


Article

The Mental Health of University Students: A Social Ecology Perspective

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Abstract: University students increasingly encounter significant mental health challenges as they navigate a pivotal period of personal and academic transition. Heightened by academic demands, financial insecurity, social isolation, and cultural expectations, these pressures can profoundly affect their emotional well-being. In response to this growing concern, a qualitative phenomenological study was undertaken to explore the subjective experiences of university students regarding their mental health. Guided by a socioecological framework, the research examined the complex interplay of individual, interpersonal, institutional, and societal factors shaping students' perceptions and lived realities of mental well-being. The study utilized a phenomenological design and included 56 students from eight degree programs. The data collection methods included semi-structured interviews, reflective diaries, focus groups, ecological mapping, and ethnographic observation. The findings revealed that complex interactions between personal, social, institutional, and structural factors significantly influence students' mental well-being. The research identified strategies students use to maintain or improve mental health, along with barriers and facilitators they encounter in the university context. The results emphasize the need for universities to adopt comprehensive, student-centered interventions, such as peer mentorship and mutual support programs, supported by updated institutional policies. These measures aim to create inclusive, adaptive, and less stressful environments, providing a model for other universities seeking to address similar challenges.

Keywords: social ecology; mental health; university students; social work



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1. Introduction

1.1. Mental Health as a Dynamic and Multidimensional State

The mental health of university students has garnered increasing global attention due to the impact of factors such as academic stress, financial precarity, and familial detachment. According to the World Mental Health Survey [1] (up to 20% of university students experience mental health disorders, with depression, anxiety, and stress being the most prevalent. These issues, exacerbated by the transition to adulthood and academic pressures, have significant consequences for the overall well-being and holistic development of young people [2].

The theoretical framework underpinning this analysis is Bronfenbrenner's [3] social ecology model, a valuable perspective for understanding the interaction between micro (individual and family), meso (community), exo (institutions), macro (social structures, values, and beliefs) and chrono (changes and transitions that occur over time) levels in the analysis of mental health. This approach facilitates the examination of complex phenomena, such as mental health, from an integral and holistic perspective, considering both individual factors and structural and environmental influences.

Mental health should be conceived as a dynamic state influenced by a continuous interaction among biological, psychological, social, and spiritual factors. While genetic predispositions may play a role in emotional development, evidence demonstrates that environmental and social influences are also key determinants throughout the various stages of life. The cumulative and intersectional impact of biopsychosocial factors on mental health is well-documented [4]. As previously noted, individuals encounter a wide range of experiences across the life course, from parental love and protection to adverse situations such as maltreatment or neglect in childhood, academic pressure in adolescence, unemployment, or physical health problems in adulthood, as well as varying levels of social integration later in life. These positive or negative experiences shape individuals' capacity to maintain internal balance and address life's challenges.

Navarro-Pardo et al. [5] emphasize that during adolescence and youth, physical and emotional changes, coupled with identity construction, are crucial for mental health. Similarly, Wild [6] highlights the importance of parental bonding and the familial environment in the early years, while Erikson [7] identifies adolescence and youth as critical periods for identity formation and the development of significant relationships that influence future mental health. In adulthood, unemployment and poverty undermine both emotional stability and personal development opportunities. These dynamics underscore the need to conceptualize mental health as an ongoing process of adaptation and resilience shaped by social environments and structural conditions.

1.2. Mental Health Through a Socioecological Lens

Mental health is understood as a dynamic equilibrium between the individual and their environment, enabling resilient adaptation to changes and adversities. This perspective aligns with the arguments of Galderisi et al. [8], who underscore the importance of protective and preservative factors linked to social contexts. Complementary to this, Wright et al. [9] have explored how community resilience fosters mental well-being in post-disaster scenarios, and Pfefferbaum and North [10] examine the impact of mass trauma on community mental health resources. Thus, the symbiotic relationship between the individual and their environment is essential to understanding the dynamics of mental health and its evolution over time.

Bronfenbrenner's socioecological model (1987) highlights the dynamic interaction between individuals and their environments at multiple levels, emphasizing the need to view human development as a multidimensional and ever-changing process. This model identifies five inter-related systems [11] that influence individual development across the life course. These systems illustrate how social and physical environments interact with individual characteristics to shape behavior and development:

- **Microsystem:**

This refers to the immediate social and physical environments of individuals, such as the home, family, neighborhood, and peer groups, where bidirectional interactions occur. In applying this system to mental health, Haquin et al. [12] identify key risk factors such as a lack of social skills, weak group belonging, low self-concept or self-esteem, and unstable family situations. Expanding this view, Fancourt and Finn [13] demonstrate how active engagement in community arts and social activities bolsters mental health at the micro level. Researchers such as Lagos and González [14] and Juanas-Oliva et al. [15] view the family as a pivotal element in psychological development, mediating the mental health-illness continuum. It serves as the primary social system where foundational socialization processes and psychological dynamics occur.

- **Mesosystem:**

This encompasses the inter-relationships between various microsystems, with the quality of these connections influencing personal development and well-being. Studies like those of Trujillo [16] examine how support structures within academic contexts serve as resources that help students persist with their academic goals, reducing dropout rates and improving personal well-being. Complementarily, Masten [17] emphasizes the importance of supportive school and community environments in fostering resilience among young adults, and Ungar [18] highlights the role of family–school–community collaboration in promoting adolescent mental health.

- **Exosystem:**

This system comprises social, political, and economic conditions (e.g., social policies, legal frameworks, and living standards) that indirectly affect individuals. Research by Viner et al. [19] highlights the impact of public policies promoting equitable access to education, healthcare, and mental health services in reducing inequalities and improving mental health outcomes. Recent analyses by Lund et al. [20] confirm that socio-economic disparities remain a dominant predictor of mental health inequalities worldwide.

- **Macrosystem:**

Defined by Bronfenbrenner [3] as encompassing societal values, ideological beliefs, social norms, and cultural frameworks, the macrosystem significantly impacts mental health. For university students, societal expectations regarding academic and professional success can create intense pressure, exacerbating anxiety and stress [21]. Recent work by Corrigan [22] continues to address the pervasive impact of stigma on help-seeking behaviors for mental illness, and Thornicroft et al. [23] promote global anti-stigma interventions as essential for reducing barriers to care. Conversely, cultures emphasizing community well-being and collaboration often promote social support as a buffer against stress.

- **Chronosystem:**

This system addresses the temporal dimension, encompassing historical and social changes that affect individuals and their environments. For university students, this is a critical period marked by significant transitions amidst constantly shifting social and cultural contexts. Studies such as Reyes and Trujillo [24] and Chávez [25] explore the effects of the COVID-19 pandemic on university students, highlighting issues like stress, depression, and anger due to disruptions to daily routines. Complementarily, Loades et al. [26] and Pierce et al. [27] document the enduring psychological effects of pandemic-related isolation across various populations. The increasing integration of digital technologies, particularly social media, has further shaped interactions and mental health, as explored by Nesi [28], who examines the complex role of digital environments in adolescent well-being.

This socioecological approach, advocated by Calizaya et al. [29], has been advocated for nearly three decades. It provides a robust framework for analyzing the complex interplay between individuals and social structures influencing mental health. By identifying risk factors and protective strategies, this perspective facilitates the design of comprehensive interventions to promote emotional, psychological, and social well-being in university settings.

The principal aim of this study was to identify protective and risk factors influencing the psychological well-being of university students and their coping strategies. The specific objectives include (1) exploring students' perceptions of mental health within the university context; (2) identifying protective and risk factors across ecological levels (micro, meso, exo, macro, and chrono); and (3) proposing improvements based on findings. This

research contributes to the ongoing debate on best practices for mitigating university stress, advocating for holistic and preventive approaches.

2. Materials and Methods

This study adopts a qualitative approach, which is particularly suitable for capturing subjective experiences and gaining a deep understanding of how young people perceive and manage their mental health in relation to their environment. This approach enables the exploration of the complex and multidimensional realities that characterize mental well-being in the university context. According to Balcázar et al. [30], qualitative research is characterized by its inductive approach and holistic perspective, viewing individuals as integrated wholes.

2.1. Research Design

The research design employed is phenomenological, following Husserl's [31] framework. This approach facilitates the exploration of participants' individual and collective lived experiences from a holistic perspective. It integrates individual, relational, structural, cultural, and longitudinal dimensions that shape experiences related to mental health. This design aligns with the nature of the research problem and the ecological perspective, as it seeks to understand the meanings and interpretations young people attribute to their emotional and mental well-being.

2.2. Data Collection Techniques

To ensure a rich and profound understanding of the phenomenon under study, various data collection techniques were employed during October 2024. These were implemented as part of the "Qualitative Research Tools in Social Work" module undertaken by fourth-year undergraduate students in Social Work. An ad-hoc qualitative questionnaire (Supplementary Materials) was developed to collect in-depth data on university students' understanding of mental health, their emotional experiences, influencing contextual factors, and coping mechanisms. Structured into four thematic sections, it was applied through semi-structured interviews and focus groups. The full version of the questionnaire is included as an annex at the end of this chapter.

- Semi-structured interviews with an ad-hoc questionnaire: A total of 40 interviews were conducted with university students from various institutions in the historical territory of Gipuzkoa, Spain. Participants were selected to ensure diversity in gender, age, and fields of study. The interviews explored students' perceptions of mental well-being in the academic context. Open-ended questions included the following: What do you understand by mental health? What factors do you think contribute to your mental well-being or distress? What aspects do you consider most necessary to improve your mental health? These questions were designed to elicit spontaneous narratives and encourage critical reflection from participants. In the Results section, verbatim statements from the interviews will be marked with codes starting with the letter "E" to ensure clarity in the identification of participants' responses.
- Focus groups: Two discussion groups were held—one at the start of the research to inductively identify emerging themes and a second at the conclusion of the interviews to compare findings with the group. Each group consisted of eight participants, aiming to analyze how young people interact in collective settings and explore topics such as social support, academic pressure, and perceptions of available resources. The groups were organized heterogeneously to capture a broader diversity of experiences and perspectives. Comprehensive details concerning the composition of these groups are outlined in the Section 2.3 Participants and Selection Criteria. In the Results section,

verbatim statements from the focus groups will be marked with codes starting with the letter “GD” to ensure clarity in the identification of participants’ responses.

- Reflective diaries: Sixteen participants from the focus groups were asked to document their daily experiences related to mental health over a two-week period. This included recording social interactions and coping strategies to provide detailed insights into their mental well-being or distress. Participants were provided with a field diary for this purpose. In the Results section, verbatim statements from the reflective diaries will be marked with codes starting with the letter “DC” to ensure clarity in the identification of participants’ responses.
- Ethnographic observation: To understand the social dynamics and their impact on students’ well-being, observations were conducted in various university settings, including libraries, rest areas, and classrooms. This method captured contextual and non-verbal elements that complemented findings from other sources.

2.3. Participants and Selection Criteria

The sample was purposefully selected, comprising 40 participants for the interviews and 16 participants for the two focus groups (8 participants each).

The study sample for the interviews consisted of 40 university students from the province of (removed for peer review), selected to reflect a wide range of experiences and backgrounds. Participants were recruited from the four main universities in the region: (removed for peer review) (10 students), (removed for peer review) (12 students), (removed for peer review) (8 students), and (removed for peer review) (10 students). The sample included 20 women, 18 men, and 2 non-binary or gender-diverse students. With regard to age, 12 participants were aged between 18 and 20 years, 18 were aged between 21 and 23 years, and 10 were aged between 24 and 26 years. Diverse academic disciplines were also represented, including STEM (8 students), Social Sciences (10), Humanities and Education (8), Health Sciences (6), and Business and Management (8).

Further diversity was ensured by including students from varied socio-economic backgrounds, with 16 scholarship recipients or working students and 24 non-scholarship students. The living situations of the participants were also considered: a total of 15 students lived with family, 15 lived in shared accommodation or student residences, and 10 lived alone. In terms of cultural background, 28 participants were local students from (removed for peer review), 8 came from other regions of Spain, and 4 were international students. Finally, the sample reflected a range of experiences with mental health services, comprising 18 students who had previously used such services and 22 who had not. This diverse composition enriched the study by capturing a wide spectrum of perspectives on mental health within the university context of Gipuzkoa.

The two focus groups consisted of 16 participants in total, with 8 students in each group. The composition of the groups was designed to reflect diversity across key characteristics while maintaining balance and coherence with the overall sample. Students were drawn from all four universities in (removed for peer review) (4 participants), (removed for peer review) (5), (removed for peer review) (3), and (removed for peer review) (4). Both focus groups included an even distribution of gender, with 8 women, 7 men, and 1 non-binary participant overall. The age range spanned from 18 to 26 years, comprising undergraduate and postgraduate students from a variety of disciplines, including STEM, Social Sciences, and Humanities. Socio-economic diversity was also considered, with a mix of scholarship recipients, working students, and non-scholarship students. The groups further included a balance between students who had previously accessed mental health services and those who had not, as well as variation in living arrangements and cultural

backgrounds, ensuring rich, multifaceted discussions on mental health experiences within the university context.

This composition ensured theoretical saturation, allowing the emergence of clear and consistent themes and perspectives.

2.4. Ethical Considerations

All participants provided informed consent via a document outlining the context of the research, its objectives, methods, potential risks and benefits, confidentiality measures, and participants’ freedom to withdraw at any time without consequences. To ensure privacy, data collected during the study was handled in strict compliance with current regulations, such as the General Data Protection Regulation (GDPR). Personal data was used exclusively for research purposes and was not disclosed to third parties. Security measures, such as file encryption and password-protected storage devices, were implemented to prevent unauthorized access. Participants’ anonymity was safeguarded through pseudonymization, replacing names and other identifiable information with codes. This ensured that data could not be directly linked to individuals, protecting their identities throughout the research process. Data was stored in a secure database accessible only to the researcher. Upon the conclusion of the study and the preparation of the final report, all data will be permanently deleted. Digital files will be irreversibly erased, and physical documents will be securely destroyed within six months of project completion.

3. Results

3.1. University Students’ Perceptions of Mental Health

The Figure 1, which we can see below, presents a multi-level ecological framework with four distinct tiers that influence university students’ mental health:

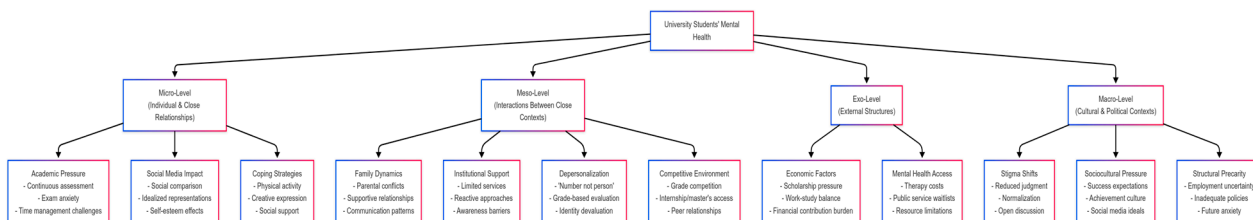


Figure 1. University students’ perceptions of mental health. Source: author’s own work.

At the Micro-Level (Individual & Close Relationships), the model identifies three key domains: Academic Pressure (including exam anxiety and time management challenges), Social Media Impact (showing social comparison and idealized representations), and Coping Strategies (highlighting physical activity and creative expression).

The Meso-Level examines interactions between close contexts through Family Dynamics (parental expectations and supportive relationships), Institutional Support (including counseling services), and factors like Depersonalization and Competitive Environment.

Moving outward, the Exo-Level focuses on External Structures such as Economic Factors (including financial contribution burden) and Mental Health Access (with waitlists and resource limitations).

Finally, the Macro-Level addresses Cultural & Political Contexts, including Stigma (reduced help-seeking and normalization), Sociocultural Pressure (achievement culture), and Structural Priority (employment prospects and policy inadequacies).

What makes this model particularly valuable is its recognition that student mental health is not simply determined by individual choices but is shaped by interconnected systems ranging from immediate relationships to broader societal structures.

The color-coding effectively distinguishes between levels while showing their integration, reinforcing that these determinants do not operate in isolation but rather as an interconnected ecosystem influencing university students' psychological well-being.

Analysis of participant responses revealed a multidimensional understanding of mental health among university students. Rather than viewing mental health solely as the absence of psychological disorders, participants described it as an integrative concept encompassing emotional balance, effective psychological management, and positive social connections. This holistic perspective is captured in the following participant statement:

"It's not just about not having any mental illness; it's also about feeling a sense of well-being within myself" (GD2.5).

Participants consistently emphasized the foundational role of mental health in navigating daily challenges, describing it as an essential prerequisite for effective functioning across all life domains:

"I believe mental health is fundamental because, without it, you cannot face the challenges that arise daily. It's like a foundation that enables you to make decisions, solve problems, and stay strong when things get tough. If you're not mentally well, everything else falls apart" (E33).

The data further revealed a tri-dimensional conceptualization of mental health encompassing social, physical, and psychological components, as articulated by one participant:

"It's like a balance, isn't it? It covers three different areas: social, which is about feeling comfortable and at ease with friends and acquaintances; physical, because bodily well-being directly impacts the mind; and psychological, which relates to how we manage our emotions, thoughts, and challenges" (GD2P3).

A significant finding emerged regarding the normalization of mental health concerns within university contexts. Far from being stigmatized, participants consistently reported that discussions about psychological difficulties have become commonplace among their peers, reflecting a cultural shift in attitudes toward mental health:

"Yes, I think it's very common for people my age, around 22, to know someone who has experienced mental health problems or serious mental disorders. I know several, many of them university students and close acquaintances" (E34).

This normalization appears to have facilitated greater openness about psychological struggles and potentially increased willingness to seek professional support:

"It's something I'm used to, and people are also accustomed to having somewhat poor mental health, so I don't think it's considered taboo—it's seen as something commonplace" (E2).

3.2. Self-Reported Mental Health States

To gain deeper insights into students' perceptions of their own mental health, 16 focus group participants maintained reflective journals over a two-week period. These journals documented their observations about their mental well-being and distress. The analysis revealed participants' ability to identify both positive and negative emotional states arising from daily interactions, with negative emotions frequently associated with mental health difficulties.

Among the 16 participants, 11 reported experiencing emotional distress during adolescence and early adulthood. The predominant negative emotions included anxiety, stress, sadness stemming from feeling misunderstood, frustration, and loneliness, as illustrated in these journal entries:

“I don’t feel understood in class, and it makes me sad” (DC9).

“It’s like I’m always racing against the clock; I never have time for myself” (DC2).

These accounts illuminate how academic and social pressures generate considerable emotional strain. In many instances, anxiety and stress were directly linked to the burden of meeting external expectations, such as academic requirements and maintaining active social connections:

“I can’t keep up: assignments, work, going out with friends. . . So much anxiety!” (DC11).

Additionally, five students expressed existential uncertainty and decision-making anxiety amidst numerous life options:

“Sometimes I feel like I have no idea what to do with my life, as if I’m making decisions blindly. There are so many options: continuing my studies, going on Erasmus, doing a master’s degree or not, doing it abroad or staying here. . . It’s like you never know if your decisions are right or if you’re making a mess of things” (CD16).

3.3. Determinants of Mental Health

Our analysis reveals that university students’ mental health is influenced by multiple interconnected factors operating across four ecological levels: micro, meso, exo, and macro. Each level presents distinct challenges and resources that shape students’ psychological well-being as we can see below, Table 1.

Table 1. Summary of the determinants of mental health and coping strategies among university students.

Ecological Level	Dimension/Category	Description	Illustrative Verbatim
Micro-Level (Individual & Close Relationships)	Academic Pressure	Continuous assessment creates chronic stress, anxiety, and sleep disturbances.	“Being constantly evaluated generates a lot of continuous stress” (E15).
	Social Media Impact	Social comparison triggers anxiety and undermines self-esteem.	“You compare yourself to the best version of those people, and it’s frustrating” (E30).
Meso-Level (Interactions Between Contexts)	Family Dynamics	Supportive families act as protective factors; conflict exacerbates distress.	“I trust my mother a lot. She has always been someone I can talk to without feeling judged” (E7).
	Institutional Support	Perceived insufficiency of mental health services and limited awareness.	“They advised me to seek therapy, but with the costs involved. . . I can’t afford it” (E12).
	Depersonalisation & Competition	Students feel like ‘numbers’ in competitive academic environments.	“You’re just a number, an ID, a grade, rather than a person” (GD1E3).
Exo-Level (Structural/Socio-Economic Factors)	Financial Pressures	Financial hardship and scholarships intensify academic stress.	“Having to secure a scholarship. . . creates a lot of stress and emotional distress” (E18).
	Access to Mental Health Services	Barriers include high costs and long waiting times.	“I stopped therapy because I couldn’t afford the monthly cost. . . it’s outrageous” (E5).

Table 1. Cont.

Ecological Level	Dimension/Category	Description	Illustrative Verbatim
Macro-Level (Cultural/ Political Contexts)	Stigma Reduction	Mental health issues increasingly normalised among students.	“My friends go to the psychologist too, and we see it as normal” (GD2P3).
	Sociocultural Pressures	Unrealistic expectations around success and perfection fuel anxiety.	“Everyone expects you to get top grades. . . and live the perfect Instagram life” (E14).
	Employment Precarity	Job insecurity and undervaluation of degrees heighten future anxiety.	“We’re ‘the best-prepared generation’ . . . prepared for unpaid internships” (GD1E4).
Cross-cutting: Coping Strategies	Physical Strategies	Exercise, breathing routines, and sleep hygiene support mental balance.	“I’ve learnt that protecting my sleep schedule is non-negotiable for my mental health” (E16).
	Social Strategies	Family, peer, and academic mentor support are crucial for well-being.	“My university friends provide a unique form of support” (E29).
	Cognitive Strategies	Time management, perspective reframing, and setting boundaries reduce stress.	“Learning to decline commitments without guilt has been my most important mental health skill” (GD1P2).
	Creative Strategies	Writing, art, and music facilitate emotional processing and resilience.	“Writing has become my primary emotional regulation tool” (E2).

3.3.1. Micro Level: Individual and Close Relationships

Academic Pressure as a Core Stressor

Students identified academic overload as a principal source of distress, exacerbated by continuous assessment and tight deadlines inherent to the Bologna framework. Constant evaluation generated sustained anxiety, particularly during exam periods, resulting in insomnia, concentration difficulties, and acute emotional distress:

“Even when I’m completely exhausted, I struggle to sleep. I feel a lot of anxiety about not being able to keep up” (E6).

Despite this, students demonstrated resilience through coping strategies such as physical exercise, mindfulness, and creative activities like writing or painting. Emotional support from family and close friends also emerged as an essential buffer against academic stress:

“I usually turn to someone in my family, especially my sister, or my lifelong friends to vent. It really helps to tell others what’s bothering me” (E35).

Social Media as an Amplifier of Anxiety

Students reported that social media fosters anxiety by perpetuating unrealistic comparisons and heightening social pressures:

“You compare yourself to the best version of those people, and it’s frustrating” (E30).

3.3.2. Meso Level: Interactions Between Close Contexts

Impact of Family Dynamics

Family environments play a dual role. Conflictual family situations, such as divorce or substance abuse, undermine emotional stability and academic focus:

“I carry that burden like a dark cloud that follows me to university” (E21).

Conversely, supportive, open family relationships offer psychological security and strengthen resilience:

“I trust my mother a lot. She has always been someone I can talk to without feeling judged” (E7).

Institutional Support Limitations

There was a widespread perception of insufficient mental health services within universities. Existing counseling services were described as limited and largely reactive, with cost barriers deterring students from seeking external professional help:

“They advised me to seek therapy, but with the costs involved. . . I can’t afford it” (E12).

Depersonalization and Academic Competition

Students often felt reduced to mere academic outputs rather than valued individuals, a sentiment exacerbated by intense peer competition for postgraduate opportunities:

“You’re just a number, an ID, a grade, rather than a person” (GD1E3).

Nevertheless, peer friendships and supportive tutors were recognized as critical emotional anchors within the university setting:

“My tutor. . . I vent to her. Sometimes I schedule meetings just to talk, and it really helps” (E15).

3.3.3. Exo Level: External Structures and Socio-Economic Factors

Economic Pressures

Financial strain, particularly among scholarship-dependent students, compounded academic stress and emotional exhaustion:

“Having to secure a scholarship to move forward creates a lot of stress and emotional distress” (E18).

The need to balance studies with part-time employment further eroded students’ well-being:

“I work nights at a home for children in care, so I come to university exhausted and sleep-deprived” (E33).

Barriers to Mental Health Services

External professional support was described as largely inaccessible due to high costs and long waiting lists:

“I stopped therapy because I couldn’t afford the monthly cost. . . it’s outrageous” (E5).

3.3.4. Macro Level: Cultural and Political Contexts

Stigma Reduction and Openness

Encouragingly, participants reported a cultural shift towards destigmatizing mental health, facilitating peer dialogue and openness:

“My friends go to the psychologist too, and we see it as normal—like going to the doctor when something hurts” (GD2P3).

Sociocultural Pressures and Employment Precarity

However, societal ideals of perfection and professional success continue to drive anxiety:

“Everyone expects you to get top grades, do internships, pursue a master’s degree or double degree, and still have time to live the perfect Instagram life” (E14).

Additionally, concerns about precarious employment and the undervaluation of university degrees exacerbated feelings of uncertainty and hopelessness:

“We’re ‘the best-prepared generation’ . . . prepared for unpaid internships” (GD1E4).

3.4. Students Coping Strategies

The Figure 2, presented below offers a comprehensive taxonomic model that categorizes students’ psychological resilience mechanisms into four interconnected domains. By distinguishing between physical, social, cognitive, and creative approaches, the diagram effectively captures the multidimensional nature of students’ adaptive responses to academic stress. Particularly noteworthy is the balanced representation of both conventional strategies (exercise and social support) and less frequently acknowledged approaches (creative expression and perspective management).

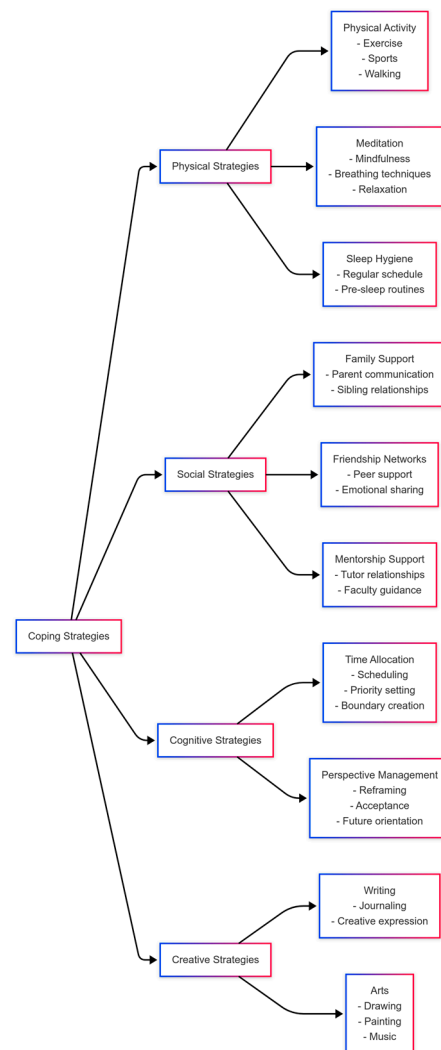


Figure 2. Students coping strategies.

- **Physical Strategies**

Physical coping mechanisms emerged as fundamental components of students’ mental health management repertoires, with three predominant subcategories identified: physical activity, meditation practices, and sleep hygiene.

Regular engagement in physical exercise was consistently reported as an effective stress reduction mechanism. Participants described various forms of physical activity, from structured sports participation to informal walking regimens:

Mindfulness and meditation practices featured prominently in participants' accounts. Students reported employing techniques ranging from formal meditation sessions to simple breathing exercises integrated into daily routines:

"I've developed a ten-minute breathing routine before lectures. It centres me completely and improves my capacity to absorb information. Without it, my anxiety often dominates my thought processes" (GD1P5).

Sleep management emerged as a critical yet frequently challenged aspect of physical well-being. Participants demonstrated awareness of sleep's importance whilst acknowledging the difficulties in maintaining healthy sleep patterns within university contexts:

"I've learnt that protecting my sleep schedule is non-negotiable for my mental health. When I compromise on sleep quality, my emotional regulation deteriorates markedly within days" (E16).

The relationship between physical strategies and mental well-being appeared bidirectional, with physical practices not only alleviating existing distress but also functioning preventatively to build resilience against future stressors.

- **Social Strategies**

Social support networks featured centrally in students' coping repertoires, with three primary support configurations identified: family relationships, peer networks, and academic mentorship connections. Family support, particularly from parents and siblings, provided critical emotional anchoring for many participants:

"My relationship with my mother has been transformative. She creates a space where I can express vulnerability without judgement. That sense of unconditional acceptance gives me remarkable emotional stability despite academic pressures" (E7).

Friendship networks offered distinctive support qualities, particularly through a shared understanding of the university experience:

"My university friends provide a unique form of support because they understand precisely what I'm experiencing. That mutual recognition creates a safety net that helps us all manage the most challenging periods" (E29).

Academic mentorship relationships, particularly with tutors and certain faculty members, constituted unexpected but significant sources of support:

"My academic adviser has become an essential mental health resource. Our regular meetings extend beyond academic matters—she recognises when I'm struggling and offers perspective that helps recalibrate my thinking" (E15).

Notably, the quality rather than quantity of social connections emerged as the determining factor in their efficacy as coping resources. Participants consistently emphasized the importance of authentic communication within these relationships:

"Having just two friends with whom I can be completely honest about my struggles matters more than a wide social circle where interactions remain superficial" (GD2P6).

- **Cognitive Strategies**

Cognitive approaches encompassed both practical organizational techniques and psychological reframing processes that students employed to manage stressors. Time allocation strategies represented crucial practical tools for maintaining psychological balance amidst competing demands:

"Developing a structured timetable that deliberately includes self-care periods has been transformative. Previously, I perceived any non-academic time as 'wasted,' which created tremendous psychological pressure" (E22).

Perspective management techniques involved conscious efforts to reframe challenges and manage emotional responses to academic and social pressures:

“I’ve developed the practice of questioning the catastrophic narratives my mind creates around academic setbacks. Asking ‘Will this matter in five years?’ helps restore proportion and reduces immediate anxiety” (E8).

Boundary establishment emerged as a particularly important cognitive strategy for preventing stress accumulation:

“Learning to decline commitments without guilt has been my most difficult but important mental health skill. Setting clear boundaries protects my capacity to fulfil existing responsibilities effectively” (GD1P2).

These cognitive approaches demonstrated considerable metacognitive awareness among participants, who often displayed a sophisticated understanding of their own psychological processes and deliberate efforts to manage them constructively.

- Creative Strategies

Creative expression emerged as a powerful coping domain that offered distinctive psychological benefits, with writing and artistic practices featuring most prominently. Journaling and creative writing provided important outlets for emotional processing:

“Writing has become my primary emotional regulation tool. Articulating difficult feelings on paper creates distance that allows me to examine them more objectively. It transforms internal chaos into something manageable” (E2).

Visual arts and music offered alternative expressive channels that bypassed verbal processing:

“Drawing accesses emotional states I struggle to verbalise. When anxiety becomes overwhelming, creating visual representations helps externalise what feels unmanageable internally” (E19).

The therapeutic value of creative practices appeared to derive from multiple mechanisms, including emotional catharsis, cognitive restructuring through narrative creation, and the experience of flow states that provided respite from rumination:

“When I’m engaged in painting, my consciousness shifts entirely. That temporary dissolution of self-focused worry provides profound relief that persists beyond the creative session itself” (GD2P4).

Notably, many participants discovered these creative coping mechanisms during periods of significant distress, suggesting that psychological challenges may sometimes catalyze adaptive responses that enhance long-term resilience.

4. Discussion

This study offers a comprehensive and human-centered understanding of the mental health experiences of university students through the integrated lens of Bronfenbrenner’s social ecology model [3,11]. By adopting a qualitative, phenomenological methodology, the research delves deeply into the lived realities of young people navigating an intricate web of academic pressures, social dynamics, economic constraints, and cultural expectations. The findings underscore that mental health, rather than being an isolated personal matter, emerges from the dynamic interaction between individual agency and the wider environment, echoing the holistic conceptions advocated by Galderisi et al. [8].

At the micro level, academic stress surfaced as a profound determinant of psychological distress, manifested in symptoms such as insomnia, anxiety, and emotional exhaustion.

The relentless pace of continuous assessment models, a legacy of the Bologna Process [32], was described by participants as an almost inescapable source of chronic strain. These results align closely with Chamorro et al. [33] and Salcedo et al. [21], who have documented how educational frameworks, when insufficiently mindful of student well-being, can exacerbate emotional vulnerabilities. Of particular concern is the reported reliance on sleeping aids, raising ethical and health implications about dependency risks

Encouragingly, physical activity emerged as a protective, transformative coping strategy, not only mitigating stress but also fostering a sense of self-efficacy and resilience [9]. However, as this research reveals, physical strategies alone are insufficient when broader systemic factors remain unaddressed. Participants called for institutional interventions such as mindfulness workshops, peer mentoring, and extracurricular well-being initiatives, echoing best practices identified by Fancourt and Finn [13] and Ungar [18].

At the meso level, the pivotal role of social relationships becomes apparent. A nurturing family environment marked by emotional openness serves as a vital shield against psychological distress, in line with González-Silva [34] and Lagos and González [14]. Conversely, households fraught with conflict or parental substance misuse significantly erode emotional stability, a finding that reinforces the multigenerational perspective of Navarro-Pardo et al. [5].

Peer relationships within the university context were equally influential. Students benefited enormously from mutual understanding and solidarity amongst their peers, which alleviated feelings of isolation and normalized open discussions about mental health. These findings echo Trujillo [16] underscore the indispensable role of peer support in fostering resilience among young adults. However, an undercurrent of peer competition—fueled by limited academic and professional opportunities—was observed to fragment these networks, replacing solidarity with rivalry and undermining collective well-being.

The exo level highlights the intersection of socio-economic pressures and mental health. Financial precarity, intensified by the need to juggle employment and academic commitments, emerged as a recurring theme. Students from lower-income backgrounds reported heightened psychological strain, corroborating the systemic analyses of Lund et al. [20] and Vaughan [35]. This precarious balance often left little room for rest or self-care, deepening emotional fatigue and undermining academic engagement.

Equally troubling is the limited accessibility of professional mental health services. Participants reported that university counseling provisions were either insufficient or inadequately advertised, and external services were perceived as financially prohibitive—an issue exacerbated by long waiting times within public health systems. This finding is consistent with Casañas and Lalucat [36], who noted gaps between mental health promotion policies and their effective implementation within higher education contexts. The data make clear the urgent need for institutions to adopt structured, multidimensional support systems that integrate psychological care with broader psychosocial interventions.

At the macro level, an encouraging trend towards destigmatisation of mental health issues among university students was observed. This cultural shift fosters greater openness to seeking professional help and cultivating peer support networks, reinforcing the anti-stigma initiatives proposed by Corrigan [22] and Thornicroft et al. [23]. Nonetheless, societal narratives glorifying relentless academic and professional success continue to impose unattainable standards upon young people, breeding pervasive anxiety and self-doubt [21,37].

Of particular note is the observation that social media operates as both a facilitator of connection and a magnifier of anxiety. Students described social platforms as environments saturated with idealized representations, fueling harmful social comparisons and exacerbating feelings of inadequacy. These findings align with the work of Alegría [38]

and Chamorro et al. [33], who caution that hyperconnectivity amplifies insecurity among young users.

The chrono level adds temporal depth to these insights, illustrating how rapid social changes—including the digitalization of daily life and the post-pandemic context—have intensified psychological stressors [26,27]. Students expressed existential anxiety over life choices amidst an overwhelming array of options, reflecting Bauman's [37] notion of liquid modernity and Sartre's [39] philosophical exploration of freedom and responsibility. This modern landscape of boundless choices paradoxically becomes a source of paralysis rather than empowerment.

Collectively, these findings present clear implications for policy and practice. While students demonstrate commendable personal agency through diverse coping mechanisms—from cognitive reframing to creative expression—individual resilience alone cannot counterbalance systemic shortcomings. As Patel et al. [40] argue, addressing the social determinants of mental health demands coordinated, cross-sectoral action. University administrations, public policymakers, and health services must collaboratively design integrative strategies that ensure psychological support is accessible, proactive, and culturally attuned.

5. Conclusions

Anchored in a social-ecological perspective, the findings of this study highlight the urgent need for a multidimensional, system-oriented approach to supporting university students' mental health. Mental well-being cannot be understood in isolation from the broader contexts in which individuals live, learn, and relate. It is shaped by the interplay of micro-level experiences, such as personal coping strategies and relational dynamics; meso-level influences, such as family conditions and institutional culture; exo-level structures, including financial and policy barriers; and macro-level forces, such as cultural expectations and structural precarity.

While students demonstrate remarkable resilience—turning to physical activity, artistic expression, emotional disclosure, or informal support networks—these strategies, though valuable, often offer only partial or temporary relief. Exogenous resources, such as access to professional psychological care, remain either financially inaccessible or institutionally insufficient, delaying timely interventions and contributing to the risk of chronic emotional distress. University counseling services, when present, often operate reactively rather than preventively and are typically overstretched, leaving many students without the sustained, personalized support they need.

In this context, the incorporation of Social Work into the university's mental health infrastructure emerges as both an ethical and strategic necessity. Social Work is uniquely positioned to respond to the psychosocial complexities faced by students, offering a distinct yet complementary approach to psychological services. Grounded in the principles of human rights, social justice, and systems thinking, Social Work operates across the full ecological spectrum, recognizing that individual distress is often rooted in social, relational, and structural conditions.

At the micro level, social workers provide direct emotional support, helping students navigate transitional life phases, identity formation, and experiences of loss, anxiety, or isolation. At the meso level, they intervene in interpersonal and family dynamics that affect academic performance and well-being while also collaborating with academic staff to create inclusive, emotionally responsive learning environments. At the exo level, social workers can support students in accessing financial aid, housing, and community-based resources and advocate for fairer policies within the institution. Finally, at the macro level, they engage critically with cultural narratives surrounding success, productivity,

and perfectionism—narratives that often drive students toward self-doubt, burnout, and psychological vulnerability.

What distinguishes the contribution of Social Work is its holistic and relational approach. Rather than focusing solely on symptom reduction or behavioral change, it attends to the person in their environment, acknowledging that emotional suffering may be a rational response to injustice, inequality, or disconnection. In this light, the role of Social Work is not simply to support students in adapting to adverse conditions but to transform the very conditions that produce vulnerability—through empowerment, advocacy, network-building, and structural intervention.

A University Social Work Service, formally embedded within the institutional framework, would thus serve multiple essential functions: it would offer early detection of psychosocial risks; enable coordinated, person-centered responses across departments and services; mediate in complex or crisis situations; and facilitate access to internal and external support systems. Beyond addressing immediate mental health needs, such a service would contribute to the cultivation of emotional literacy, resilience, and social belonging among the student population.

Importantly, the presence of social workers within the university signals a deeper institutional commitment to care, equity, and inclusion. It affirms the university not only as a space of intellectual development but as a community of human lives, each worthy of dignity, support, and opportunity. It repositions student mental health not as an ancillary concern but as a core component of the university's educational and ethical mission.

The integration of Social Work into university support systems offers promising avenues for more holistic interventions. Social workers, equipped with an ecological and relational perspective, can bridge the gap between psychological care and the broader socio-environmental factors influencing student well-being. By facilitating access to resources, mediating conflicts, and strengthening community networks, Social Work complements psychological services, promoting emotional and social competencies that are crucial for navigating life transitions [41].

Future research would benefit from adopting longitudinal designs to capture the evolution of student mental health over time alongside mixed-method approaches to deepen the understanding of intersecting factors. Comparative studies across diverse cultural and educational settings could also enrich the evidence base and inform context-sensitive interventions.

Supplementary Materials: The following supporting information can be downloaded at: <https://www.mdpi.com/article/10.3390/soc15040110/s1>, Mental Health of University Student's Qualitative Questionnaire.

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Institutional Review Board Statement: Ethical review and approval were waived for this study due to the study not requiring formal ethical review or approval from an institutional ethics committee, as it was conducted within the Department of Social Work, the professionals of which are trained and committed to the highest ethical and deontological standards of the discipline. According to the Social Work Code of Ethics (2020), research and support activities undertaken within this field must ensure the protection of participants' rights, dignity, and well-being, thereby inherently adhering to the ethical principles required for any intervention or study. This professional ethical framework provides a sufficient basis to validate and support research conducted within the scope of Social Work, provided that established standards are upheld. Furthermore, in alignment with the phenomenological approach adopted in this study, the research falls within the category of observational studies, involving no direct intervention or the creation of any physical, psychological, or social risks for the participants. This design does not interfere with the participants' daily lives nor introduces variables that could negatively impact their well-being, which further underscores

the ethical nature of the research. Additionally, the study strictly adhered to the fundamental ethical principles outlined in the Declaration of Helsinki (World Medical Association, 2013), including respect for participants' autonomy, obtaining informed consent, ensuring confidentiality of collected data, and a commitment to the potential benefit for society.

Informed Consent Statement: Written informed consent has been obtained from the participants to publish this paper.

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