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# MENTAL HEALTH OF UNIVERSITY STUDENTS IN CROATIA

**Abstract**

The aim of this study was to examine the level of mental health and psychological difficulties among university students in the Republic of Croatia and their associations with selected sociodemographic characteristics. In a sample of 370 students, the findings indicated generally preserved mental health, alongside elevated levels of psychological difficulties in a subset of participants and moderately high psychological resilience. Compared with male students, female students reported lower levels of mental health and resilience and more pronounced difficulties in the domains of subjective well-being and functioning. Certain aspects of difficulties also differed by place of birth and current place of residence. The findings support the need for systematic monitoring of student mental health and for developing targeted support within academic settings, particularly programmes aimed at higher-risk groups and resilience-building.

**Keywords:** mental health, resilience, psychological difficulties, university students

## Introduction

Mental and physical health are inseparable components of overall health. Good mental health implies an individual's capacity to realise their potential, cope with the challenges of everyday life, work productively, and contribute to the community. Conversely, impaired mental health encompasses a range of problems that can lead to reduced functioning, emotional distress, and clinically significant mental disorders (Silobrčić Radić, 2011: 1). In recent years, the mental health of adolescents and young adults has attracted considerable attention from researchers worldwide (Bas, 2021: 2). The increasing prevalence and severity of mental health problems among university students pose a threat not only to their well-being but also to their academic achievement (Wyatt et al., 2017: 179). Research indicates a positive association between mental health and academic performance, with students with better mental health being more likely to attain higher academic outcomes (Bas, 2021: 2). Mental health problems emerging in early childhood and adolescence can substantially increase the risk of poorer academic achievement, underscoring the need for timely prevention and treatment to ensure equal educational opportunities for all (Agnafors et al., 2021: 858). Furthermore, poor mental health in childhood is negatively correlated with attained educational level in adulthood. Given the strong link between educational success and quality of life in adulthood, additional resources should be invested in supporting children and young people experiencing mental health problems (Brännlund et al., 2017: 319). The first year of university has been identified as a critical period for promoting mental health awareness and prevention strategies aimed at reducing its adverse impact on academic achievement. In this context, support programmes for first-year students may play an important role in reducing the risk of mental health problems and their impact on educational outcomes (Wyatt et al., 2017: 179).

Adjustment to university is a complex process that involves academic, social, and emotional components, and a range of factors may determine students' success during this transitional period. Research indicates that the level of adjustment is associated with academic achievement, student retention, and overall satisfaction with one's studies (Tinto, 1993: 82; Pascarella & Terenzini, 2005: 47). One of the key theoretical frameworks in the study of student adjustment is Tinto's theory of integration, which emphasises the importance of academic and social integration in higher education. According to this model, students who develop strong social ties with peers and faculty and who successfully adapt to the academic environment are more likely to complete their studies, whereas those who do not integrate are at a higher risk of dropping out (Tinto, 1993: 87). Similarly, the meta-analysis by Pascarella and Terenzini

(2005) confirms that the university experience substantially shapes students' intellectual, social, and emotional development. The authors highlight that interaction with faculty and peers, as well as participation in extracurricular activities, is crucial for successful adjustment.

A quantitative analysis conducted by Credé and Niehorster (2012: 163) indicates that academic adjustment and emotional stability are key predictors of success in higher education. The authors suggest that institutions should develop specific support programmes for students experiencing adjustment difficulties. In addition, Enochs and Roland (2006: 70) highlight gender differences in social adjustment, showing that women, on average, achieve more successful social interactions than men. Furthermore, students living in student dormitories tend to achieve faster and easier social integration compared with those living off campus.

Using a longitudinal design, McLean et al. (2022: 2119) found that higher perceived social support and lower stress levels are significant predictors of academic adjustment and student retention. Rubin et al. (2016: 725) further emphasise the role of students' social networks during the first academic year, indicating that frequent interpersonal contact with peers contributes to better mental health and a higher likelihood of continuing one's studies. At the same time, research has identified negative aspects of contemporary educational experiences—for example, students who spend more time on social media report lower levels of adjustment to university across all dimensions (Raacke, 2013: 829).

Taken together, these findings underscore the need for a comprehensive approach to student support already during the first year of university. Higher education institutions should develop strategies that promote academic and social integration, with a focus on psychological well-being, mentoring, and the development of high-quality social relationships.

## Overview of Previous Research

Student mental health represents one of the key public health challenges, particularly given the high prevalence of anxiety, depression, stress, and burnout. Research suggests that students are especially vulnerable to psychological difficulties due to academic demands, uncertainty about the future, and a lack of systematic support (Vidović et al., 2024: 7). Of particular concern is the fact that poor mental health can negatively affect academic achievement, increasing the risk of absenteeism, reduced performance, and, ultimately, withdrawal from university (Pavičić & Barić, 2021). Studies conducted among medical and nursing students indicate a high prevalence of depressive, anxiety, and stress symptoms. Vidović et al. (2024) report that 25.7%

of students endorsed symptoms of depression, while 26.7% reported anxiety; additionally, 15% of students reported high levels of stress. Women showed more pronounced symptoms of anxiety and stress compared with men, which is consistent with findings from other studies (Šimleša & Aukst Margetić, 2022: 360). Furthermore, Milić et al. (2024) highlight a marked increase in psychological difficulties among students during the COVID-19 pandemic, underscoring the need for timely psychological intervention.

The COVID-19 pandemic also had significant implications for student mental health, given the documented increases in anxiety and depressive symptoms. A study by Pavičić and Barić (2021) showed that restrictions, changes in the mode of education, and social isolation substantially impaired students' psychological well-being. The study also identified maladaptive coping behaviours, such as increased alcohol consumption and excessive Internet use as a mechanism for coping with stress. These findings point to the need for tailored psychological support programmes within educational institutions to mitigate the negative effects of pandemic-related measures on student mental health (Milić et al., 2024).

In addition to anxiety and depression, burnout is becoming increasingly prevalent among students, particularly among those who work while studying. Research conducted among nursing students indicates high levels of emotional exhaustion, especially among younger and female students. Friganović et al. (2023: 156) report that women and first-year students were more likely to endorse elevated levels of emotional exhaustion, suggesting an increased risk of burnout and impaired psychological well-being in this population. Students who are employed show a greater propensity for developing stress and exhaustion compared with peers who are not employed, pointing to the need to design support measures that help students balance academic and work-related demands (Drăghici et al., 2022: 8261).

## Methodology

### *Aim of the Study*

The aim of this study was to examine the level of mental health and psychological difficulties among university students using objective measures of psychological well-being and distress. In addition, the study aimed to investigate the association between psychological difficulties and academic functioning and to identify areas in which students may require enhanced support within academic institutions.

### *Participants*

Participants were recruited using a convenience sampling approach. The invitation to participate was distributed via university mailing lists, announcements on official websites, and social media between January and March 2025. Inclusion criteria were: enrolment as a student at a higher education institution in the Republic of Croatia, age 18 years or older, and voluntary informed consent. Participation was anonymous and voluntary, with no financial compensation. Prior to completing the questionnaire, participants were provided with information about the purpose of the study, data processing procedures, and their right to withdraw at any time; they then indicated their consent to participate.

### *Instruments*

#### *Clinical Outcomes in Routine Evaluation (CORE-OM)*

The CORE-OM (Clinical Outcomes in Routine Evaluation – Outcome Measure) is a pan-theoretical and pan-diagnostic measure of general psychological distress (Jokić-Begić et al., 2014). It consists of 34 self-report items assessing the extent of general psychopathological difficulties experienced over the past week. Items are organised into four domains: subjective well-being (4 items), problems/symptoms (12 items), daily functioning (12 items), and risk behaviours (6 items). Respondents rate each statement on a 0–4 scale, where 0 indicates "never" and 4 indicates "almost always". The total score is calculated as the mean of all responses, with positively worded items reverse-scored. Scores can be interpreted at the level of overall psychological distress, the individual domains, or three clinically relevant clusters: internalising difficulties, externalising difficulties, and risk (to self or others). The instrument demonstrates satisfactory internal consistency (Cronbach's $\alpha \approx 0.75–0.95$) and good test–retest reliability, supporting its use as a reliable measure of mental health in both clinical and research contexts.

#### *Brief Resilience Scale (BRS)*

The Brief Resilience Scale (BRS; Smith et al., 2008) consists of six items, three positively worded (e.g., *I tend to bounce back quickly after hard times*) and three negatively worded (e.g., *I have a hard time making it through stressful events*). Participants indicate their level of agreement with each statement on a Likert-type scale ranging from 1 (*strongly disagree*) to 5

(*strongly agree*). After reverse-scoring the negatively worded items, the final score is computed as the mean of all responses, with higher scores indicating greater resilience. Independent research, including validation studies of the original and translated versions of the instrument, supports its one-factor structure and satisfactory to high internal reliability (α = .82; theoretical range 1–5) (Slišković & Burić, 2018).

### *Mental Health Inventory–5 (MHI-5)*

The Mental Health Inventory–5 (MHI-5; Berwick et al., 1991; Davies et al., 1988, as cited in Slišković, 2020) comprises five items designed to assess overall mental health. Participants rate each item on a 6-point scale ranging from 1 (*all of the time*) to 6 (*none of the time*), referring to the past month. The total score is obtained by summing responses across all five items, yielding a theoretical range of 5–30, with higher scores indicating better overall mental health. The internal consistency of the measure has been reported as α = .83 (Slišković, 2020).

### *Procedure*

A survey method was used in this study, administered via the Google Forms platform. A convenience sample was employed, and the target population comprised students enrolled in undergraduate, graduate, and integrated study programmes in the Republic of Croatia. The invitation to participate was distributed via social media in order to reach as many participants as possible and to maximise diversity within the sample.

In the introductory section of the questionnaire, participants were clearly informed about the purpose and aims of the study, and anonymity and confidentiality of all collected data were assured. The study protocol was approved by the Ethics Committee of the Faculty of Croatian Studies, University of Zagreb. The questionnaire was available for completion from January to March 2025 to enable participation of a larger number of respondents and thereby increase the reliability of the obtained results.

## Results

### *Sociodemographic Characteristics of the Participants*

A total of 370 university students participated in the study, including 280 (75.7%) female students and 90 (24.3%) male students. The mean age of participants was 21.37 years (range: 18–49 years). The mean age at enrolment in higher education was 18.9 years. Regarding level of study, 63.2% of participants were enrolled in undergraduate programmes, 20.8% in graduate programmes, and 15.9% in integrated programmes. With respect to place of birth, 54.1% of participants were born in a large city (Zagreb, Split, Rijeka, or Osijek), 20.5% in a medium-sized town (20,000–100,000 inhabitants), 12.4% in a small town (up to 20,000 inhabitants), and 13.0% in a rural area. As their current place of residence, 52.2% reported living in a large city, 12.2% in a medium-sized town, 10.3% in a small town, and 25.1% in a rural area. Regarding the place of study, 43.0% of participants studied in their place of permanent residence, whereas 57.0% studied outside their place of permanent residence. In terms of student engagement, 18.1% reported participating in a student organisation or association, while the remaining participants were not involved in such activities. In addition, 33.8% reported that they had already participated in, or planned to participate in, a student exchange programme as part of their studies.

Results on the Mental Health Inventory–5 ($M = 18.05$; $SD = 5.35$) indicate that the mental health of most participants was not significantly impaired and that levels of psychological difficulties in this student population fall within the expected range for a non-clinical group. Participants' psychological resilience, assessed using a validated questionnaire, was at a favourable level ($M = 2.87$; $SD = 0.86$), suggesting that, on average, students possess satisfactory capacities for coping with stress and adapting effectively to academic challenges.

However, on the CORE-OM, which comprises four domains of general psychopathological difficulties, the following results were obtained: subjective well-being ($M = 1.97$; $SD = 0.55$), problems and symptoms ($M = 1.81$; $SD = 0.93$), daily functioning ($M = 1.90$; $SD = 0.34$), and risk behaviours ($M = 0.63$; $SD = 0.44$). Comparison with reference values for the general population suggests elevated symptom levels across most domains, which may indicate more pronounced psychological difficulties among students. These findings point to the need for systematic mental health support for the student population, given that multiple aspects of psychological functioning—including emotional state, daily functioning, and a tendency towards risk behaviours—appear to be affected to a substantial degree.

| Scale | N | Min. | Max. | M | SD |
|---|---|---|---|---|---|
| Mental health (MHI-5) | 370 | | | 18.05 | 5.35 |
| Psychological resilience (BRS) | 370 | | | 2.87 | 0.86 |
| Subjective well-being (CORE-OM) | 370 | 0.25 | 3.50 | 1.97 | 0.55 |
| Problems/Symptoms (CORE-OM) | 370 | 0.00 | 3.92 | 1.81 | 0.93 |
| Functioning (CORE-OM) | 370 | 1.00 | 3.75 | 1.90 | 0.34 |
| Risk behaviours (CORE-OM) | 370 | 0.00 | 3.33 | 0.63 | 0.44 |

**Table 1.** Descriptive statistics for measures of mental health, resilience, and psychological difficulties.

In the simplified correlation analysis, only statistically significant associations between mental health indicators and sociodemographic variables are reported. Gender was significantly associated with psychological resilience ($r = 0.238$, $p < .001$) and the subjective well-being domain ($r = -0.261$, $p < .001$). Given the coding of the gender variable in this study, the direction of the correlations indicates that female students scored lower on resilience and showed a less favourable pattern in subjective well-being (i.e., greater psychological vulnerability). The magnitude of these associations was small to moderate ($|r| \approx 0.24–0.26$), suggesting that gender accounts for approximately 6–7% of the variance in these indicators; thus, the difference is statistically robust and practically meaningful, although not dominant in explaining individual differences.

Among the socioeconomic indicators, the source of study funding was significantly negatively correlated with resilience ($r = -0.20$, $p < .05$). This finding suggests that students who finance their studies to a greater extent on their own tend to report lower levels of resilience, consistent with the assumption that greater financial strain (e.g., the need to work alongside studying, and associated time and energy demands) may reduce capacity for stress recovery and effective coping. Although the effect size is small (approximately 4% of explained variance), it points to a potentially higher-risk group that may benefit from additional institutional support when planning preventive and intervention activities (e.g., more accessible counselling services, greater academic flexibility, and financial support measures).

Overall, these findings underscore the importance of incorporating gender and socioeconomic factors into the planning of student mental health support and indicate the need for targeted programmes, particularly for groups facing greater burden and fewer protective resources.

| Variable 1 | Variable 2 | Correlation (r) | Significance (p) |
|---|---|---|---|
| Resilience | Gender | 0.238 | < .001 |
| Resilience | Source of study funding | −0.20 | < .05 |
| Subjective well-being (CORE-OM) | Gender | −0.261 | < .001 |
| Functioning (CORE-OM) | Gender | −0.103 | .048 |

**Table 2.** Correlation coefficients between mental health variables and sociodemographic variables.

## Discussion

The observed pattern of findings suggests that student mental health cannot be reduced to a single, uniform picture of "good" or "poor" functioning. Although the overall indicator of mental health did not point to marked impairment in most participants, the results on measures of psychological difficulties indicate that a subset of students experiences elevated difficulties in the domains of well-being and everyday functioning. This is clinically and practically relevant because these domains often have the most direct impact on academic life, interpersonal relationships, and daily obligations. Such a "dual picture"—relatively preserved overall mental health alongside concurrently elevated, more specific difficulties in part of the sample—may reflect heterogeneity within the student population: while some students maintain general psychological balance, others function with considerable internal strain or intermittent periods of deterioration that are more readily captured by more sensitive measures of distress and functioning.

Observed gender differences are particularly important for understanding this pattern. Lower self-reported mental health and resilience, along with more pronounced difficulties in subjective well-being and functioning among female students, can be viewed as the result of a combination of psychosocial and contextual factors rather than as an indicator of ability or "weakness." One explanation likely relates to differences in patterns of emotional experience and expression: on average, women more frequently recognise and label internal difficulties and are more prone to internalising processes (e.g., worry, rumination), which may increase the likelihood of higher scores on self-report measures of distress (Nolen-Hoeksema, 2001). At the same time, it is important to consider the broader context of life burden: during their studies,

some female students simultaneously balance academic demands with employment, family responsibilities, and social expectations, which may cumulatively increase perceived stress and diminish well-being. In this sense, gender differences are best understood not as an individual characteristic but as a signal of differing conditions and pressures under which students study and live.

Findings related to resilience further clarify this picture. Resilience is a protective factor associated with faster recovery after stressful events and more effective coping, and lower levels of resilience in a subset of participants may mean that common academic stressors (deadlines, evaluations, uncertainty) have a "longer tail" and stronger consequences for everyday functioning. In other words, when resilience is lower, even relatively typical academic stress may more readily translate into sustained exhaustion, reduced well-being, and difficulties maintaining daily routines. This is particularly important for planning student support: programmes that explicitly strengthen adaptive coping strategies, self-regulation, and stress-recovery processes may have preventive value even before more pronounced difficulties develop (Connor & Davidson, 2003).

Associations between certain sociodemographic characteristics and symptom expression (e.g., place of birth and/or current place of residence) may point to the role of resource availability and forms of social support. For example, moving away to study, being distant from one's primary support network, or adjusting to a new urban environment may increase vulnerability in well-being and functioning, whereas a more stable support network and a sense of belonging may be protective. Although causal inferences cannot be drawn from the present study design, these findings suggest that the "study context" (where and with whom a student lives, the quality of their support network, and their level of community involvement) may be as important as individual characteristics. This opens space for practical, low-threshold institutional interventions, such as strengthening mentoring systems and peer support, organising first-year student connection/belonging activities, and ensuring services are accessible to students who study outside their place of permanent residence.

In addition, the association between the source of study funding and resilience – specifically, lower resilience among those who self-fund their studies – highlights the importance of economic burden and combining employment with studying. Financial strain and fragmented time may restrict recovery opportunities, sleep, social contact, and self-care, thereby reducing capacity for effective coping. In practice, this means that student services and counselling centres should not view mental health in isolation from living conditions: greater

academic flexibility during specific periods, access to financial counselling, scholarships and support for working students, as well as psychoeducation on time and energy management, may represent important components of prevention. In the present study, Croatian university students showed a nuanced pattern – overall mental health appeared relatively preserved, yet a meaningful subgroup reported elevated difficulties, with lower resilience particularly evident among female students and those who self-fund their studies. A comparable, but more pronounced, picture emerges at the doctoral level: Perkov and Jurić Vukelić (2025) found that doctoral candidates reported above-average symptoms of depression and anxiety and described doctoral education as simultaneously intellectually rewarding and chronically taxing, characterised by workload overload, insecurity, and insufficient support; notably, more than one third perceived doctoral studies as having a negative impact on their mental health, while almost 80% indicated that their institution offers no organised psychological support (Perkov & Jurić Vukelić, 2025: 39). Importantly, the same socioeconomic vulnerability appears to persist, as independently financed doctoral candidates reported lower resilience (Perkov & Jurić Vukelić, 2025: 33). Taken together, evidence across study levels supports a continuum in which escalating academic demands and reduced recovery resources amplify the risk for sustained distress, underscoring the need for systematic monitoring and low-threshold, resilience-building support throughout higher education.

All of the above points to the need for a gender- and context-sensitive approach to student support. This does not imply singling out female students as a “problematic” group; rather, it reflects the recognition that, for some of them, stressors may be more frequent, more intense, or more prolonged, and that difficulties may be more likely to manifest in well-being and everyday functioning. Interventions aimed at stress reduction, strengthening resilience, and supporting daily routines (sleep, daily structure, social connectedness, and realistic standards of achievement) may be particularly valuable because they target mechanisms linking the academic environment and psychological functioning. In parallel, the findings justify more systematic monitoring of student mental health through periodic screening and clear referral pathways, with an emphasis on service accessibility and stigma reduction.

Finally, the interpretation of the findings should be situated within the methodological framework of the study. Convenience sampling, online data collection, and self-report measures may have influenced the composition of the sample and reporting patterns, while the cross-sectional design does not allow conclusions about the direction of associations between resilience, contextual variables, and psychological difficulties. Future research could combine

quantitative and qualitative approaches (e.g., focus groups on the experience of studying, financial burden, and support networks), include longitudinal follow-up across the academic year, and examine in greater detail the mechanisms linking gender, living conditions, and academic stress with changes in well-being and functioning.

## Conclusion

The findings of this study point to heterogeneity in mental health within the student population: while the overall indicator suggests that the mental health of most participants is relatively preserved, a subset of students reports elevated difficulties that are primarily reflected in subjective well-being and everyday functioning. In practice, this level of functioning is often the first through which difficulties "spill over" into academic experience, relationships, and daily routines, supporting the need to conceptualise student mental health as a continuum rather than as the presence or absence of a severe disorder.

The observed pattern of differences between female and male students, as well as associations with certain sociodemographic characteristics, suggests that gender and contextual factors are important for understanding vulnerability and protective resources during the study period. Rather than interpreting these differences through the lens of individual "deficits," it is more appropriate to view them as signals of differing conditions, burdens, and access to support—factors that have direct implications for how support measures should be planned in higher education settings.

From a practical perspective, the results support the development of a system that combines regular monitoring and early identification of difficulties (e.g., periodic screening and clear referral pathways), readily accessible low-threshold forms of psychological support (counselling services, online support, peer and mentoring programmes), and interventions aimed at strengthening resilience and effective stress coping. Interventions that are sensitive to gender and contextual factors are of particular value, as they recognise diverse sources of burden and target the domains in which difficulties most commonly manifest.

When interpreting these findings, it is important to consider the limitations of the cross-sectional design, convenience sampling, and reliance on self-report measures. Future research could further elucidate the mechanisms linking living and study conditions, resilience, and psychological difficulties, including longitudinal follow-up across the academic year and the integration of quantitative and qualitative approaches.

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# MENTALNO ZDRAVLJE STUDENATA U HRVATSKOJ

**Sažetak**

Cilj ovog istraživanja bio je ispitati razinu mentalnog zdravlja i psiholoških poteškoća među studentima sveučilišta u Republici Hrvatskoj te njihovu povezanost s odabranim sociodemografskim karakteristikama. U uzorku od 370 studenata, nalazi su ukazali na općenito očuvano mentalno zdravlje, uz povišene razine psiholoških poteškoća u podskupini sudionika i umjereno visoku psihološku otpornost. U usporedbi s muškim studentima, studentice su prijavile niže razine mentalnog zdravlja i otpornosti te izraženije poteškoće u područjima subjektivne dobrobiti i funkcioniranja. Određeni aspekti poteškoća također su se razlikovali ovisno o mjestu rođenja i trenutnom mjestu prebivališta. Nalazi podupiru potrebu za sustavnim praćenjem mentalnog zdravlja studenata i razvojem ciljane podrške unutar akademskih okruženja, posebno programa usmjerenih na skupine s većim rizikom i izgradnju otpornosti.

**Ključne riječi**: mentalno zdravlje, otpornost, psihološke poteškoće, studenti