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SAÚDE MENTAL, SUPORTE SOCIAL E COMPORTAMENTOS DE SAÚDE EM ESTUDANTES DO ENSINO SUPERIOR
MENTAL HEALTH, SOCIAL SUPPORT, AND HEALTH BEHAVIORS IN HIGHER EDUCATION STUDENTS
SALUD MENTAL, APOYO SOCIAL Y COMPORTAMIENTOS DE SALUD EN ESTUDIANTES DE EDUCACIÓN SUPERIOR

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RESUMO

Introdução: Estudos epidemiológicos indicam que as perturbações mentais tendem a surgir com maior frequência no início da vida adulta. No ensino superior, a ansiedade e a depressão são comuns e podem afetar negativamente a qualidade de vida e o desempenho académico dos estudantes.

Objetivo: Analisar a relação entre a saúde mental, suporte social e comportamentos de saúde em estudantes do ensino superior.

Métodos: Responderam a um questionário online 1.120 estudantes do Instituto Politécnico de Coimbra. O questionário incluiu dados sociodemográficos, o Inventário de Saúde Mental (MHI-38), a Escala de Satisfação com o Suporte Social (ESSS) e questões sobre comportamentos de saúde, como consumo de tabaco, álcool, substâncias ilícitas, tranquilizantes e prática de exercício físico.

Resultados: A amostra era maioritariamente feminina e com idades entre 18 e 25 anos. De forma geral, os estudantes apresentaram níveis satisfatórios de saúde mental (MHI = 60,01) e de satisfação com o suporte social (ESSS = 48,39). A correlação negativa moderada entre saúde mental e suporte social indicou que os estudantes com menor saúde mental reportavam maior satisfação com o suporte social percebido. O consumo de tabaco e álcool esteve associado a pior saúde mental, enquanto a ausência de atividade física se relacionou com melhores níveis de saúde mental.

Conclusão: A saúde mental dos estudantes do ensino superior é influenciada pelo suporte social e por hábitos de saúde, sendo necessárias abordagens integradas para os fomentar, criando ambientes académicos que potenciem o bem-estar e a saúde mental dos estudantes.

Palavras-chave: saúde mental; suporte social; comportamentos de saúde; ensino superior

ABSTRACT

Introduction: Epidemiological studies indicate that mental disorders tend to emerge more frequently in early adulthood. In higher education, anxiety and depression are common and can negatively affect students' quality of life and academic performance.

Objective: To examine the relationship between mental health, social support, and health behaviors among higher college students.

Methods: An online questionnaire was completed by 1,120 students from the Polytechnic Institute of Coimbra. The questionnaire included sociodemographic data, the Mental Health Inventory (MHI-38), the Social Support Satisfaction Scale (ESSS), and questions on health behaviors such as tobacco, alcohol, illicit substances, tranquilizers, and physical activity.

Results: The sample was predominantly female and aged between 18 and 25 years. Overall, students showed satisfactory levels of mental health (MHI = 60,01) and satisfaction with social support (ESSS = 48,39). A moderate negative correlation between mental health and social support indicated that students with lower mental health reported higher satisfaction with perceived social support. Tobacco and alcohol consumption were associated with poorer mental health, while the absence of physical activity was related to better mental health levels.

Conclusion: Students' mental health in higher education is influenced by social support and health behaviours, highlighting the need for integrated approaches to foster them, creating academic environments that enhance students' well-being and mental health.

Keywords: mental health; social support; health behaviors; higher education

RESUMEN

Introducción: Los estudios epidemiológicos indican que los trastornos mentales tienden a aparecer con mayor frecuencia en la adultez temprana. En la educación superior, la ansiedad y la depresión son comunes y pueden afectar negativamente la calidad de vida y el rendimiento académico de los estudiantes.

Objetivo: Analizar la relación entre la salud mental, el apoyo social y los comportamientos relacionados con la salud en los estudiantes de educación superior.

Métodos: Un cuestionario en línea fue completado por 1.120 estudiantes del Instituto Politécnico de Coimbra. El cuestionario incluyó datos sociodemográficos, el Inventario de Salud Mental (MHI-38), la Escala de Satisfacción con el Apoyo Social (ESSS) y preguntas sobre comportamientos de salud, como consumo de tabaco, alcohol, sustancias ilícitas, tranquilizantes y actividad física.

Resultados: La muestra fue predominantemente femenina y con edades entre 18 y 25 años. En general, los estudiantes presentaron niveles satisfactorios de salud mental (MHI = 60,01) y de satisfacción con el apoyo social (ESSS = 48,39). Una correlación negativa moderada entre salud mental y apoyo social indicó que los estudiantes con menor salud mental reportaban mayor satisfacción con el apoyo social percibido. El consumo de tabaco y alcohol se asoció con peor salud mental, mientras que la ausencia de actividad física se relacionó con mejores niveles de salud mental.

Conclusión: La salud mental de los estudiantes universitarios está influenciada por el apoyo social y los comportamientos de salud, lo que resalta la necesidad de enfoques integrados para fomentarlos, creando entornos académicos que potencien el bienestar y la salud mental de los estudiantes.

Palabras clave: salud mental; apoyo social; comportamientos de salud; educación superior.

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INTRODUCTION

According to the World Health Organization, mental health is more than just the absence of mental disorders (World Health Organization, 2022). We live in a world where 18% of existing diseases are mental, and in Portugal, the most common disorders (i.e., anxiety and depression) have a prevalence of 21% (9% anxiety and 12% depression) (Johanna & Koppensteiner, 2023). Several epidemiological studies have shown that mental disorders are more likely to emerge for the first time in early adulthood, especially during university years (Silveira et al., 2011). These disorders can interfere with the quality of life and, consequently, negatively affect the academic path of young people who suffer from them (Fonseca, 2021).

Entering higher education requires students to adjust their routines and responsibilities, potentially leading to imbalances and an increased risk of mental health issues (Santos et al., 2023; Cunha, 2020). Several studies on university students report symptoms of stress, anxiety, and depression, suggesting that academic overload, lack of free time, and limited support networks are significant stressors in this population (Gomes et al., 2023).

Throughout their academic journey, students encounter situations they have not previously experienced. The increased volume of study materials and higher demands may contribute to psychological overload and behavioral changes, including symptoms of anxiety (Vale, 2021).

Beyond academic factors, literature highlights the role of social support as an important protective factor. Recent studies suggest that higher levels of social support are associated with lower stress and greater psychological well-being, functioning as an adaptive resource in the face of academic demands (Linden et al., 2023; Priestley et al., 2022). Health-related behaviors—such as alcohol, tobacco, and illicit substance use; the use of tranquilizers; and engagement in physical activity—have also been identified as relevant to understanding students' mental health. Substance use, often embedded in university social dynamics, may be associated with negative consequences for well-being and academic performance (Stålesen, 2015; Sæther et al., 2019). Conversely, physical activity is frequently described as beneficial for mental health, although findings are not entirely consistent (Pereira, 2023).

The articulation between these three domains—mental health, social support, and health behaviors—is essential for a comprehensive understanding of well-being among higher education students.

Thus, this study aims to characterize the mental health of higher education students and examine its association with perceived social support and health behaviors.

1. LITERATURE REVIEW

Mental health challenges in higher education have been widely documented. However, their relationship with social support systems and health behaviors has received less attention as an integrated phenomenon. This gap is particularly relevant given the developmental importance of early adulthood and the specific pressures associated with university life.

University students represent a particularly relevant group for mental health research. The transition to higher education involves multiple simultaneous demands (academic pressure, identity development, changes in social networks, and often geographic displacement) that occur during a sensitive developmental period. Evidence consistently shows that this population is especially vulnerable to psychological distress, depression, anxiety, and burnout (Dias, 2022). The COVID-19 pandemic further intensified these vulnerabilities. Lockdowns, prolonged social isolation, and disruptions to academic routines contributed to a marked decline in student well-being across several domains. For example, Son et al. (2020) reported that 71% of a sample of 195 university students experienced anxiety during the pandemic, underlining the scale of the problem and the need for continued assessment in the post-pandemic period. In this context, evaluating student mental health after the third wave of COVID-19 became a clear research priority (Vale, 2021).

Psychological distress, generally understood as an emotional state that includes symptoms of anxiety and depression, and sometimes somatic complaints, plays a central role in this body of research. Although it is not a formal clinical diagnosis, it is widely used as an indicator of mental health at the population level (Serviço Nacional de Saúde, 2018). Its impact goes beyond subjective experience, being associated with substance use, poorer academic performance, difficulties in occupational functioning, and longer-term mental health outcomes (Cristovão, 2012).

A review by Nogueira (2017) identified several factors associated with poorer psychological outcomes among students, including difficulties in social integration, interpersonal conflicts, academic failure, and persistent distress. At the same time, positive dimensions such as life satisfaction, subjective happiness, and well-being are increasingly recognized as important for students' ability to remain in and benefit from higher education. In contrast, anxiety, stress, and depression have been identified as significant barriers to academic persistence (Alves, 2021; Bhargav & Swords, 2022).

Social support appears as a particularly important protective factor in this context. From a stress-buffering perspective, the perception of available social support can reduce the psychological impact of academic and environmental demands. Linden et al. (2023) found that students with stronger support networks report lower levels of stress, while Priestley et al. (2022) showed that social integration, a sense of belonging, and meaningful relationships are closely associated with better mental health and well-being.

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These findings align with theoretical perspectives that emphasize the importance of social connection as a basic human need and suggest that disruptions to social networks (such as those experienced during the pandemic) may have particularly strong effects during this stage of life.

Health behaviors represent another closely related domain. From a developmental perspective, the university years are a period in which the initiation and escalation of substance use are more likely, with potential long-term consequences (Kouros & Papp, 2024). Alcohol consumption, in particular, is often described as a normative part of student social life (Stålesen, 2015). However, problematic use is associated with a range of negative outcomes, including injuries, risky sexual behavior, academic difficulties, and reduced life satisfaction (Sæther et al., 2019). These outcomes suggest that health behaviors are both influenced by and influential in students' mental health and social functioning.

Despite the clear links between mental health, social support, and health behaviors, research has often examined these domains separately. Studies on student mental health do not always consider the role of social resources or behavioral factors, and research on substance use rarely includes a systematic assessment of psychological distress or social support. This separation limits a more comprehensive understanding of student well-being and makes it more difficult to design integrated interventions. Although some studies have begun to address this issue (Porru et al., 2021), empirical evidence on integrated approaches remains limited.

The present study seeks to address this gap by examining the relationships between mental health, social support, and health behaviors among higher education students. By considering these domains together, it aims to provide a more comprehensive understanding of student well-being.

2. METHODS

2.1 Sample

The study population comprised 11,000 CTESP, Bachelor's, and Master's students from the Polytechnic Institute of Coimbra. A non-probabilistic convenience sampling method was used.

A total of 2,030 responses were received, though only approximately 1,000 participants completed the questionnaire in full. Questionnaires were deemed valid if they had a completion rate exceeding 50%, resulting in a final sample of 1,120 cases for analysis. The number of valid cases for each statistical test is provided in the corresponding tables.

2.2 Data collection instruments

Data were collected via an online survey developed and hosted on the LimeSurvey platform, which was open to students throughout February 2024. The access link was disseminated through the institutional NONIO system, ensuring that all students at the Polytechnic Institute of Coimbra had the opportunity to participate. Participation was voluntary, anonymous, and non-remunerated. Prior to participation, respondents provided informed consent, which detailed the study's objectives, the confidentiality of the data, and the right to withdraw at any stage without prejudice."

The first section gathered information on participants' sociodemographic and academic characteristics. In the second section, the Mental Health Inventory (ISM; Pais-Ribeiro, 2001) was used to assess the mental health of higher education students. This instrument includes 38 items divided into a negative dimension—Psychological Distress, with three subscales (anxiety, depression, and loss of emotional control)—and a positive dimension—Psychological Well-Being, with two subscales (positive affect and emotional bonds). Responses were rated on five- or six-point scales, and total scores were calculated by summing the raw item scores for each scale, with some items reverse-coded. Higher scores indicate better mental health.

In the third section, social support was assessed using the Social Support Satisfaction Scale (ESSS; Pais-Ribeiro, 1999), with total scores ranging from 15 to 75. The scale comprises 15 items divided into four subscales: satisfaction with friends (5 items, range 5–25), satisfaction with family (3 items, range 3–15), intimacy (4 items, range 4–20), and satisfaction with social activities (3 items, range 3–15). Subscale scores were obtained by summing the items for each factor, while the total score was calculated by summing all items. Higher scores reflect greater satisfaction with social support.

The fourth section of the questionnaire assessed participants' health behaviours, including smoking habits, alcohol and illicit substance use, tranquillisers, and physical activity.

Ethics approval was granted by the Polytechnic Institute of Coimbra's Research Ethics Committee. Missing values were handled via listwise deletion, ensuring that each statistical test included only cases with complete data for the variables under analysis

2.3 Statistical analysis

Statistical analyses were performed using IBM SPSS Statistics (version 29.0). Descriptive statistics included absolute and relative frequencies, measures of central tendency (arithmetic mean), and measures of dispersion (standard deviation). Data distribution was assessed for normality through skewness, kurtosis, and formal normality tests. Inferential analyses were conducted using the Kruskal-Wallis non-parametric ANOVA test (with Bonferroni post-hoc adjustments), Pearson's correlation coefficient, and Independent Samples t-tests. A 95% confidence level was adopted for all hypothesis testing.

3. RESULTS

3.1 Sample characteristics

The sample consisted of 1,120 students enrolled in short-cycle, undergraduate, and postgraduate programs at the Polytechnic Institute of Coimbra. Table 1 presents their sociodemographic characteristics.

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Table 1 – Sociodemographic characteristics

		n	%
Sex	Male	381	32,2
	Female	788	66,7
	Prefer not to answer	13	1,1
	Total	1182	100
Age	18-20 years	454	38,4
	21-25 years	491	41,5
	26-30 years	72	6,1
	>30 years	165	14,0
	Total	1182	100
Study Cycle	Degree	936	79,2
	Master's Degree	194	16,4
	CTESP	52	4,4
	Total	1182	100
School of the Polytechnic Institute of Coimbra	Coimbra Agricultural School	131	11,1
	Coimbra Education School	292	24,7
	Oliveira do Hospital Management and Technology School	62	5,2
	Coimbra Health School	158	13,4
	Coimbra Business School	312	26,4
	Coimbra Institute of Engineering	227	19,2
	Total	1182	100
Current Year of Study	1st	375	31,7
	2nd	390	33,0
	3rd	296	25,0
	4th and others	121	10,2
	Total	1182	100

The sample was predominantly female, with women representing approximately two-thirds of participants (66,7%) compared with 32.2% male. In terms of age, most students were between 18 and 25 years old, with the 18–20 (38,4%) and 21–25 (41,5%) age groups being the most represented, which is consistent with typical higher education profiles.

Regarding program level, undergraduate students constituted the majority of the sample (79,2%), followed by postgraduate (16,4%) and short-cycle students (4,4%). Distribution by year of study showed higher concentrations in the first and second years (31,7% and 33,0%, respectively), indicating that the sample was primarily composed of students in the early stages of their academic training.

3.2 Mental Health Analysis

Students' mental health was first assessed using the Mental Health Inventory (MHI), with all dimensions and subscales transformed to a 0–100 scale, where higher scores indicate better mental health (Figure 1).

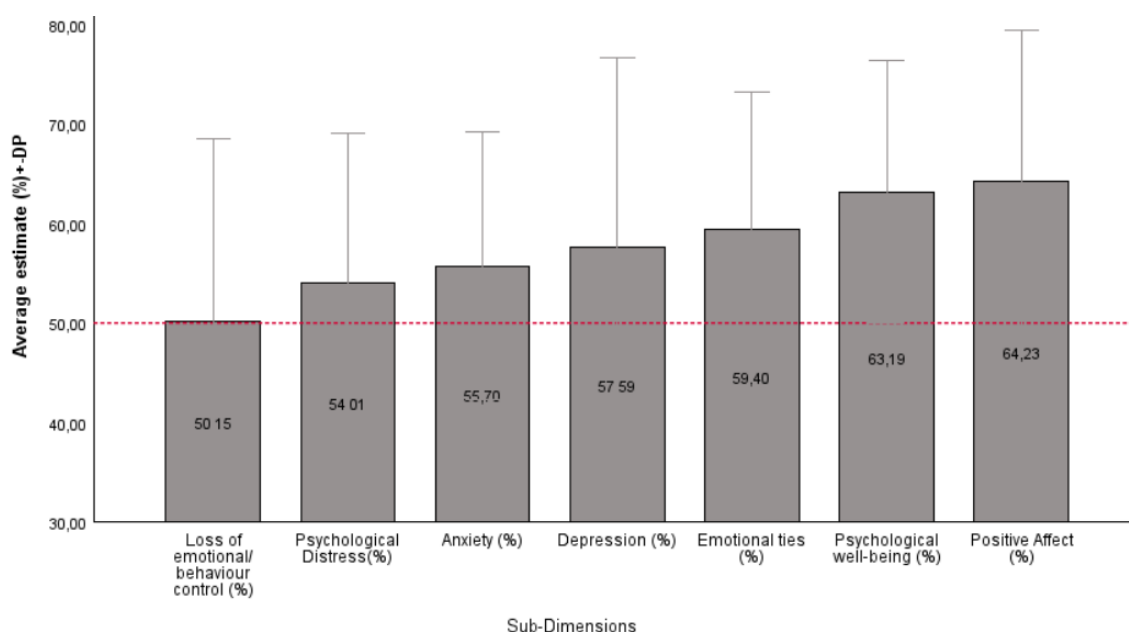


Figure 1- Descriptive statistics for the sub-scales, dimensions, and MHI-38

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Results from the Mental Health Inventory (MHI-38) indicate that students showed generally satisfactory levels of mental health, with mean scores above the scale midpoint (50%).

Among the assessed dimensions, positive affect and psychological well-being returned the highest scores, reflecting students' favourable perceptions of emotional state. In contrast, dimensions related to psychological distress (particularly loss of emotional control) returned lower scores, although still within an acceptable range.

3.3 Satisfaction with Social Support Analysis

Table 2 presents students' level of satisfaction with perceived social support, measured using the Social Support Satisfaction Scale (ESSS), where higher scores reflect greater satisfaction.

Table 2- Social Support Satisfaction

Dimensions (N=1006)	M	SD
Satisfaction with friends	17,05	4,72
Intimacy	13,21	4,16
Satisfaction with family	10,22	3,17
Social activities	7,91	3,09
Full scale	48,39	11,63

Note: n=number of students; M=mean; SD=standard deviation

Table 2 shows that students reported high overall satisfaction with social support, with a total mean score of 48,39 out of 75. Satisfaction with friends received the highest rating (M = 17,05), followed by intimacy (M = 13,21) and family satisfaction (M = 10,22). The lowest-scoring dimension was satisfaction with social activities (M = 7,91), falling slightly below the scale midpoint.

3.4 Correlation between Mental Health (ISM) and Social Support Satisfaction

Table 3 presents the correlations between mental health and satisfaction with social support.

Table 3- Correlation between mental health and social support satisfaction

	r	p	I.C 95%	
			LL	UL
SSS total vs MHI-38	-0,502	<0,001	-0,547	-0,455

Note: LL = Lower Class Limit; UL = Upper Class Limit; Test: Pearson's Linear Correlation Coefficient (r)

Pearson's correlation analysis revealed a moderate, statistically significant negative association between total social support satisfaction (ESSS) and mental health (MHI-38) ($r = -0.502$, $p < 0.001$), indicating that lower mental health scores are associated with higher reported satisfaction with social support. The exclusively negative confidence interval further supports the reliability of this inverse relationship.

3.5 Analysis of Mental Health in relation to Health Behaviours

We further examined students' mental health in relation to selected health behaviours. To facilitate interpretation, responses were recategorized into two groups, as presented in Table 4.

Table 4- Mental health as a function of health behaviours

Health Behaviours	n	M	Global MHI		p-value
			SD		
Tabaco	Does not smoke	716	61,69	13,77	<0,001
	Smoke	466	57,44	19,72	
Alcoholic drinks	Drinks occasionally	800	63,22	13,62	<0,001
	Drinks frequently	382	53,31	19,70	
Substances: illicit psychoactive drugs	Does not consume	895	62,26	13,91	<0,001
	Consume	287	53,02	21,33	
Tranquilizers	Does not consume	824	61,23	13,55	<0,001
	Consume	358	57,22	21,60	
Physical activity	Not practiced	303	65,81	14,25	<0,001
	Practice	879	58,02	16,76	

Note: Test t-Student 2 independent samples; n=Number of students; M=Mean; SD=Standard Deviation

Students who reported smoking, frequent alcohol consumption, use of illicit substances, or intake of tranquilisers in the past month showed significantly lower mental health scores ($p < 0,05$) compared with those who did not report such behaviours.

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Unexpectedly, students who reported no physical activity showed higher mental health scores, on average, than those who were physically active.

4. DISCUSSION

The following discussion reflects on the most relevant findings of the study, addressing the research questions and objectives defined a priori and establishing connections between the theoretical framework and the empirical results.

Regarding sample composition, female participants predominated, mainly within the 21–25 age group. Most students were enrolled in undergraduate programmes, primarily in their first or second year of study.

The mean mental health score of 60,01 suggests moderate mental health symptoms according to Ribeiro's (2001) classification. Overall, results from the Mental Health Inventory (MHI) indicate satisfactory mental health levels, with both Psychological Well-Being and Psychological Distress scores above the midpoint of their respective scales. These findings are consistent with those reported by Nogueira (2017), who used the same assessment instruments. Nevertheless, it is important to acknowledge that mental health extends beyond the mere absence of illness; a positive sense of well-being can coexist with experiences of psychological distress (Covas, 2020).

Results from the Social Support Satisfaction Scale indicate that students were generally satisfied with their perceived social support. Satisfaction with friends obtained the highest mean score, whereas satisfaction with social activities was the lowest and the only dimension falling below the scale midpoint. These findings are consistent with those of Nogueira (2017). According to Dinis (2013), social support is considered positive when help is reciprocally exchanged, encompassing both relational dynamics within the family and the individual's perception of those dynamics. More broadly, social support refers to the availability of people who are trustworthy, caring, and who value the individual.

The observed relationship between mental health and social support satisfaction diverged from expectations: poorer mental health was associated with greater satisfaction with social support, contrasting with the positive correlations reported by Yusof et al. (2022) and Nogueira (2017). This pattern may reflect a compensatory mechanism whereby students experiencing poorer mental health actively seek and place greater value on social support, particularly from family and friends. It is also possible that students with better mental health feel less reliant on support networks and therefore engage with them less frequently. These interpretations should nonetheless be treated with caution, as only a longitudinal design could establish the directionality of this association.

The study further revealed associations between mental health and specific health behaviours. Tobacco use, frequent alcohol consumption, use of illicit substances, and intake of tranquilisers were all associated with poorer mental health outcomes. Conversely, students who reported engaging in physical activity showed lower mental health scores than those who did not, a finding that contrasts with Nogueira (2017), who found poorer mental health among students who did not exercise, and with Pereira (2023), who reported better mental health outcomes among those engaging in regular physical activity. This unexpected pattern may be explained by the possibility that physically active students are more frequently embedded in social contexts where risk behaviours are prevalent, potentially offsetting the benefits of exercise. Alternatively, it may reflect unmeasured confounding variables, such as academic workload or pre-existing mental health conditions.

Mental health in higher education has become an increasingly pressing concern, as this stage of life introduces new challenges that can adversely affect psychological well-being (Silveira et al., 2011). It is therefore essential to implement support and intervention strategies that strengthen students' resilience, foster a healthy academic environment, and promote the holistic development of young people.

CONCLUSION

The present study aimed to examine the mental health of higher education students and its associations with perceived social support and health behaviours. Overall, findings indicate that students reported satisfactory levels of both mental health and perceived social support. However, the negative correlation observed between these two variables diverged from patterns typically reported in the literature and should be interpreted with caution, given that the cross-sectional design does not allow conclusions about directionality.

The analysis further confirmed associations between mental health and several health behaviours. Students who did not smoke, consumed alcohol only occasionally, and refrained from using illicit substances or tranquilisers showed better mental health outcomes. The unexpected finding that students who did not engage in physical activity reported higher mental health scores than those who did warrants careful interpretation, as it may reflect unmeasured confounding variables or behavioural clustering effects.

Taken together, these findings underscore the multifactorial nature of student mental health and highlight the need for comprehensive, interdisciplinary approaches to promoting psychological well-being in academic settings. Awareness campaigns, early intervention programmes, and social support initiatives may strengthen resilience and reduce distress among students navigating the demands of higher education.

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This study contributes empirical evidence to the growing body of research on student mental health, reinforcing the importance of sustained institutional commitment to mental health promotion. Future research should employ longitudinal designs to clarify the temporal and directional relationships between mental health, social support, and health behaviours. Interventions should additionally aim to foster supportive academic environments that promote holistic development and long-term well-being.

AUTHORS' CONTRIBUTION

Conceptualization, A.S.C. and L.S.C.; data curation, A.S.C. and J.F.; formal analysis, L.S.C. and A.F.; investigation, A.S.C., L.S.C. and J.F.; methodology, A.S.C., L.S.C., J.F. and A.F.; project administration, L.S.C. and A.F.; resources, A.S.C., L.S.C., J.F. and A.F.; software, A.S.C., L.S.C. and J.F.; supervision, L.S.C., validation, J.F. and A. F.; visualization, A.S.C., L.S.C., J.F. and A.F.; writing – original draft, A.S.C. and L.S.C.; review – review & editing, A.S.C., L.S.C., J.F. and A.F.

CONFLICT OF INTERESTS

The authors declare no conflict of interests.

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