



# Well-being and mental health among students in European higher education

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# Context of well-being and (mental) health of students in European higher education

Higher education is an important socialisation environment for young adults. It not only provides opportunities for personal growth, self-discovery and thus influences young people's self-identity, assumptions and beliefs (e.g. Weidman, 2006), but it also impacts their professional identity and future labour market chances (Becker, 1964; Thurow, 1975). Higher education is therefore an important rite of passage for young people's transition into adulthood.

In the wake of the Covid-19 pandemic, the rise of mental health issues and poor well-being among students in European higher education has raised quite some concerns among policymakers. It became clear quite quickly that the Covid-19 pandemic and measures to tackle it, such as social distancing, lockdowns and remote teaching, had a drastic impact on students' mental health and well-being (Cosma et al., 2023; Doolan et al., 2021; European University Association, 2023). Students experienced many significant changes in their study process, living situation and social interactions (European University Association, 2022). Limited social interaction, physical isolation from friends, family, fellow students and teachers, the closure of the campus, the sudden and unexpected transition to online learning which many students found difficult to engage effectively – has led to a heightened sense of loneliness, distress, anger, anxiety, and boredom – causing an increase in mental health issues (Chen & Lulock, 2022; Elharake et al., 2022; Salimi et al., 2021; Savage et al., 2020). Mental health problems are known to impair cognitive functions, making it difficult for students to concentrate, retain information, and perform well in exams. It is also well-established that physical and mental health of students are essential predictors for the successful completion of their studies (Chen & Lulock, 2022; Lipson, Lattie, & Eisenberg, 2019; Salimi et al., 2021). These developments have increased worries about students' well-being, which has led to increased attention on a local, national, and institutional level in most European countries.

In response to these increased concerns, EUROSTUDENT 8 laid a particular focus on students' mental health and well-being. According to the World Health Organization (WHO), mental health is an integral component of health and well-being and is not merely the absence of mental disorders; it concerns the ability to make decisions, build relationships, cope with the stresses of life, work productively and make a contribution to one's community (World Health Organization, 2022; 2024).

In this report we examine the well-being and mental health of students using various indicators, which we describe below. This report sheds some light on student well-being and mental health across Europe and to what extent this varies across countries.

## General health and overall happiness

Following the OECD well-being framework (2010), key dimensions of well-being are health and subjective well-being. General health is an important dimension of well-being as research suggest that the effects of loneliness and life dissatisfaction on depression are mediated by one's general health (Swami et al., 2006), indicating that one's general health is closely related to (and perhaps intertwined with) mental health. This report, therefore, also focuses on levels of general health as reported by students in EUROSTUDENT countries. We will also shed some light on the overall feelings of happiness among students and how they vary across countries.

## Feelings of isolation

Social connections represent another key dimension of well-being. Research has shown that students can experience psychological distress caused by feelings of loneliness and isolation (Diehl et al. 2018, Kalubi et al., 2020). Feeling isolated has been shown to have various physical and mental consequences. For instance, socially isolated students rate everyday occurrences as

more “intensively stressful”, have poorer sleep efficiency, fear public speaking, experience slower wound healing, and are at greater risk of suicidal behaviour (e.g., Cacioppo & Hawkley, 2003; Stickle & Koyanagi, 2016; Wong et al., 2018). This report therefore also investigates to what extent students in EUROSTUDENT countries experience feelings of isolation.

### **Well-being**

According to the World Health Organization (WHO), well-being is a positive state experienced by individuals. It is a resource for daily life and is determined by social, economic and environmental conditions (World Health Organization, 2021). Subjective psychological well-being is often assessed with the World Health Organisation-Five Well-Being index (WHO-5). The WHO-5 is a widely used measure of current mental well-being. This report shows to what extent students in EUROSTUDENT countries report poor well-being, as measured by the WHO-5.

Moreover, studies suggest that students’ well-being varies with age due to differences in psychological maturity between adolescents, young adults, and adults (see López-Madrugal et al., 2021). For instance, during young adulthood, the use of avoidance strategies decreases, as support seeking and engagement strategies become more common (Jenzer et al., 2019). Arguably, older students report higher levels of well-being compared to younger students due to these coping strategies. This report, therefore, also investigates to what extent students’ well-being varies with age.

Besides age differences, well-being can also be related to experiencing financial difficulties. Students can experience financial difficulties due to many potential sources of financial stress. Examples of these sources for financial stress are the amount of student loans and the ability to repay these, cost of tuition and class supplies, living costs, and the inability to work full time during studies (Moore et al., 2021). Moreover, research has shown that financial stress is related to poorer mental health outcomes such as depression and

anxiety (e.g., McCloud & Bahn, 2018). This report, therefore, investigates to what extent students report poor well-being and how this varies with experienced financial difficulties.

### **Mental health problems**

One of the indicators in EUROSTUDENT 8 is students’ report of mental health problems. As stated above, the pandemic and measures to tackle the pandemic have had an effect on young people’s mental health (Cosma et al., 2023). The levels of reported mental health problems can vary across EUROSTUDENT countries due to factors such as cultural differences, variations in education systems, the availability and effectiveness of social support systems, differences in healthcare policies, and the level of awareness and stigma on mental health. In this report, we show to what extent students report mental health problems, and whether they are diagnosed and being treated for it. Next, we specify which mental health problems students report. These problems include psychosis, personality disorder, eating disorder, depression, anxiety disorder, ADHD, and addiction disorder.

### **Counselling, use and satisfaction**

Ensuring that students have easy access to mental health resources is crucial. Educational institutions play an important role in creating an environment that prioritizes mental health. This includes destigmatizing mental health problems, promoting open dialogue, and offering resources such as counselling services. Additionally, promoting awareness of these resources and reducing any barriers to seeking help can encourage students to reach out when needed. Educational institutions often invest in counselling services, workshops, and support groups but the extent to which they do so varies across countries. In this report we investigate the familiarity of student in EUROSTUDENT countries with study-related counselling and psychological counselling services and their perceived helpfulness.

Considering all these indicators of well-being together, the following main research questions arise:

- How do students rate their general health and overall degree of happiness?
- How often do students feel isolated from fellow students in their study programme, from family and friends, and from others in general?
- To what extent do students report poor well-being and how does this vary with experienced financial difficulties and with age?
- To what extent do students experience mental health problems and what kind of mental health problems?
- To what degree are students aware of and receive (different types of) counselling for their mental health problems and how helpful do they perceive it to be?

# Results

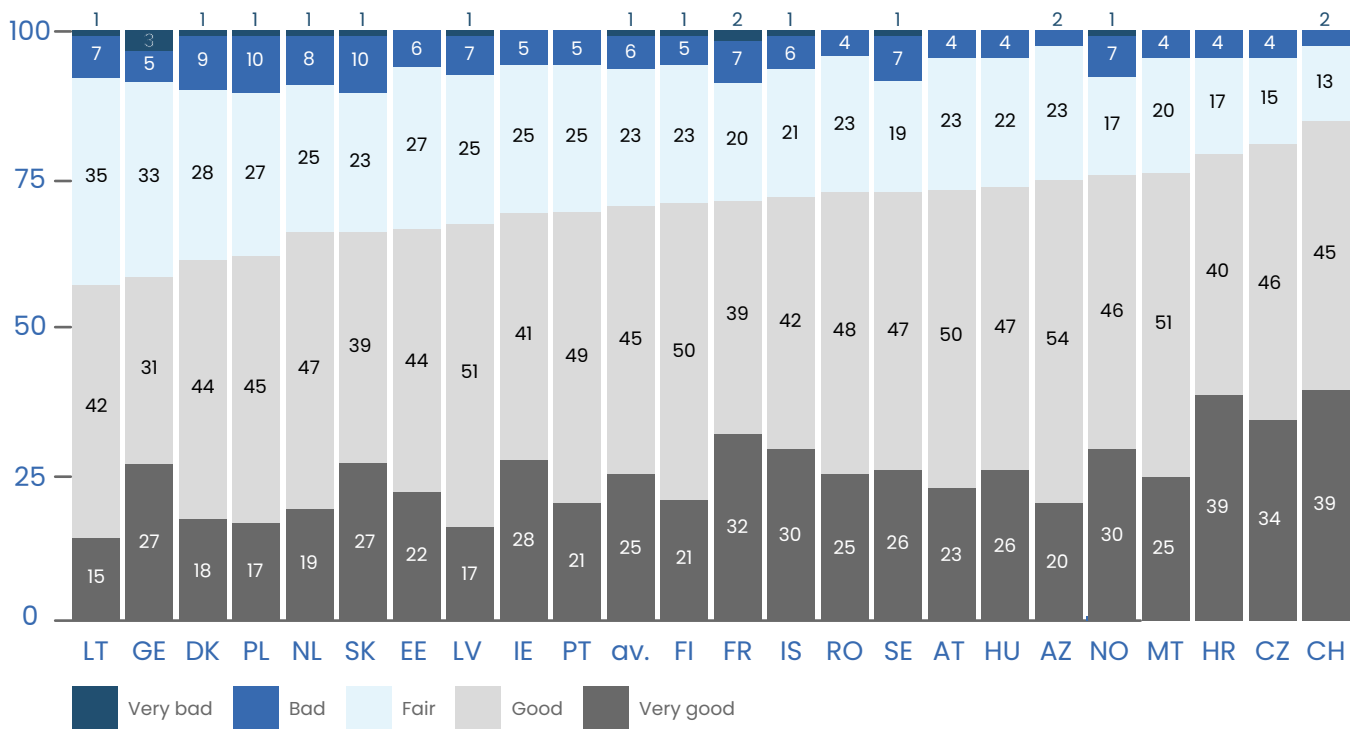
## General health

Figure 1 shows that in all EUROSTUDENT countries, the majority of students report their health in general as good or very good. These percentages vary between 57 percent (Lithuania) and 84 percent (Switzerland). For comparison, this is higher when compared to the general population: in 2016, the share of people indicating that their health was (very) good varied between 40 to 84 percent for these countries<sup>1</sup>, which is likely to be related to the younger age of students. The highest percentage of students reporting very good

**The majority of students indicate that their general health is good or very good.**

general health can be found in Croatia (39 %) and Switzerland (39 %), the lowest in Lithuania (15 %). The percentage of students who reported their health as good was highest in Azerbaijan (54 %), followed by Latvia and Malta (51 %). Poor or very poor health is reported up to 11 percent (in Poland and Slovakia), with only a small share of students indicating 'very bad' health (in most countries 1 % or less). In conclusion, in all countries, the majority of students reports a (very) good general health.

Figure 1. Students' general health (%)



<sup>1</sup> Findings from 2016 on the general adult population for the same countries, except for Azerbaijan, Georgia, Iceland, Norway and Switzerland, which can be found here: <https://www.eurofound.europa.eu/en/publications/2018/european-quality-life-survey-2016>

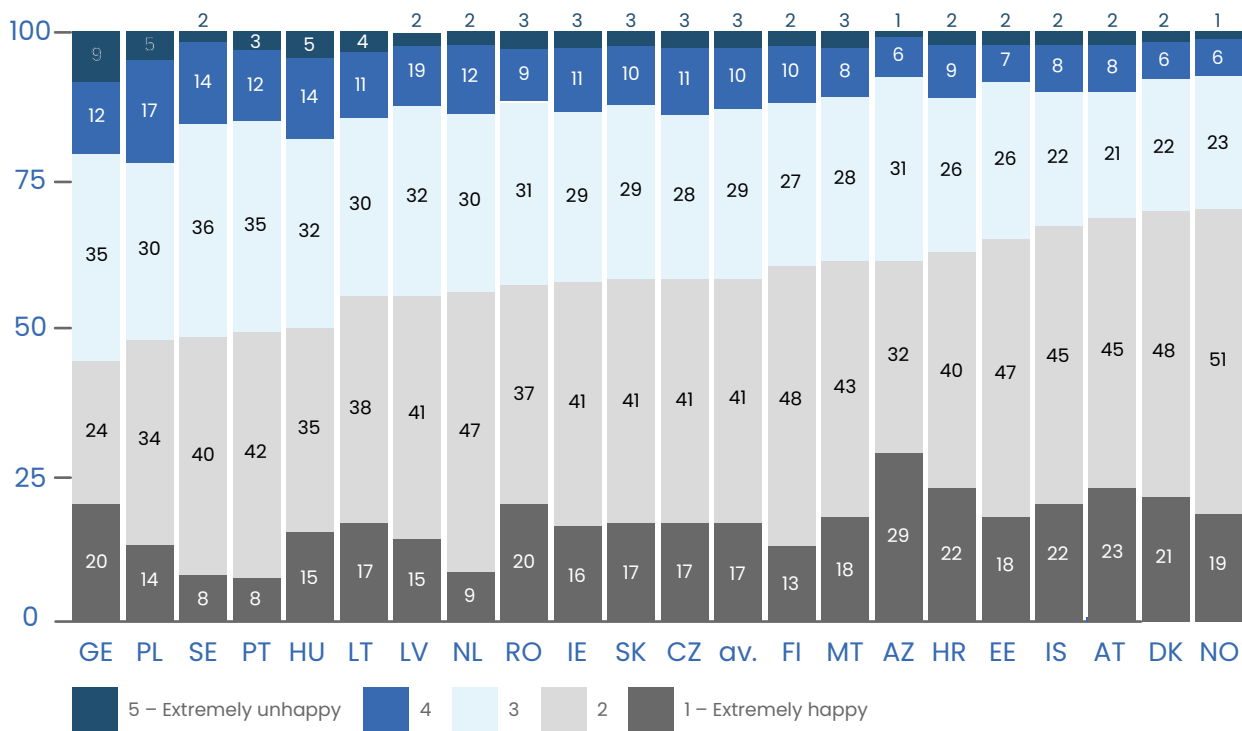
## Overall happiness

In each country, only a small share of students express extreme unhappiness, with Georgia having the highest proportion at nine percent and both Azerbaijan and Norway having the smallest, with one percent (Figure 2). A slightly larger group feels unhappy (category 4 in the figure), with figures ranging from 17 percent in Poland to six percent in Azerbaijan, Denmark, and Norway. Combined, Poland has the highest share of students feeling unhappy or extremely unhappy with 22 percent while Azerbaijan and Norway have the lowest share with seven percent. Overall, the highest incidences of (extreme) unhappiness

among students are found in Poland, Georgia, and Hungary (resp. 22, 21, and 19 %). Conversely, the highest percentages of students expressing (extreme) happiness are in Norway, Denmark, and Austria.

**Only a small group of students in each country reports being extremely unhappy. A slightly larger group reports being unhappy, ranging between 6 and 17 percent.**

Figure 2. Students' overall happiness (%)



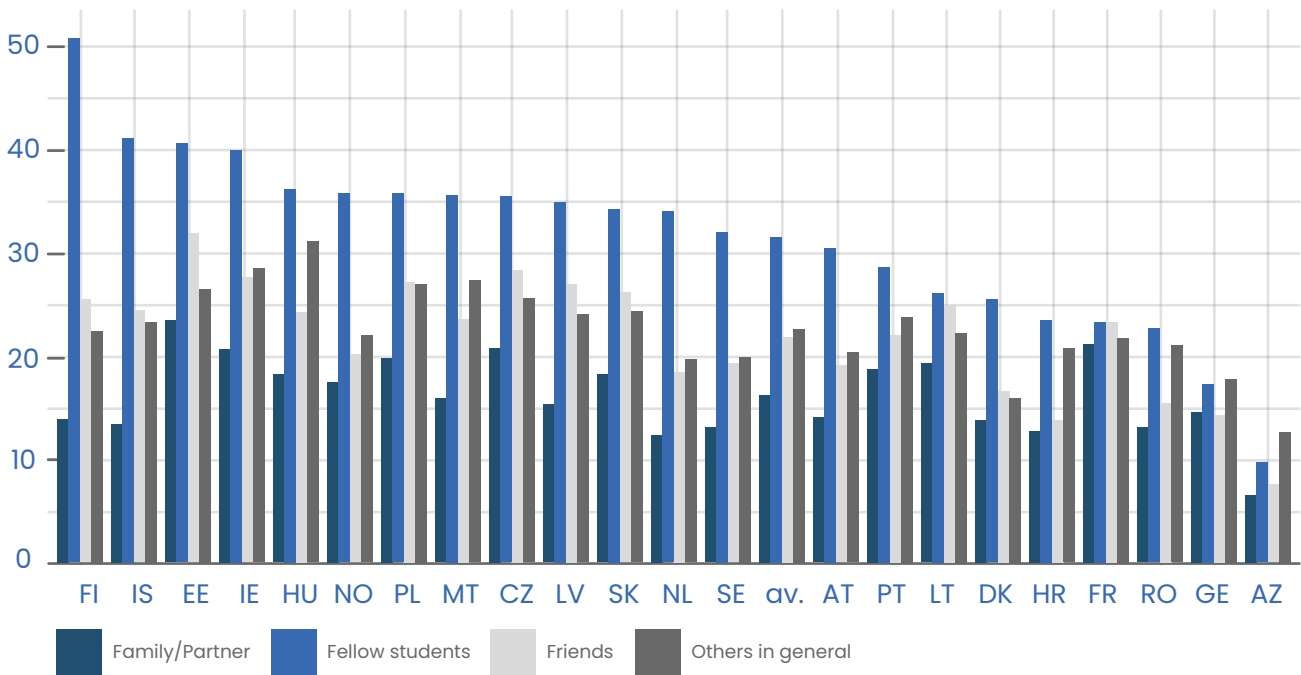
## Isolation

Students were also asked about their feelings of isolation (Figure 3). Overall, the majority of students does not feel isolated from their family (or partner), fellow students in their study programme, friends, or from others in general. However, there is a tendency for students to feel more isolated from their peers and others in general, than from their family and friends. When comparing countries, students

in Azerbaijan report the lowest levels of isolation from all groups. In contrast, the country with the largest share of students feeling isolated is the Czech Republic. The share of students indicating they feel isolated from their fellow students is highest for Finland (51%), followed by Iceland and Estonia (41% both); this is lowest for Azerbaijan, Georgia and Romania (resp. 10, 17 and 23%).

**A small group of students feels isolated from family, friends, fellow students, and others in general. The share of students feeling isolated from fellow students all of the time ranges between 2 and 21 percent.**

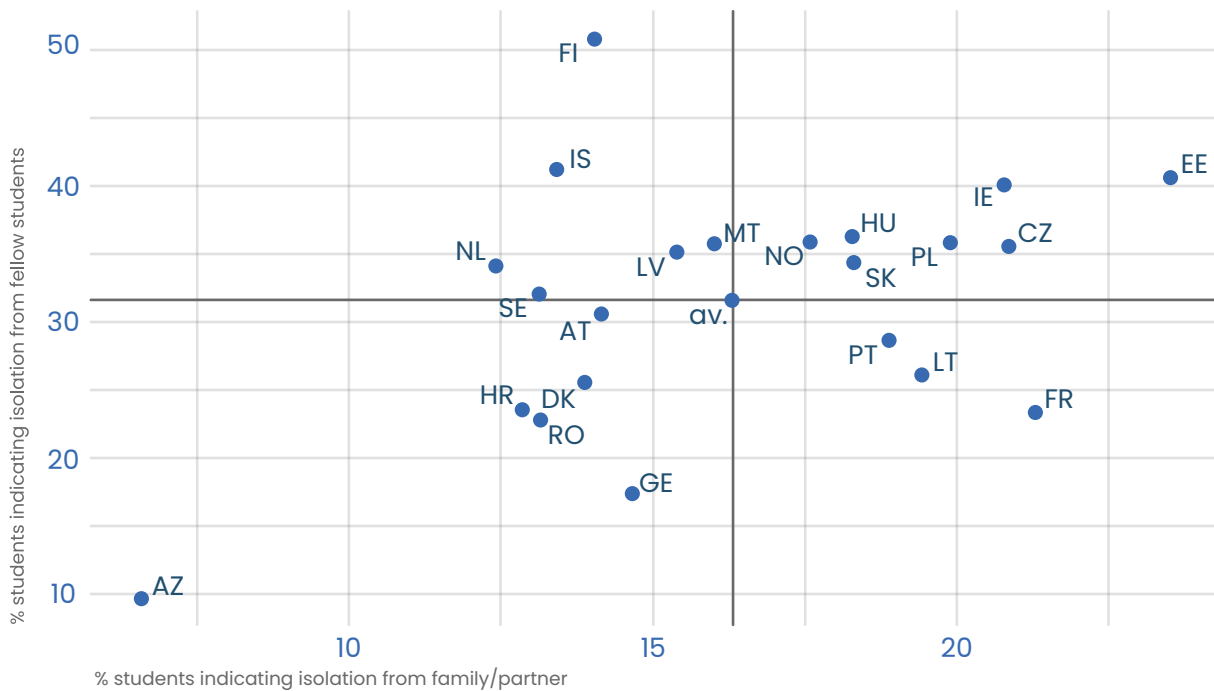
Figure 3. Shares of students feeling isolated from different groups (%)



When comparing the isolation from family and partners with isolation from fellow students (Figure 4), we can see that for most countries, those with a higher share of students feeling isolated from fellow students generally have a higher share of students feeling isolated from their family and/or partner. However, there are some exceptions: for instance in Finland, Iceland, the Netherlands and

Latvia, students generally feel more isolated from fellow students in their study program, but less isolated from their family or partner, whereas in Portugal, Lithuania and France this is opposite: students generally feel more isolated from their family or partner, and relatively less isolated from their fellow students in their study program.

Figure 4. Share of students feeling isolated from different groups for family/partner and fellow students (%)



## Well-being

Figure 5 shows the percentage of students with poor well-being. According to the WHO-5 index,<sup>2</sup> the percentage of students with poor well-being ranges between 37 (Iceland) and 58 percent (Poland). For comparison, in 2016, the general adult population shows a better score on well-being, with ranges between 14 and 36 percent on poor well-being among the same countries.<sup>3</sup> These differences may have been caused by comparing different populations (students vs. the general population), but also due to a difference in timing of the survey (with EUROSTUDENT data having been collected during the Covid-19 pandemic).

**Between 37 and 58 percent of the students indicate a poor well-being. In eight out of the 22 countries, the share of students having a poor sense of well-being is greater than the share of students who do not have a poor sense of well-being.**

Among students, countries with a relatively higher share of students with poor well-being are Poland (58%), Portugal and Ireland (57% each). Students in Iceland (37%), Sweden (40%), and Azerbaijan (41%) less often indicate their well-being to be poor. These findings highlight that a considerable number of students in all EUROSTUDENT countries report poor well-being as per the WHO-5 index, and in almost one third of the countries (eight out of 22), students with poor well-being present more than half. This finding seems inconsistent with our finding on students' overall happiness. However, the question(s) on happiness on the one hand and well-being on the other hand measure different underlying concepts. Moreover, they

2 Measured by combining five statements on well-being, see section Methodology for calculation

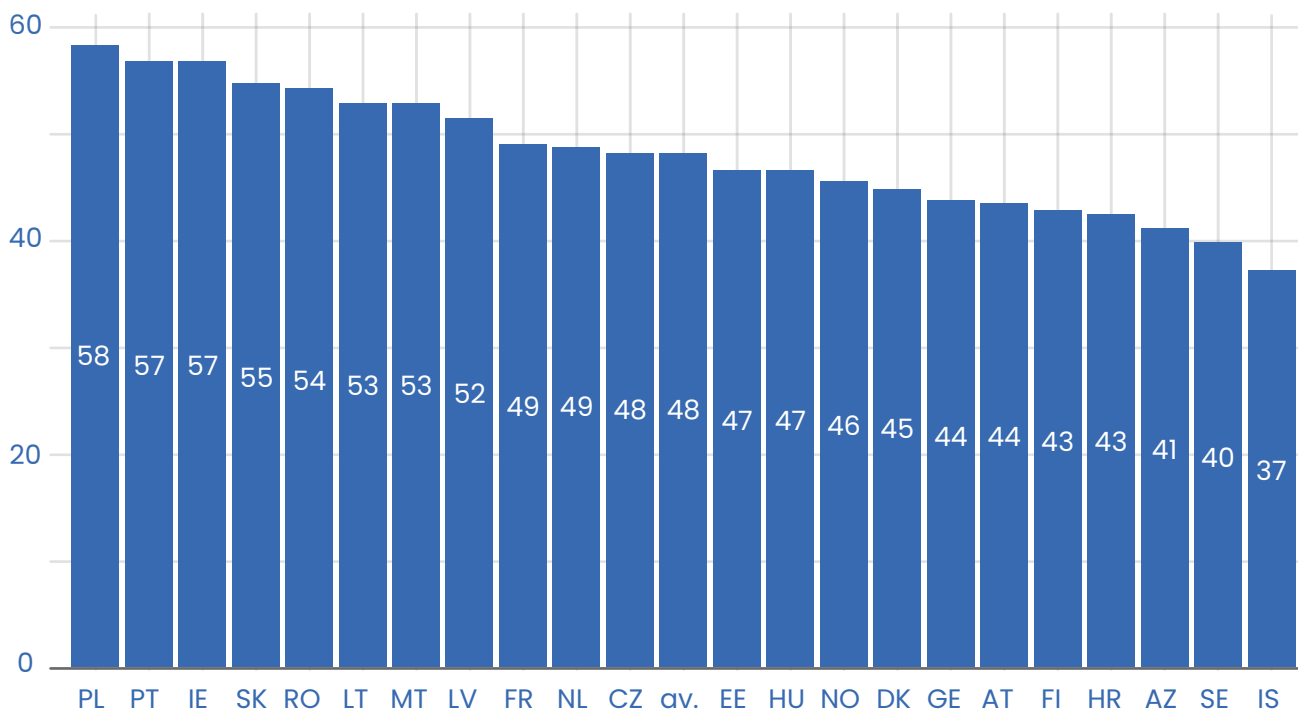
3 Findings from 2016 on the general adult population on the WHO-5 index for the same countries, except for Azerbaijan, Georgia, Iceland, Norway and Switzerland, which can be found here: <https://www.eurofound.europa.eu/en/publications/2018/european-quality-of-life-survey-2016>



measure these concept in different ways, namely directly (happiness) versus indirectly (well-being), which can lead to a difference in providing socially desirable answers (i.e. social desirability bias). They differ in the number of questions asked to measure the concept (one question versus a subset of questions) and they refer to different

periods of time (at the moment of the survey versus in the past two weeks). This all has consequences on how a question is interpreted and answered. Therefore, comparison of these two findings is complex and we therefore recommend to treat these as two different concepts.

Figure 5. Share of students with low sense of well-being (%)



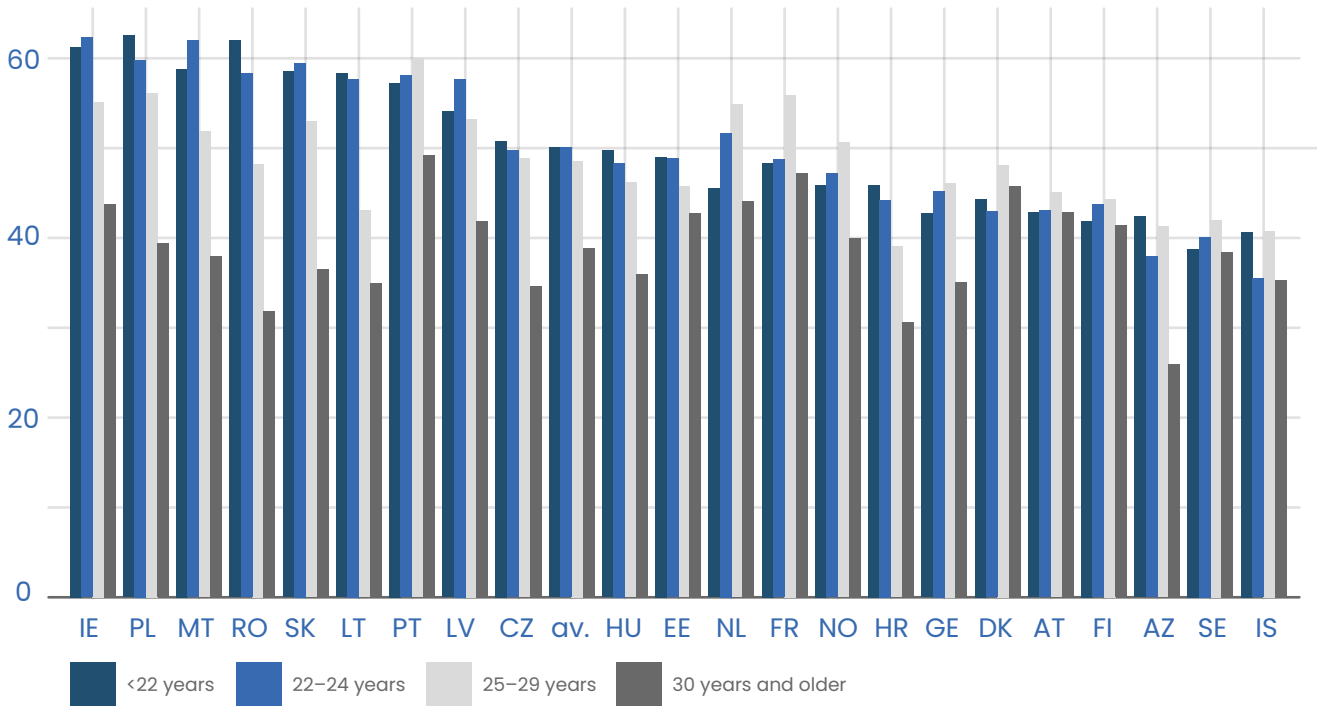
## Well-being by age

On average, students under 22 years old, between 22 and 24, and between 25 and 29 years report similar levels of poor well-being (50, 50, and 49 % respectively; Figure 6). Students aged over 30 years generally have a better well-being: they less often report a poor well-being compared to younger students (on average 39 %). There are differences between EUROSTUDENT countries, with regards to the average well-being for different age groups. For instance, in Ireland, Poland, and Malta older students report less poor well-being

**Younger students report a poorer well-being compared to older students.**

compared to younger students. In contrast, in Austria and Finland levels of poor well-being are quite similar across age groups. In some countries (e.g. the Netherlands, France, and Denmark), students aged between 25 and 29 years report highest levels of poor well-being. In other countries, such as Ireland, Poland, and Malta, students between 25 and 29 years report lower levels of poor well-being compared to students under 24 years.

Figure 6. Share of students with low sense of well-being, by age (%)



### Well-being by experiencing financial difficulties

In all EUROSTUDENT countries, the majority of students with financial difficulties reports poor well-being according to the WHO-5 index, whereas the students without financial difficulties are least likely to report poor well-being (Figure 7). This is true for all countries. Thus, there is a clear relationship between experiencing financial difficulties and reported (poor) well-being.

**Students experiencing financial difficulties are much more likely to report low sense of well-being, compared to students who do not experience financial difficulties**

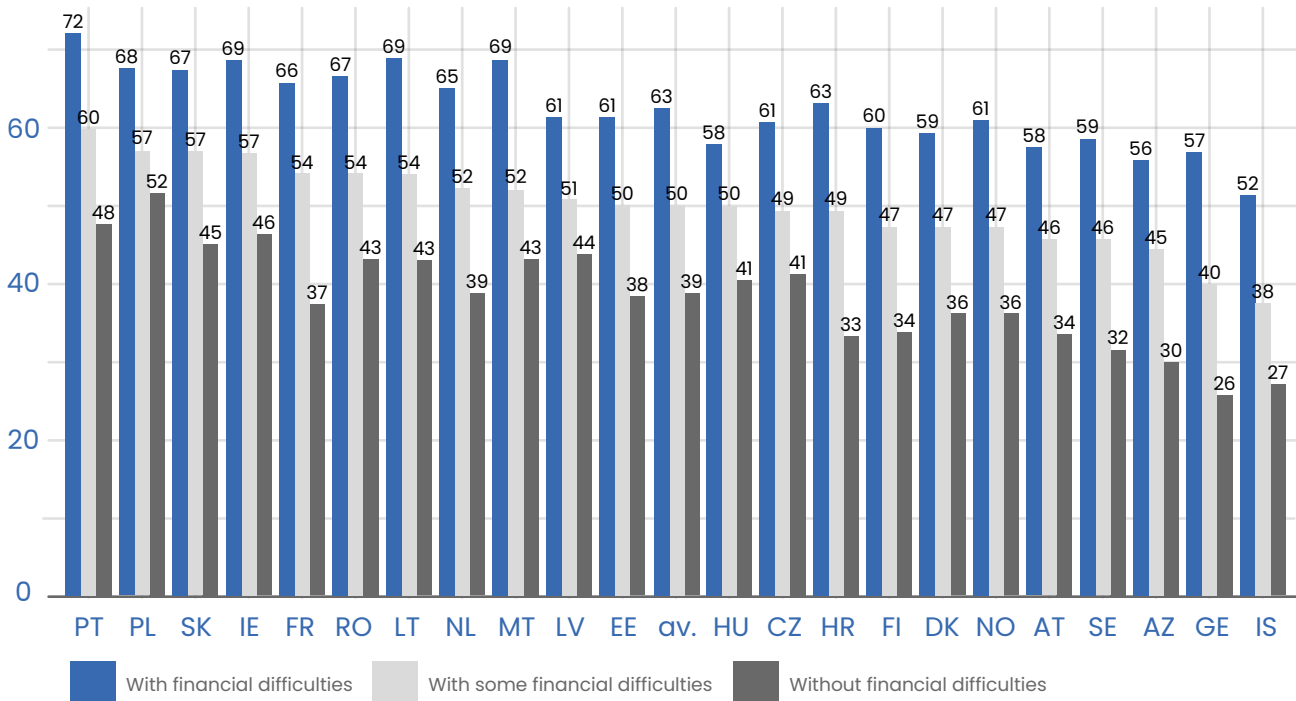
see that the extent of these differences vary substantially over the EUROSTUDENT countries. The gap between students facing financial hardships and those without is most pronounced in Georgia<sup>4</sup> and smallest in Poland. This variation in the magnitude of the financial disparity can indicate that financial difficulties and poor well-being may be more strongly related in some countries than in others (i.e. a

When looking at these differences between students with and without financial difficulties, we

bigger well-being inequality gap).

4 There are large gaps between these groups also in Malta, France and Azerbaijan.

Figure 7. Share of students with low sense of well-being, by financial difficulties (%)



### Mental health problems

The majority of students within the EUROSTUDENT countries do not report mental health problems (Figure 8). The percentage of students who report having a mental health problem ranges between 29 and 1 per cent. The percentage of students with mental health problems is highest in Sweden (29 %), followed by Finland (23 %). The lowest shares of students with mental health problems are reported in Romania (1 %), Croatia, and Latvia (4 % each). It is unclear whether the varying levels of mental health problems in different countries actually reflect different levels of prevalence. Alternatively, differences in the prevalence of mental health problems in different countries could be caused by differences in awareness and stigma (Gagné et al., 2023).<sup>5</sup>

**Among students reporting a mental health problem,** students with an official diagnosis and

**Within the EUROSTUDENT countries, up to nearly one third of students report a mental health problem, most often depression and anxiety disorders.**

receiving treatment for it make up the largest group in most countries. Shares are highest in Finland (11 %) and Sweden (8 %) and lowest in Romania (less than 1 %), Azerbaijan, Georgia, Latvia, and Croatia (all 1 %). The second largest group in most countries are students with a diagnosis but who are not receiving treatment. This share is the highest in Sweden, Finland, Denmark, and the Netherlands (6, 5, 5 and 5 % respectively) and lowest in Romania (less than 1 %), Azerbaijan, Slovakia, Latvia, Croatia, and Iceland (all 1 %). Furthermore, there are also groups of students that do indicate they have not been diagnosed but who do indicate that their mental health issue is limiting their studies (largest in Sweden, Finland, and Czech Republic) or do not experience limitations in their studies because of their mental health problems (largest in Sweden and Azerbaijan)<sup>6</sup>.

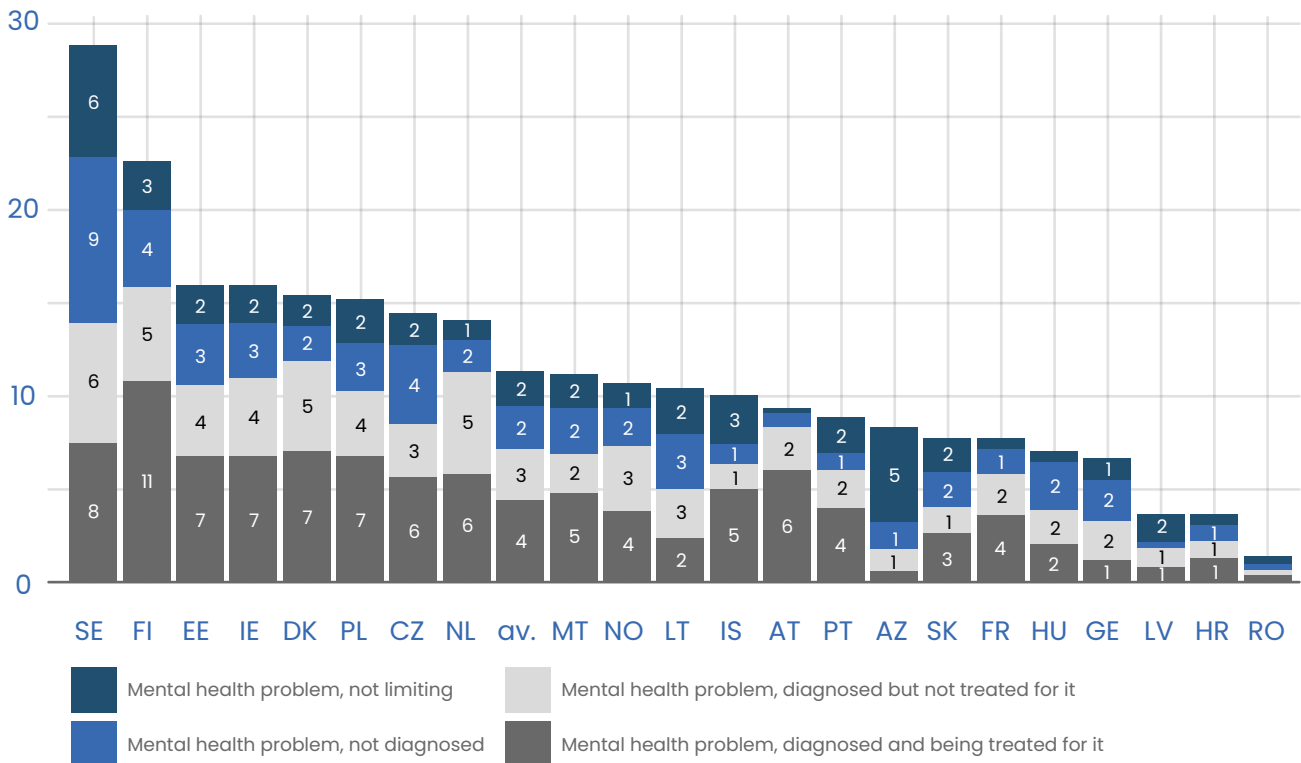
<sup>5</sup> Although Gagné et al. (2023) did not find support for their hypothesis that an increase in mental health awareness lead to an increase in mental health self-reporting in England, it could be the case that this explanation holds true in other countries.

<sup>6</sup> Students who indicate that their mental health problem is not limiting their studies were not asked whether they had been diagnosed.

Also noteworthy, in Austria more than half of the students who report a mental health problem have been diagnosed and receive treatment for it. In Georgia on the other hand, the majority of students with mental health problems are not being treated for it. As for Azerbaijan, students with

mental health problems most often indicate that they are not limited by their mental health issues. Whereas in other countries – among which the Netherlands, Norway, and Austria – only a small proportion of students with mental health problems experience no limitations in their studies.

Figure 8. Share of students reporting mental health problems (%)



### Types of mental health problems

Students with a mental health problem that limits their study, also provided details about their specific mental health problem(s). Out of the students who do have a mental health problem, most students indicate having one, two or three mental health problems.<sup>7</sup> In all EUROSTUDENT countries (as seen in Figure 9), students with mental health problems, most often report depression and anxiety disorders, (71 % each) and least often report psychosis

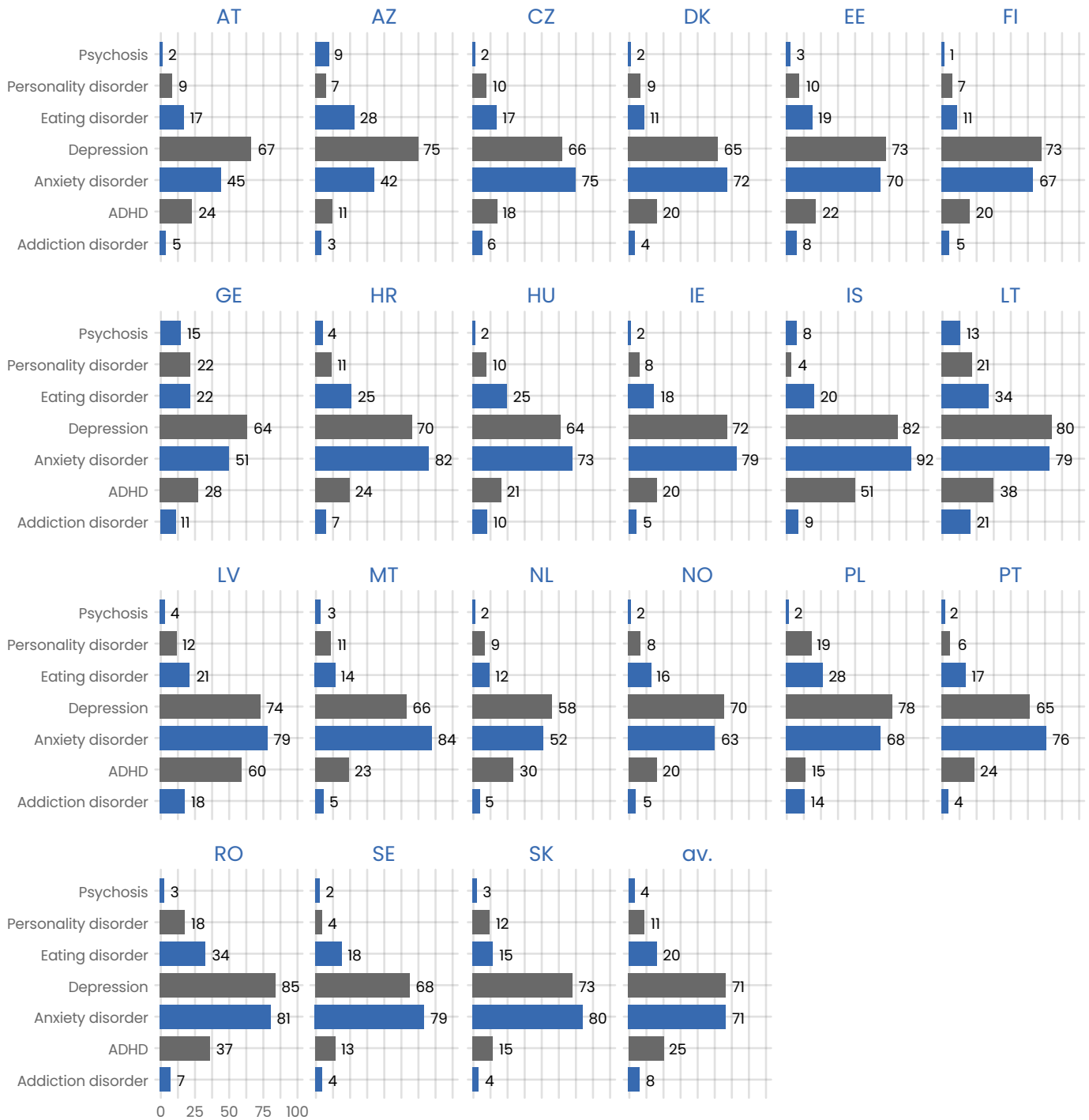
(4 %) and addiction disorder (8 %). Anxiety disorder is most prevalent in Iceland at 92 percent, with Azerbaijan recording the least at 42 percent.

**Students who indicate having a mental health problem, most often cope with depression or anxiety disorder.**

Regarding psychosis, 15 percent of students reporting mental health problems in Georgia have this condition, compared to only one percent in Finland. In the case of addiction disorders, the rate is highest with 21 percent in Lithuania and lowest at three percent in Azerbaijan.

<sup>7</sup> On average, students who indicate having 1, 2 or 3 separate mental health problems constitute respectively three, four and two percent of the student populations.

**Figure 9. Specific types of mental health problems, for students indicating having a limiting mental health problem (%)**



## Counselling: use and satisfaction

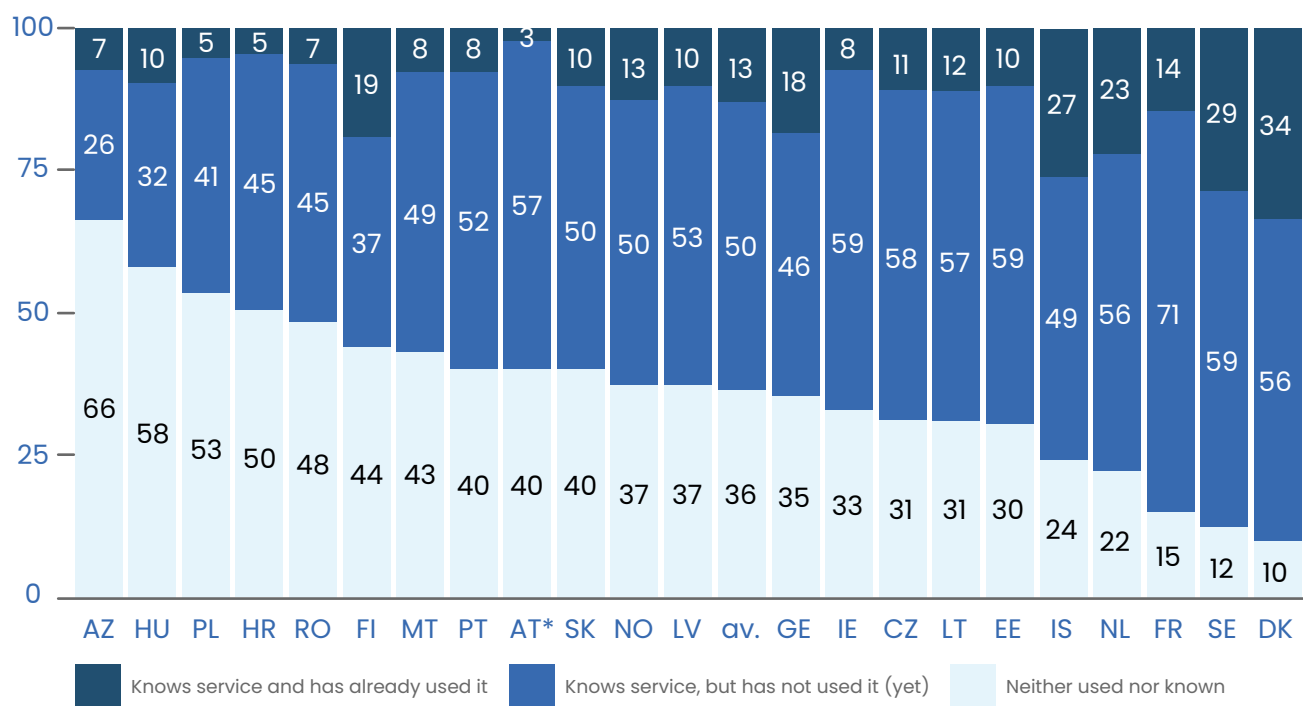
### Knowledge and use of study counselling

In most countries, a majority of students are familiar with study-related counselling, with actual use in each country, however, falling behind (Figure 10).<sup>8</sup> The share of students who have used study counselling services is highest in Denmark (34 %), Sweden (29 %), and Iceland (27 %). The use of study-related counselling is lowest in Austria (3 %), Poland, and Croatia (both 5 %). The percentage of students that are not familiar with study-related counselling varies strongly between

countries. In Denmark only ten percent report to neither knowing about or using it, in Azerbaijan this applies to two thirds of students (66 %).

**Students are often familiar with counselling services (e.g., study-related and psychological counselling), but only a minority of students actually use these services. When students do use counselling services, they often find it helpful.**

Figure 10. Knowledge of and experience with study-related counselling (%)



\* Includes only counselling services provided by the federal government, not by HEIs or other stakeholders.

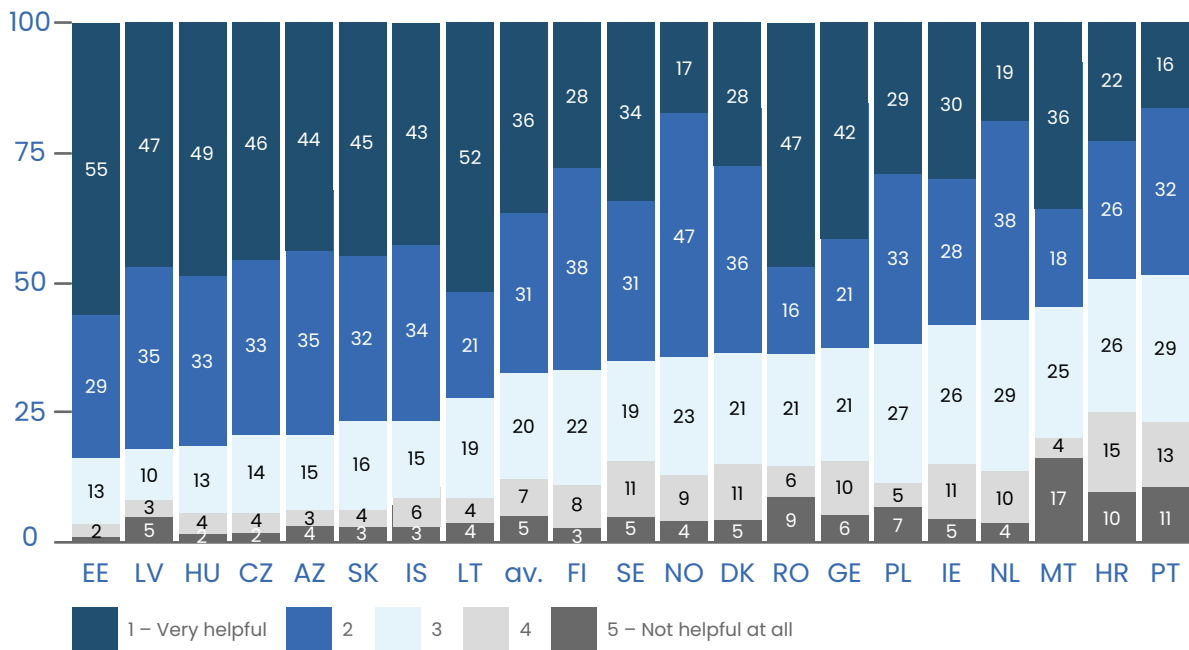
<sup>8</sup> This information reflects whether the student is familiar with these type of services; it could be the case that services are existent but that students are simply not aware of it.

*Assessment of study counselling*

Among students who have used study-related counselling services, in almost all EUROSTUDENT countries, the majority of students report that the used study counselling services are (very) helpful (Figure 11). When combined, the percentage of students who score 'very helpful' or 'helpful' varies between 48 (Portugal) and 84 (Estonia)

percent. The percentage of students that report study counselling services as not helpful at all varies between one (Estonia) and 17 (Malta) percent. Overall, only a small percentage of students report that the used study counselling are not helpful (score of four or five).

**Figure 11. Assessment of helpfulness of study-related counselling, for students who have made use of it (%)**

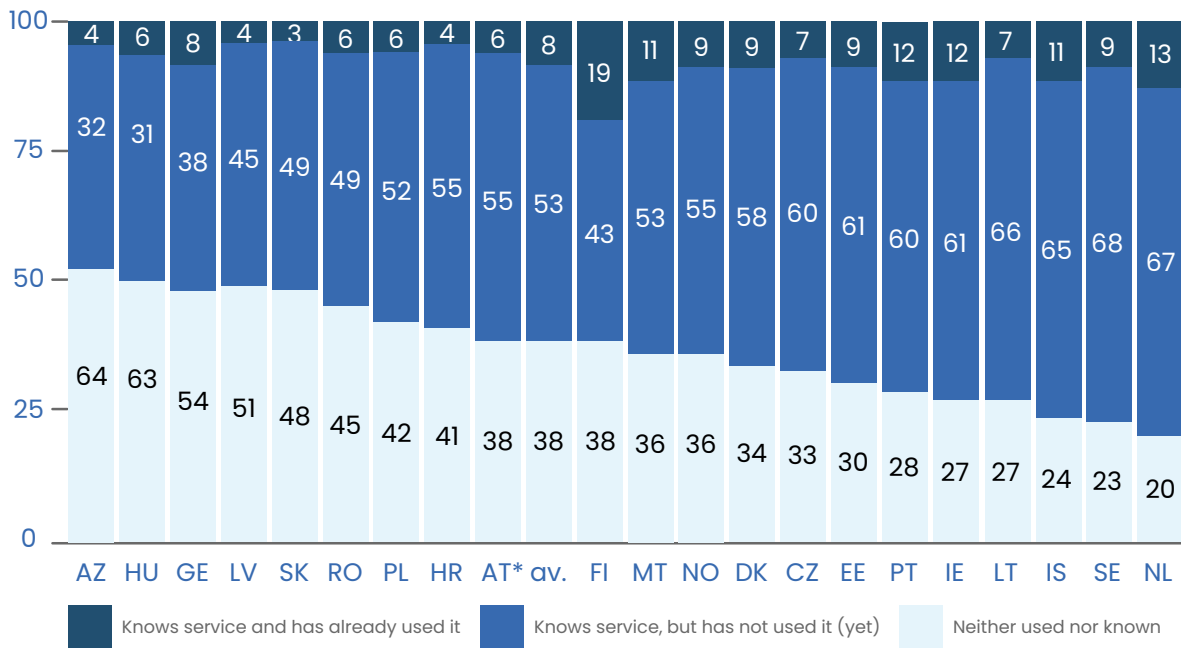


*Knowledge and use of psychological counselling*

Compared to study-related counselling, students are more familiar with psychological counselling services (Figure 12). In most countries, the majority of students knows about psychological counselling. In all EUROSTUDENT countries, there is a common trend where students are more likely to be aware of these services without having used them, as opposed to being aware and having

utilized them. The percentage of students that are informed about psychological counselling and who have already used it is highest in Finland (19 %) and lowest in Slovakia (3 %). The percentage of students that are not aware of psychological counselling ranges between 20 % (the Netherlands) and 64 % (Azerbaijan).

Figure 12. Knowledge of and experience with psychological counselling (%)



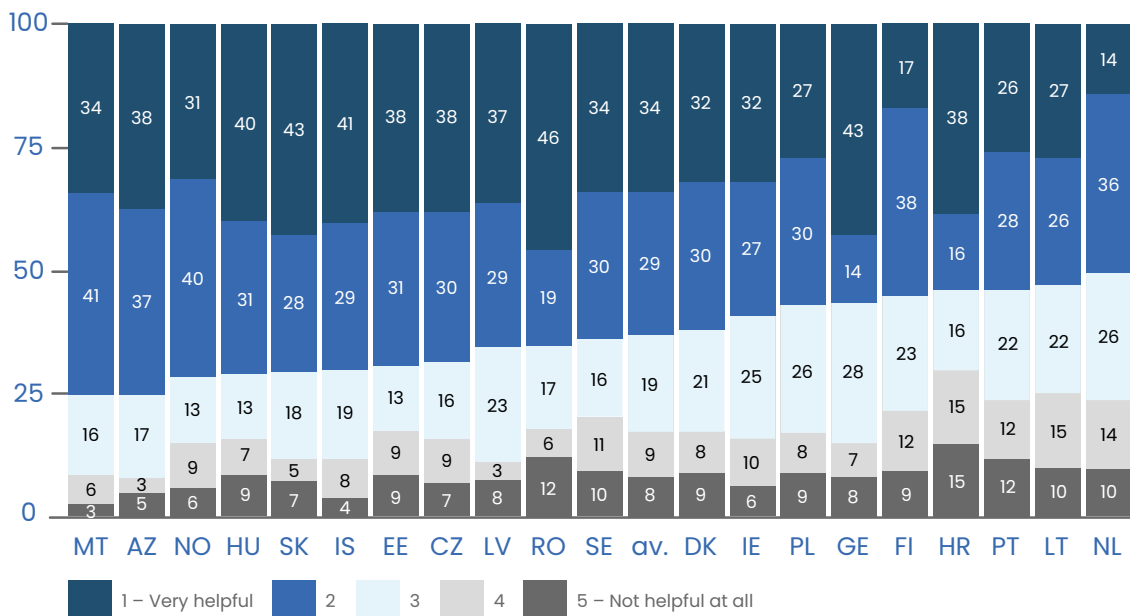
\* Includes only counselling services provided by the federal government, not by HEIs or other stakeholders.

**Assessment of psychological counselling**

Figure 13 shows how helpful psychological counselling is, according to students who have used it. In general, fewer students report psychological counselling services as very helpful compared to study-related counselling services. The percentage of students that report that psychological counselling services are very helpful varies between

46 (Romania) and 14 percent (the Netherlands). Compared to study-related counselling services, psychological counselling is more often considered not helpful at all. The percentage of students that report psychological counselling services as not helpful at all varies between 3 (Malta) and 15 (Croatia) percent.

Figure 13. Assessment of helpfulness psychological counselling, for students who have made use of it (%)





## Take-away messages

While most students do not report having problems with their general health, a large share of students in the EUROSTUDENT countries deals with poor well-being. Even in countries with a relatively high level of well-being, more than a third of the student population report that their well-being is poor. While part of the problem is possibly true for all young people (regardless of being a student), the unique situation of students can also play an (extra) role (such as dealing with academic stress, etc.). Higher education institutions and (national) policy makers need to recognize and address the mental well-being of their students,

aiming to aid them in effectively completing their academic pursuits. This can be achieved by providing accessible and beneficial psychological counselling services, perhaps by integrating them more closely into both academic and social facets of student life. Given the established correlation between financial struggles and diminished well-being among students, institutions should also explore means of easing the tangible financial burdens they encounter. This may involve initiatives such as scholarships, grants, or emergency funds.

## Future research

In future research, we will make further use of the EUROSTUDENT (micro-) data to look into factors associated with higher and lesser sense of well-being and having mental health problems; this can help identify risk factors in this problem. For instance, factors such as parental resources, students' living situation, but also social and academic integration (with the downside that for these indicators, it is impossible to determine causal relations). With all cross-country survey studies, the dependency on self-reporting complicates the interpretation. For instance, the differences which can be seen with regard to the occurrence

of mental health problems, can be caused by the accessibility of the higher education system (resulting in countries who have better accessibility, having a larger share of students who have a mental health problem). However, there can also be differences in what is perceived as having mental health problems, because of cultural differences, stigma, or differences in awareness. In future research we will try to take these factors into account (for instance, by comparing general population data and student data as a way to estimate the inclusiveness of higher education for students with mental health problems).

## Methodological notes

In the eighth round of the EUROSTUDENT project, data were collected in spring 2022 – summer 2022 except CH (spring 2020), DE (summer 2021), AT, ES, FR, PT, RO (spring 2023 – summer 2023). Overall, 23 of the EUROSTUDENT 8 countries reported data for this topical module and are therefore included in this report. Due to the fact that there were some deviations in national questionnaires, the number of analysed countries in each separate graph can vary:

- Austrian data is excluded from the analyses belonging to the graphs: 11, 13;
- French data is excluded from the analyses belonging to the graphs: 2, 9, 11, 12, 13;
- Swiss data is only included in the analyses belonging to graph 1.

### Indicators

#### *General health*

Students indicated their general health on a 5-Point scale ranging from very good to very bad by answering the following question: *“How is your health in general”*.

Adapted from: General self-perceived health in Minimum European Health Module (MEHM):  
doi:10.2785/43280

#### *Happiness*

Students answered the question on a five point scale, ranging from extremely happy to extremely unhappy: *“Taken all things together, how happy would you say you are?”*.

Adapted from: European Social Survey (2018). ESS Round 9 Source Questionnaire. London: ESS ERIC Headquarters c/o City, University of London

#### *Feelings of isolation*

Students were asked how often do you feel isolated from (1) fellow students in their study programme, (2) their family/partner, (3) their friends, or (4) others in general. Students answered this question on a five point scale, ranging between ‘all of the time’ and ‘never’.

Adapted from: Hughes ME, Waite LJ, Hawkey LC, Cacioppo JT. A Short Scale for measuring loneliness in large Surveys: Results from Two Population-Based Studies. *Res Aging*. 2004;26(6):655-672.  
doi: 10.1177/0164027504268574. PMID: 18504506; PMCID: PMC2394670.

#### *Well-being*

The World Health Organisation- Five Well-Being index (WHO-5) is a widely used measure of current mental well-being. It was introduced in 1998 and has been translated into more than 30 languages. The WHO-5 consists of the following five statements:

Over the past 2 weeks ...

1. I have felt cheerful and in good spirit
2. I have felt calm and relaxed
3. I have felt active and vigorous
4. I woke up feeling fresh and rested
5. My daily life has been filled with things that interest me

These statements are answered on a six point-scale with the following answer categories: all of the time (5), most of the time (4), more than half of the time (3), less than half of the time (2), some of the time (1), and at no time (0). The total score (ranging from 0 to 25), is multiplied by 4, resulting in a scale between 0 (worst well-being possible) and 100 (best imaginable well-being). For the analyses in this report, this score was dichotomized, resulting in a group labelled as poor well-being (0-50) and a group labelled as sufficient well-being (with a score of 51 or higher).

### *Mental health problems*

Within the group of students with mental health problems, four subgroups are distinguished. For the first three subgroups, students indicated that their mental health problem is limiting them in their studies.

1. students with mental health problems, diagnosed and being treated for it;
2. students with mental health problems, diagnosed but not treated for it;
3. students with mental health problems, but not diagnosed;
4. and students with mental health problems but who are not limited by them in the study context.

### *Counselling*

Students were also asked to what extent they are familiar with any counselling services specifically for students, concerning study related (e.g. switching of study programme, or exam rules) or psychological counselling. No distinction was made between which party provides this counselling (whether the Higher Education Institution or any other party). The following three answer categories were possible: (1) Yes, I have already used it, (2) Yes, but I have not used it (yet), and (3) No, I have never heard of it.

### *Assessment of counselling*

Students that indicated that they used study-related or psychological counselling also reported to what extent the provided counselling was helpful, on a five point scale ranging from very helpful to not helpful at all.

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## About EUROSTUDENT

The EUROSTUDENT project collates comparable student survey data on the social dimension of European higher education, collecting data on a wide range of topics, e.g. the socio-economic background, living conditions, and temporary international mobility of students. The project strives to provide reliable and insightful cross-country comparisons. The data presented here stem from the eighth round of the EUROSTUDENT project (2021–2024).

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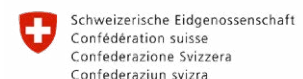
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