


MENTAL HEALTH AND QUALITY OF LIFE OF STUDENTS AT THE FACULTY OF HEALTH STUDIES, UNIVERSITY OF MOSTAR

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Received on 16. 1. 2025.

Reviewed on 13. 2. 2025.

Accepted on 27. 3. 2025.



ABSTRACT

Introduction: Mental health and quality of life are key aspects of students' daily functioning, and circumstances such as living conditions can significantly influence them. Given the increasing number of young people facing psychological difficulties during their studies, researching the relationship between lifestyle and mental health is of great importance. **Objective:** To examine the mental health and quality of life of students at the Faculty of Health Studies, University of Mostar. **Subjects and Methods:** A cross-sectional study was conducted. The research included 150 participants: 84 students living as tenants (study group) and 66 students living with their parents (control group). Data were collected using a sociodemographic questionnaire specifically designed for this study, the World Health Organization Quality of Life-BREF (WHOQOL-BREF) questionnaire, and the Symptom Checklist-90-R (SCL-90-R) self-assessment questionnaire for psychological symptoms. **Results:** A statistically significant difference was found between students living as tenants and those living with their parents in the psychological symptom self-assessment scale. Tenants scored significantly higher ($p < 0.001$) in the domains of Somatization, Obsessive Compulsive Disorder, Interpersonal Sensitivity, Depression, Anxiety, Hostility/Aggression, Phobic Anxiety, and Paranoid Ideation. There was no statistically significant difference in quality of life between students living with their parents and those living as tenants ($p < 0.005$). **Conclusion:** Students living as tenants exhibit higher levels of psychological symptoms. However, there is no statistically significant difference in quality of life between students living as tenants and those living with their parents, regardless of the domain.

Keywords: Mental health, quality of life, students

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INTRODUCTION

Mental health is essential both from a personal and societal perspective. According to the WHO, mental health (often equated with normal functioning) is a state of well-being in which an individual realizes their potential, copes successfully with the normal stresses of life, works productively, and contributes to their community (1). It is important to emphasize that mental disorders or illnesses are most often the result of interactions between biological inheritance, social influences, and adverse stressful situations (2).

Quality of life (QoL) has recently become a central topic in mental health care (3). The individual's perspective and person-centered care have gained increased importance, with the improvement of overall well-being now regarded as just as significant as the absence of symptoms. Ultimately, improving QoL is considered an important treatment outcome (4).

These changes have led to increased attention being paid to the impact of psychiatric disorders on daily functioning, well-being, and environmental resources. Although there is no universal definition of QoL, it is widely accepted that it encompasses both objective and subjective dimensions (5, 6).

Objective dimensions of QoL refer to tangible aspects such as living conditions or financial status. Subjective dimensions involve one's sense of well-being and satisfaction. Previous studies have explored the relationship between objective and subjective QoL, which appears to be weak to moderate (7).

Some authors note that psychiatric symptoms are the strongest independent predictors of both subjective and objective

QoL in patients with schizophrenia (8). Certain studies suggest that higher subjective QoL scores are found in older patients, those with paid employment, and those with lower symptom severity (9).

Numerous objective and subjective factors play a role in the quality of life of individuals with severe mental health issues (10, 11).

Students are particularly exposed to unique pressures such as adjusting to a new social and physical environment and changes in their social networks. High academic demands are placed on them in order to achieve their desired career goals. As a result, students may develop greater self-awareness and readiness to acknowledge their inner conflicts, fears, and doubts about themselves and their future compared to other populations (12).

Protecting young people's health, in all its aspects—physical, mental, and social—is a major responsibility for all parts of society (13).

Lack of time for rest and physical activity may lead to unhealthy eating habits, alcohol consumption, smoking, and the use of psychoactive substances. In addition, students go through an adaptation process that requires them to change their previous lifestyles to cope with academic demands (14).

Positive mental health among students includes various aspects, such as a positive self-image, the ability to maintain healthy relationships, empathy for others, the ability to cope with stress and emotions, and the development of personal capabilities. It also involves critical thinking, making well-considered decisions, and the ability to solve problems creatively. These factors are not only essential for students' personal well-being

but also for their academic success and social integration (15).

The aim of this study was to examine the mental health and quality of life of students at the Faculty of Health Studies, University of Mostar.

PARTICIPANTS AND METHODS

A cross-sectional study was conducted at the Faculty of Health Studies, University of Mostar. The study included 150 participants: 84 students living as tenants (study group) and 66 students living with their parents (control group).

For data collection, the following instruments were used: a sociodemographic questionnaire specifically designed for this research, the standardized World Health Organization Quality of Life Questionnaire – WHOQOL-BREF, and the Symptom Checklist-90-R (SCL-90-R).

The custom-designed sociodemographic questionnaire included the following data: gender, age, place of residence (tenant or not), economic status, religiosity, alcohol consumption, smoking habits, year of study, grade point average, satisfaction with academic performance, and weekly physical activity.

The WHOQOL-BREF quality of life questionnaire was developed by the World Health Organization (WHO). It consists of 26 items that provide a profile of quality of life across four domains: physical health, psychological health, social relationships, and environment. The scale is positively oriented, meaning that higher scores indicate a better quality of life (16).

The SCL-90-R (Symptom Checklist-90-R) measures nine dimensions of mental health symptoms: somatization, obsessive-compulsive symptoms, interpersonal

sensitivity, depression, anxiety, phobic anxiety, hostility, and paranoid ideation. It consists of 90 items through which students self-assess their psychological symptoms based on the intensity of occurrence (ranging from “not at all” to “extremely”) (17).

All questionnaires used were standardized, validated, and approved by their respective authors for use in this research. Before completing the questionnaires, participants were informed about the purpose and objectives of the study and were assured of complete anonymity.

STATISTICAL ANALYSIS

Data analysis was conducted using the Statistical Package for Social Sciences (SPSS) for Windows, version 26.0 (IBM, Armonk, New York, USA).

Descriptive statistical methods were used. The Kolmogorov–Smirnov (K–S) test was applied to assess the normality of data distribution.

Arithmetic mean was used as a measure of central tendency, while standard deviation was used as a measure of dispersion. Data are presented in tables using absolute and relative values.

Among non-parametric tests, the chi-square test (χ^2) was used to determine whether there was a significant difference between observed and expected frequencies of respondents' characteristics (stress levels, economic status, frequency of physical activity) in relation to the group. Among parametric tests, one-way analysis of variance (ANOVA) and Student's t-test were used to assess differences between the two groups in terms of age, psychological symptom scale scores, and quality of life.

A p-value of less than 0.05 ($p < 0.05$) was considered statistically significant.

RESULTS

The first part of the questionnaire collected personal data about the participants. A higher number of female than male students was recorded in both groups. Among tenants, there were 60 women (71.4%) and 24 men (28.6%), while among those living with their parents there were 51 women (77.3%) and 15 men (22.7%). Most participants were in their first or second year of study, with the fewest in the third and fifth years. There were no third-year students among the tenants.

A statistically significant difference in perceived stress was found between the groups. Tenants reported high levels of stress significantly more often, whereas students living with their parents more frequently reported rarely experiencing stress ($p < 0.001$).

A statistically significant number of participants in both groups reported good economic status ($p = 0.021$), with 58.3% of tenants and 77.3% of those living with their parents indicating this. Tenants exercised less frequently than students who lived with their parents.

The sociodemographic characteristics of the sample are presented in Table 1.

Table 1. Sociodemographic Characteristics of the Sample

	Sample				χ^2	p
	Lodgers		Living with parents			
	N	%	N	%		
Gender					0.656	0.418
Male	24	28.6	15	22.7		
Female	60	71.4	51	77.3		
Year of Study					3.152	0.533
1	32	38.1	19	28.8		
2	30	35.7	23	34.8		
3	0	0	1	1.5		
4	17	20.2	18	27.3		
5	5	6	5	7.6		
Stress					76.299	0.000
None	0	0	5	7.6		
Rarely	6	7.1	44	66.7		
Occasionally	36	42.9	14	21.2		
Often	42	50	3	4.5		
Economic Status					7.707	0.021
Good	49	58.3	51	77.3		
Average	34	40.5	13	19.7		
Poor	1	1.2	2	3		
Exercise Frequency					4.618	0.202
Never	10	11.9	5	7.6		
Very rarely	29	34.5	18	27.3		
Rarely	23	27.4	29	43.9		
Often	22	26.2	14	21.2		

Note: N – total number; % – percentage; M – male; F – female; χ^2 – Chi-square test; p – level of significance

There is a statistically significant difference in age in relation to place of residence. Older students predominantly live as tenants, while the younger population tends to live with their parents ($t = -3.838$; $F = 19.699$; $p < 0.05$).

Regarding the SCL-90 questionnaire, statistically significant differences were found between tenants and students living with their parents across all scale factors, except for the psychoticism domain (Table 2).

Table 2. Differences in Results Obtained Using the SCL-90 Questionnaire

	Sample					
	Lodgers		Living with parents		T	p
	M	SD	M	SD		
Somatization	1.68	0.46	1.40	0.39	3.960	<0.001
Obsessive-compulsive disorder	1.89	0.55	1.54	0.45	4.295	<0.001
Interpersonal sensitivity	1.89	0.63	1.43	0.43	5.259	<0.001
Depression	1.81	0.63	1.46	0.44	3.974	<0.001
Anxiety	1.79	0.49	1.46	0.40	4.425	<0.001
Hostility/Aggressiveness	1.59	0.53	1.32	0.31	3.852	<0.001
Phobic anxiety	1.50	0.53	1.28	0.42	2.841	0.005
Paranoid ideation	2.04	0.80	1.50	0.46	5.153	<0.001
Psychoticism	1.53	0.46	1.35	0.44	2.393	0.054
Additional symptoms	1.66	0.50	1.42	0.44	3.125	0.002

Note: M – mean; SD – standard deviation; t – Student's t-test; p – significance level

Table 3 presents the differences in quality of life between the examined groups. There are no statistically significant differences

in quality of life between students living with their parents and those living as tenants.

Table 3. Differences in Quality of Life Among the Examined Groups

	Sample					
	Lodgers		Living with parents		T	P
	M	SD	M	SD		
Physical health	13.55	1.804	13.95	1.656	1.387	>0.05
Psychological health	12.94	4.337	13.50	4.618	1.946	>0.05
Social relationships	16.60	3.429	16.24	2.631	-0.480	>0.05
Environment	15.58	2.531	16.40	2.605	1.958	>0.05

Note: M – mean; SD – standard deviation; t – Student's t-test; p – significance level

DISCUSSION

This study analyzed the mental health and quality of life of students at the Faculty of Health Studies. The results obtained from the sociodemographic questionnaire and the SCL-90 were consistent with expectations, in contrast to the results from the WHOQOL-BREF questionnaire, which did not support our hypothesis that there

would be a significant difference in quality of life between students living as tenants and those living with their parents.

The results of the SCL-90 questionnaire indicate that students living as tenants report significantly higher levels of psychological symptoms across nearly all dimensions, including somatization, depression, anxiety, and others—except for

psychoticism. This suggests that living independently in rented accommodation may be associated with greater psychological burden.

Based on the WHOQOL-BREF results, which showed no statistically significant differences in perceived quality of life between tenants and students living with their parents across domains of physical health, psychological health, social relationships, and environment, we may conclude that perceived quality of life is not directly related to increased stress or psychological symptoms. Our findings contrast with some previous studies that have reported a significant negative correlation between depression, stress, and quality of life among students (18).

Students living with their parents reported lower levels of psychological symptoms, suggesting potential protective factors associated with the family environment. Abonassir and colleagues confirm our findings by highlighting the importance of parental support as a protective factor in maintaining mental health (19). On the other hand, findings from a study by Milošević and colleagues suggest that living with parents contributes to higher levels of depression among students (20).

The developmental stage of young people transitioning into adulthood involves many challenges, and students are particularly vulnerable to stress as they adapt to this new phase of life. The university period is often associated with emotional and psychological turmoil, as the prevalence of mental disorders is highest before the age of 24. Students are faced with various stressors, such as academic demands, building stable romantic relationships, financial difficulties, and balancing family and academic responsibilities. In addition,

relocating to a new social environment and separation from home may further hinder the adjustment process, making students more vulnerable to emotional difficulties (18).

University counseling services report an increasing number of students seeking help for mental health issues. These problems often negatively affect students' learning capacity, which can result in poor academic performance. Although there is no conclusive evidence that students are more prone to these health issues, social pressures on students have increased in recent years. Greater competitiveness, financial demands, and rising aspirations for material security are among the contributing factors.

In recent years, there has been a noticeable increase in the number of students experiencing serious psychological problems, leading to growing interest in student mental health. While periods of stress, anxiety, and depression are common and normal for student populations, prolonged exposure to stress can result in more serious issues such as anxiety disorders, social withdrawal, and even severe illnesses (21).

Quality of life represents an individual's personal perception of their position in life, within the context of their culture, value system, goals, expectations, and interests. It is shaped by physical and psychological health, personal beliefs, social relationships, and the sense of meaning or rationality present in one's life. Various questionnaires are used to assess multiple dimensions of an individual's life in evaluating quality of life. Although there is no unified definition, most researchers agree that quality of life has two key

components: subjectivity and multidimensionality.

Quality of life is primarily a psychological construct that reflects an individual's general attitude toward life and its various aspects. Like any other attitude, it involves both cognitive and affective components, with life satisfaction forming the emotional part of this attitude. Quality of life is a multidimensional concept encompassing the perception of both positive and negative aspects of physical, emotional, social, and cognitive functioning (22).

Previous research on quality of life among the general population shows that students differ from the rest of society and are often highlighted as a distinct group. Data from studies conducted in Western countries consistently show that students report a lower quality of life compared to the general population, and that results within student samples are often more homogeneous. Possible explanations for these findings include students' poor financial situations, dependence on their parents, and a delayed transition into adulthood and the workforce. Regardless of the cause, research consistently demonstrates lower quality of life among students in both developed and developing countries (23).

The results of this study revealed that students exercise infrequently. Numerous studies have shown that physical activity significantly contributes to better mental health and that individuals who participate in sports exhibit fewer psychological symptoms (24–26).

Several studies investigating quality of life and mental health have been conducted at the Faculty of Health Studies, University of Mostar. Tadić and colleagues report that students living with their parents have a

higher quality of life than those living in student dormitories (27). In contrast to our findings, results from a study by Šimić and Babić show that students living with their parents report both better quality of life and more frequent alcohol consumption compared to students living as tenants (28). Certain limitations should be considered when interpreting the findings of this study. The data were collected via self-report questionnaires, which rely on the honesty of participants and may therefore lead to biased responses. Furthermore, the use of surveys did not allow for deeper analysis or contextual exploration of the answers. We recommend that future studies incorporate focus group interviews to gather more subjective insights into participants' attitudes. In studies of this design, there is always the possibility that participants misunderstood some questions, which may have led to overly subjective or inaccurate responses.

CONCLUSIONS





Students living as tenants more frequently report high levels of stress, whereas those living with their parents more often report rarely experiencing stress. There is a statistically significant difference in psychological symptoms between the two groups. Students living as tenants exhibit significantly higher levels of psychological symptoms. In contrast, students living with their parents show better mental health and lower stress levels, while their perceived quality of life remains comparable across both groups. This highlights the potential protective role of the family environment, as well as the complexity of life perception among students.

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DUŠEVNO ZDRAVLJE I KVALITETA ŽIVOTA STUDENATA FAKULTETA ZDRAVSTVENIH STUDIJA SVEUČILIŠTA U MOSTARU

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SAŽETAK

Uvod: Duševno zdravlje i kvaliteta života studenata predstavlja ključne aspekte njihova svakodnevnog funkcioniranja, a okolnosti poput životnih uvjeta mogu značajno utjecati na njih. S obzirom na sve veći broj mladih ljudi koji se suočavaju s psihološkim teškoćama tijekom studiranja, istraživanje povezanosti između načina života i duševnog zdravlja postaje od velike važnosti. Ovaj rad istražuje kako način života, život kod roditelja u odnosu na život kao podstanar utječe na duševno zdravlje i kvalitetu života studenata Fakulteta zdravstvenih studija u Mostaru.

Cilj istraživanja je ispitati duševno zdravlje i kvalitetu života studenata Fakulteta zdravstvenih studija, uspoređujući studente koji žive kod roditelja i one koji žive kao podstanari.

Ispitanici i postupci: Istraživanje je provedeno na Fakultetu zdravstvenih studija u Mostaru. U istraživanju je uključeno 150 ispitanika, od kojih 84 čine istnu skupinu odnosno studenti koji žive kao podstanari, a 66 ih čine kontrolnu skupinu tj. studenata koji žive kod roditelja. Podaci su prikupljeni na osnovu trodjelnog upitnika i obrađeni od strane stručnjaka za statistiku.

Rezultati: Rezultati su pokazali da studenti koji žive kao podstanari iskazuju značajno više psiholoških simptoma, uključujući somatizaciju, anksioznost i depresiju, u usporedbi sa studentima koji žive kod roditelja. Međutim, nije utvrđena statistički značajna razlika u kvaliteti života između dviju skupina prema rezultatima WHOQOL-BREF upitnika. Iako su studenti koji žive s roditeljima imali bolju percepciju duševnog zdravlja, razlike u kvaliteti života bile su minimalne.

Zaključak: Studenti koji žive kod roditelja pokazuju bolje psihičko zdravlje i manje stresa u odnosu na podstanare, dok kvaliteta života ostaje na sličnoj razini u obje skupine.

Ključne riječi: duševno zdravlje, kvaliteta života, studenti, fakultet zdravstvenih studija.

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