation creates navigation challenges for students and coordination difficulties for professionals, reducing overall system effectiveness (Gomes & Oliveira, 2022; Vieira & Polydoro, 2023).

Psychological counseling services represent the most direct mental health resource. Best practices suggest comprehensive service models that include intake assessment, brief therapy, crisis intervention, psychiatric consultation, group programming, prevention workshops, and referral networks to community mental health services for students requiring long-term treatment (Penha et al., 2020). However, many Brazilian universities implement only portions of this comprehensive model, typically offering limited individual counseling with long waiting times.

Service utilization data reveal a significant unmet need. While 79.8% of students report emotional difficulties affecting academic performance, only a minority access psychological services (Penha et al., 2020). Barriers include a lack of awareness about services, stigma, insufficient service capacity, inconvenient hours, and cultural mismatches between service providers and diverse student populations (Salimi et al., 2023). Addressing these barriers requires multi-faceted strategies, including awareness campaigns, expanded hours, increased staffing, and culturally responsive service models (Penha et al., 2020).

Innovative service approaches attempt to overcome traditional limitations. The PROASM model at one university in Rio de Janeiro exemplifies theoretically sophisticated practice responsive to student needs (Penha et al., 2020). Services organized around expanded reception and crisis management, informed by a psychoanalytic understanding of subjective responses to distress, aim to help students develop their own solutions rather than merely eliminate symptoms (Penha et al., 2020). Participatory approaches to student mental well-being further suggest that students should be involved as partners in identifying institutional barriers and co-designing support strategies, rather than being positioned only as service users (Khoza, 2026). Such approaches recognize students as active agents in their well-being rather than passive recipients of treatment.

Peer support programs represent cost-effective supplements to professional services. Trained student peers provide initial support, normalize help seeking, and create communities of care. Evidence demonstrates that peer programs are effective in reducing isolation, providing early intervention, and increasing service access (Conley et al., 2015; Penha et al., 2020). However, peer programs require professional oversight, training investments, and institutional commitment.

Academic support services, including tutoring, study skills workshops, and academic advising, function as mental health interventions even when not explicitly framed as such. Academic difficulties constitute major stressors triggering psychological distress, and effective academic support can prevent crisis development. Integration between academic support and mental health services enables holistic responses addressing both academic and psychological dimensions of student struggles (Biazotto et al., 2021; Di Santi et al.,

2025; Oliveira et al., 2019).

Disability services require particular attention, given the elevated mental health risks faced by students with disabilities (Leonardi et al., 2024). Beyond legal compliance with accommodation mandates, genuinely inclusive disability services proactively ensure accessibility, coordinate support across campus units, and work toward universal design principles that build accessibility into all institutional processes rather than treating it as exceptional accommodation (Louzada & Martins, 2023).

Financial assistance programs function as fundamental mental health interventions for low-income students, reducing the economic stress that amplifies psychological vulnerability. PNAES provides a framework and funding for such assistance, but implementation varies widely across institutions (Brasil, 2010; Penha et al., 2020). Effective programs combine direct financial aid with services addressing the complex needs of students managing economic precarity alongside academic demands.

Integration across support systems remains underdeveloped. Students rarely experience problems in isolated domains. Psychological distress interacts with academic difficulty, financial stress, and social isolation in complex feedback loops, creating a vulnerable chain. Case management strategies that designate specific staff members to oversee support for at-risk students have shown promise in integrated care models; however, they often require resources and organizational frameworks that many universities lack (Lipson et al., 2015).

Integrated Analysis: Socio-Economic Inequality, Governance, and Well-Being

The evidence synthesized throughout this discussion reveals how socio-economic inequalities interact with institutional governance arrangements to shape student well-being outcomes through complex pathways (McCowan & Bertolin, 2020; Luo et al., 2024). Socio-economic vulnerability does not directly cause negative mental health outcomes. However, it creates risk conditions (financial stress, work demands, educational preparation gaps, social capital deficits) that increase susceptibility to psychological distress when students encounter academic and developmental challenges (McCowan & Bertolin, 2020).

Institutional governance arrangements then mediate whether these vulnerabilities translate into actual negative outcomes or whether institutions successfully buffer students against risk (Luo et al., 2024). Effective governance with adequate resource allocation, comprehensive support services, inclusive organizational cultures, responsive decision-making, and strong accountability can substantially mitigate socio-economic vulnerabilities (Luo et al., 2024). Conversely, inadequate governance amplifies these vulnerabilities, leading to or allowing preventable suffering and academic failure (Feinmann & Rocha, 2024).

The evidence presented demonstrates that governance failures currently predominate. Despite the documented high prevalence of mental health problems, institutional responses remain inadequate to the need (OECD, 2025). Resource allocation prioritizes other functions over student support. Decision-making structures demonstrate limited responsiveness to student voices and needs. Organizational cultures perpetuate stigma and normalize unsustainable workloads. Accountability mechanisms inadequately track well-being outcomes. These governance patterns reflect institutional inertia and path dependency (Luo et al., 2024).

Specific student populations experience compounded disadvantages due to inadequately addressed intersecting vulnerabilities within governance. Women, transgender and travesti students, students with disabilities, low-income students, and working students all demonstrate elevated mental health risks (Leonardi et al., 2024). Governance arrangements that fail to recognize these differential vulnerabilities and design targeted responses effectively abandon these students to manage structural disadvantages as individual problems.

The pandemic period provides natural-experiment evidence illustrating the importance of governance. The same student population at the same institution experienced dramatically different mental health outcomes across pre-pandemic and pandemic periods, with suffering prevalence increasing and psychotropic medication use rising 5.1% (Leonardi et al., 2024). While pandemic stressors certainly contributed, the magnitude of impact reflects governance failures: inadequate emergency response planning, insufficient digital

infrastructure, missing safety nets for students facing housing or food insecurity, and limited expansion of mental health services despite the obvious growing need (Lopes & Nihei, 2021; Leonardi et al., 2024; OECD, 2025).

Importantly, evidence also demonstrates protective factors amenable to institutional influence. Physical activity shows strong protective effects, with regular engagement reducing the odds of mental suffering by approximately 20-30% (Leonardi et al., 2024). This finding suggests that institutional investments in accessible recreation facilities and programming constitute cost-effective mental health interventions. Similarly, social integration and institutional belonging function as protective factors (Penha et al., 2020), suggesting that intentional community-building efforts yield mental health benefits.

Recommendations Grounded in Evidence

To address this well-being crisis in Brazil, some recommendations targeting different governance levels and dimensions are important for an effective response across multiple domains.

At the policy level, PNAES should be elevated from an executive decree to legislative status, providing a stable legal foundation for student assistance (Penha et al., 2020) and including some specific mandates for mental health service provision, with minimum standards for professional staffing ratios, service comprehensiveness, and prevention programming. It should also be extended to state and private universities through accreditation standards to reduce sectoral inequalities in access to support.

In Institutional Governance, Universities should conduct comprehensive mental health needs assessments that involve student participation, establishing evidence-based foundations for resource allocation and programming decisions. Strategic planning processes should explicitly prioritize student well-being alongside traditional academic metrics, with well-being indicators incorporated into institutional dashboards and evaluation systems. Budget allocation should reflect this priority by providing significant increases in mental health service funding, with targeted investments in professional staffing, physical infrastructure, and prevention programs.

Decision-making structures should be reformed to increase student participation and voice, particularly by ensuring representation of marginalized student populations in governance bodies that address well-being policies. Accountability mechanisms should be strengthened through routine well-being data collection, transparent reporting, and governance processes that require institutional responses to identified problems.

Leadership should prioritize cultural transformation around mental health through sustained communication campaigns that normalize help-seeking, visible leadership engagement with well-being issues, and faculty development focused on student support. Academic cultures should be examined and reformed to address unsustainable workloads and the stigmatization of self-care. Pedagogical practices should incorporate stress reduction strategies, reasonable workload expectations, and explicit attention to student well-being.

Inclusion efforts should be intensified around gender, sexuality, and disability, moving beyond formal policies toward substantive cultural change that makes campuses genuinely welcoming for all students. Training should be provided for faculty, staff, and students on inclusive practices, mental health awareness, and appropriate responses to students in distress.

Regarding mental health services, these should be expanded toward comprehensive models that follow best practices (Penha et al., 2020). Service hours should be expanded to accommodate the schedules of working students. Culturally responsive services should be developed, with diverse staff recruited and practices adapted to serve multicultural student populations effectively.

Peer support programs should be implemented with adequate professional oversight and training resources. Integration should be enhanced across support domains through case management approaches and coordinated service delivery models. Prevention and health promotion programming should be scaled up to include stress management workshops, mindfulness training, physical activity programs, and social connection initiatives (Conley et al., 2015; Penha et al., 2020).

Research should also be conducted to track mental health trends, evaluate the effectiveness of interventions, and identify emerging needs.

These recommendations require significant investment, leadership commitment, and sustained effort over time. However, the current costs of inaction, measured in student suffering, academic failure, dropout, and wasted human potential, justify such investments. Evidence demonstrates that adequate support enables vulnerable students to succeed academically at levels equivalent to those of advantaged peers (Leonardi et al., 2024), suggesting that support investments yield returns in improved retention and graduation, alongside intrinsic well-being benefits.

Conclusion

This paper has examined the well-being crisis in Brazilian higher education through a governance lens, investigating how socio-economic inequalities interact with institutional arrangements to shape student mental health outcomes. The evidence demonstrates that student well-being is not merely an individual clinical concern but an organizational and structural issue requiring governance responses.

The research questions framing this investigation receive clear answers from the evidence. Regarding how socio-economic inequalities shape student well-being beyond individual psychological factors, vulnerabilities associated with low income, first-generation status, work demands, disability, gender, and sexual identity create structural conditions that increase psychological distress risk when students encounter academic and developmental challenges. These vulnerabilities operate through material mechanisms (financial stress, time scarcity) and social mechanisms (stigma, discrimination, cultural misfit) that exceed individual psychology.

Regarding how institutional arrangements mediate relationships between vulnerability and outcomes, governance practices in decision-making, resource allocation, service organization, organizational culture, and accountability determine whether institutions buffer students against risk or amplify their vulnerabilities. Current governance patterns largely fail to protect vulnerable students, as evidenced by high mental health problem prevalence, insufficient service capacity, fragmented support systems, and inadequate

policy implementation. However, evidence also demonstrates that different governance choices, increased resource allocation, comprehensive services, inclusive cultures, and responsive decision-making can substantially improve outcomes.

In terms of actionable steps, this paper provides evidence-based strategies such as policy reforms (enhancements to PNAES, increased funding, and extended coverage), institutional governance changes (strategic prioritization, budget reallocation, and participatory structures), service delivery improvements (comprehensive models, adequate staffing, cultural responsiveness, and integration), and cultural transformation (normalizing help-seeking, challenging harmful academic cultures, and promoting inclusion). These recommendations recognize that effective response requires coordinated multilevel action rather than isolated interventions.

The well-being crisis facing Brazilian higher education reflects the growing pains of a democratizing system that successfully expanded access without correspondingly transforming institutional structures, cultures, and support systems. The diversified student bodies now entering universities bring tremendous potential but also face systematic disadvantages that institutions must actively address rather than expecting students to adapt to unchanged environments.

The COVID-19 pandemic intensified the crisis but also created an opportunity for transformation by making invisible problems visible and delegitimizing institutional complacency.

The path forward requires institutional courage to prioritize student well-being even within resource constraints, policy innovation to strengthen support frameworks and accountability, and cultural transformation to create genuinely inclusive environments where all students can thrive.

Brazilian higher education stands at a crossroads. The system can continue its current trajectories, accepting high rates of student suffering as unfortunate but inevitable, with substantial costs to retention rates, graduation efficiency, and public investment returns, or it can embrace a governance transformation that places well-being at the center of

institutional missions. The evidence reviewed throughout this paper demonstrates that better alternatives are possible and provides roadmaps for achieving them. The question is whether institutions possess the will to pursue them.

Author's Note on Use of AI Tools. This research study utilized AI-assisted tools (Perplexity AI, ChatGPT, ChatPDF, and Grammarly) to generate ideas, organize content, draft sections of the manuscript, and conduct a grammar review. The AI's contributions were carefully reviewed, edited, and supplemented by the author to ensure accuracy, coherence, and alignment with the study's objectives. The author maintains full responsibility for the intellectual content, analysis, and conclusions presented in this study.

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