MedCrave
Step into the World of Research

Journal of Psychology & Clinical Psychiatry

Opinion

Open Access

CrossMark

Ignoring anxiety and depression among psychology students: a costly failure in higher education

Abstract

Psychology students, paradoxically, constitute one of the university populations most vulnerable to anxiety and depression. This opinion article argues that neglecting the mental health of these future professionals represents a preventable failure by higher education institutions. Although evidence consistently demonstrates elevated psychological distress among psychology undergraduates, universities predominantly adopt reactive approaches, intervening only after harm has occurred. We argue that preventive strategies – including routine mental health screening, curricular redesign, and faculty training – should be viewed as essential components of educational quality. The article concludes that higher education institutions cannot continue preparing mental health professionals while systematically neglecting the mental health of those they educate.

Keywords: psychology students, anxiety, depression, mental health, higher education, prevention

Volume 17 Issue 4 - 2026

Vinícius Dias Rodrigues
Professor at Universidade Estadual de Montes Claros – Unimontes, Department of Physical Education, Montes Claros, Minas Gerais, Brazil

Correspondence: Vinícius Dias Rodrigues, Universidade Estadual de Montes Claros – Unimontes, Department of Physical Education, Montes Claros, Minas Gerais, Brazil, Tel (38) 991282946

Received: July 2, 2026 | **Published:** August 25, 2026

Introduction

Psychology programs are designed to educate professionals capable of understanding emotional suffering, promoting mental health, and treating psychological disorders. Ironically, accumulating evidence suggests that psychology students themselves constitute one of the university populations most vulnerable to anxiety and depression.[1–6]

This paradox deserves greater attention. The discussion should no longer focus on whether these disorders are prevalent among psychology students. Existing evidence already indicates that they are. The real question is why universities continue to treat psychological distress as an unavoidable consequence of academic life rather than as an institutional responsibility. This opinion argues that neglecting the mental health of psychology students represents a preventable failure that compromises students, universities, and ultimately society itself.

The burden of psychology students

University education inevitably involves intellectual challenges. However, psychological distress should never be accepted as evidence of academic rigor.

Psychology students are exposed to numerous stressors throughout their undergraduate education, including excessive workloads, continuous assessments, clinical placements, emotionally demanding content, uncertainty regarding future employment, and financial pressures.[1,7–10]

Although these experiences are common to many university programs, psychology students face an additional burden: learning to understand and manage human suffering while simultaneously coping with their own emotional challenges. Treating this burden as inevitable risks normalizing avoidable suffering.

The problem of reactive approaches

Most universities provide psychological counseling services. While valuable, these services primarily address students after psychological distress has already developed. Preventive strategies remain remarkably limited.

Routine mental health screening, early identification of vulnerable students, curricular redesign aimed at reducing unnecessary stress, faculty training to recognize emotional distress, and institutional monitoring of psychological well-being remain uncommon despite decades of evidence demonstrating their potential value.[2,7,11]

Waiting until students require clinical intervention represents an expensive and inefficient approach to mental health promotion.

Brazilian evidence and international consensus

Although relatively few studies have specifically investigated psychology students, the available evidence consistently points toward elevated anxiety and depression.

In Brazil, for instance, several cross-sectional studies have reported alarming rates of anxiety symptoms (ranging from 45% to 60%) and depressive symptoms (reaching up to 50%) among psychology undergraduates. Comparative analyses have shown that psychology students often present psychological distress levels as high as or higher than medical and nursing students.[3–6]

Importantly, comparative studies frequently identify psychology students as presenting equal or higher levels of psychological distress than students from other health professions.[4,5]

Different methodologies have produced remarkably similar conclusions. Scientific uncertainty should therefore no longer be used to justify institutional inaction.

The societal consequences

The impact of untreated anxiety and depression extends far beyond students' personal lives. Psychological distress reduces concentration, academic performance, motivation, interpersonal functioning, and professional confidence.[12]

More importantly, psychology students experiencing chronic emotional suffering may enter professional practice carrying unresolved mental health difficulties that influence both their own well-being and the quality of care provided to future patients. This scenario poses an ethical dilemma: can psychology students adequately learn to manage their future patients' suffering while their own psychological

Submit Manuscript | http://medcraveonline.com

©2026 Rodrigues. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and build upon your work non-commercially.

Copyright: ©2026 Rodrigues et al.

well-being remains unattended? The professional training of psychologists should not be dissociated from the development of self-care competencies, which require more than theoretical knowledge and demand institutional support and modeling.

Universities therefore have responsibilities not only toward their students but also toward society. Preparing competent psychologists requires protecting their mental health during training.

A call for preventive action

Universities frequently invest considerable resources in remediation while allocating comparatively little effort toward prevention. Institutional mental health policies should include regular psychological assessment, accessible counseling services, peer-support programs, faculty education, curriculum review, and continuous evaluation of academic stressors.

These initiatives should not be viewed as optional student welfare programs but rather as essential components of educational quality. Academic excellence and psychological well-being are complementary objectives rather than competing priorities.

Conclusion

What is perhaps most striking is how easily this problem could be addressed. Universities acknowledge the importance of mental health, educate professionals responsible for promoting psychological well-being, and possess sufficient scientific evidence to support preventive action. Yet many continue to accept anxiety and depression among psychology students as unavoidable features of higher education.

This position is increasingly difficult to defend. Higher education institutions cannot continue preparing future mental health professionals while neglecting the mental health of those they educate.

Acknowledgments

None.

Funding

None.

Conflicts of interest

The author declares there is no conflicts of interest.

References

1. Eisenberg D, Gollust SE, Golberstein E, et al. Prevalence and correlates of depression, anxiety, and suicidality among university students. *Am J Orthopsychiatry*. 2007;77(4):534–542.
2. Stallman HM. Psychological distress in university students: A comparison with general population data. *Aust Psychol*. 2010;45(4):249–257.
3. Baptista MN, Martins LA, Baptista ASD. Depressão e ansiedade em estudantes universitários: revisão de estudos brasileiros. *Aval Psicol*. 2013;12(1):15–22.
4. Almeida LS, Santos AA, Costa SR. Prevalência de sintomas ansiosos e depressivos em estudantes de psicologia. *Rev Bras Educ Med*. 2014;38(3):345–352.
5. Oliveira GS, Mendes RP, Souza LM. Sintomas de ansiedade e depressão em estudantes de psicologia: comparação com outras áreas da saúde. *Psicol USP*. 2015;26(2):215–223.
6. Silva JR, Costa MC, Pereira MS. Ideação suicida e fatores associados em estudantes universitários de psicologia. *J Bras Psiquiatr*. 2016;65(4):321–328.
7. Kitzrow MA. The mental health needs of today's college students: Challenges and recommendations. *NASPA J*. 2003;41(1):167–181.
8. Bewick B, Koutsopoulou G, Miles J, et al. Changes in undergraduate students' psychological well-being as they progress through university. *Stud High Educ*. 2010;35(6):633–645.
9. Macaskill A. The mental health of university students in the United Kingdom. *Br J Guid Counc*. 2013;41(4):426–441.
10. Regehr C, Glancy D, Pitts A. Interventions to reduce stress in university students: A review and meta-analysis. *J Affect Disord*. 2013;148(1):1–11.
11. Watkins DC, Hunt JB, Eisenberg D. Increased demand for mental health services on college campuses: Perspectives from administrators. *Qual Soc Work*. 2012;11(3):309–325.
12. Hysenbegasi A, Hass SL, Rowland CR. The impact of depression on the academic productivity of university students. *J Ment Health Policy Econ*. 2005;8(3):145–151.

Citation: Rodrigues VD. Ignoring anxiety and depression among psychology students: a costly failure in higher education. *J Psychol Clin Psychiatry*. 2026;17(4):164–165. DOI: 10.15406/jpcpy.2026.17.00872