

Needs and demands for psychological care in university students

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Abstract

Background: The interest of universities in promoting healthy habits and offering psychological assistance and treatment is the result of a desire to improve the quality of students' education and day-to-day lives. An analysis of students' needs and of the demand for psychological care is a prerequisite for implementing effective interventions. **Method:** A total of 706 second-year undergraduate students (MDage = 20.2; SD = 2.73) from all branches of knowledge of the University of Oviedo (Spain) were evaluated by means of standardized instruments. **Results:** Results showed academic conditions to be the principal stressors and no distinctive behaviour profiles were found according to branch of studies; 44.7% showed levels of emotional distress indicative of anxiety and 13.5% of depression. The situations generating the greatest demand for psychological assistance were fear of speaking in public, requesting help regarding personal problems, distancing oneself from worries and emotions, and the promotion of healthy sleeping and eating habits. **Conclusions:** The prevention and treatment of psychological problems has consistently been shown to be a factor which enhances academic performance. The needs identified, shared by other university populations, underline the importance of providing specific psychological care in the university context.

Keywords: University students, psychological needs, psychological care, academic stressors, emotional disorders.

Resumen

Necesidades y demandas de atención psicológica en estudiantes universitarios. Antecedentes: el interés de las universidades en promover hábitos saludables y ofrecer asesoramiento y tratamiento psicológico responde a la preocupación por mejorar la calidad de la enseñanza y de la vida cotidiana de los estudiantes. El análisis de necesidades y demandas de atención psicológica se plantea como condición previa para implementar actuaciones efectivas. **Método:** setecientos seis alumnos (MDedad = 20.2 años; SD = 2.73) de 2ª curso de Grado de todas las ramas de conocimiento de la Universidad de Oviedo (España) fueron evaluados mediante instrumentos estandarizados. **Resultados:** las condiciones académicas resultaron ser los principales estresores y no se identificó un perfil de dificultades distintivo según la rama de estudios. Un 44,7% presentaron malestar emocional indicativo de ansiedad y un 13,5% de depresión. Las situaciones que mayor demanda de atención psicológica generan son miedo a hablar en público, solicitar ayuda en relación con los problemas personales, tomar distancia de las preocupaciones y emociones, y la promoción de hábitos de sueño y alimentación. **Conclusiones:** la prevención y tratamiento de los problemas psicológicos se señala reiteradamente como factor promotor del rendimiento académico. Las necesidades identificadas, compartidas con otras poblaciones universitarias, justifican la conveniencia de proporcionar atención psicológica específica en el contexto universitario.

Palabras clave: estudiantes universitarios, necesidades psicológicas, atención psicológica, estresores académicos, ansiedad, depresión.

Commencing university brings with it changes and personal challenges, such as being separated from one's family and adapting to new contexts and social relationships, apart from the academic challenges themselves. These changes, although inherent to the developmental process of young adults, are associated with the appearance of anxiety, depression and the adopting of unhealthy habits (Fernández Villa et al., 2013). Indeed, half of all psychological disorders appear at the onset of adult life. With regard to young Spaniards from 15 to 29 years of age, data from the "Juvenile barometer of life and health" (Fundación de ayuda contra la drogadicción, 2018) show that 30% have shown symptoms

of some mental disorder in the last year. Symptoms of depression are shown by 21.6%, although only 11% have been diagnosed and only half of these requested some type of attention, principally psychological.

With regard to the university population, the diverse nature of studies carried out into the figures and factors associated with emotional disorders and, in particular, the differences between investigation procedures, make it difficult to reach firm conclusions (Ibrahim, Kelly, Adams, & Glazebrook, 2013; January, Madhombiro, Chipamaunga, Ray, Chingono, & Abas, 2018; Liu et al., 2019). The possibility of generalizing results to university students as a whole is limited by the limited number of studies involving students from different academic fields (Balanza Galindo, Morales Moreno, & Guerrero Muñoz, 2009; Beiter et al., 2015). Regarding the diagnostic criteria and evaluation procedures used to assess emotional discomfort, clear differences can be observed between the different studies, making it difficult to compare results (Ibrahim et al., 2013; January et al., 2018). It is

common to use screening tests to evaluate anxiety and depression at the same time. Amongst the most commonly-used scales offering methodological guarantees are the *Goldberg Anxiety and Depression Scale* (Goldberg, Bridges, Duncan-Jones, & Grayson, 1988); the *Depression, Anxiety and Stress Test* (Lovibond & Lovibond, 1995); or the *Hospital Anxiety and Depression Scale* (Zigmond & Snaith, 1983). The fact that this last scale has been shown to perform well in detecting possible cases of anxiety and depression and in classifying the severity of such cases in the population in general has led to it becoming the third most commonly used screening instrument in Spanish samples (Terol-Cantero, Cabrera-Perona, & Martín-Aragón, 2015).

With regard to the reliability of the observations, it is important to note that the majority of the studies are transversal. Undoubtedly, the transitory nature of university studies makes it difficult to carry out longitudinal studies, which would be the best way of improving the reliability of the results (Álvarez Astorga et al., 2017; Piumatti, 2018).

Despite these considerations, a higher prevalence of anxiety and depression has been identified amongst university students than amongst the population in general (Brenneisen Mayer et al., 2016; January et al., 2018), and although there is no agreement regarding the age at which emotional distress is at its greatest, it has been shown that worries regarding academic performance and success are the principal modulating conditions of the distress regardless of the year of study (Ishii et al., 2018; January et al., 2018). Exams, time management and an excessive amount of study material have been shown to be conditions which generate greater academic stress, in turn associated with anxiety and depression (Balapala & Indla, 2017; Ibrahim et al., 2013). On the other hand, students with a greater degree of social support showed both greater emotional stability and less health problems (Feldman, Goncalves, Chacón-Puignau, Zaragoza, Bagés, & Rabassó, 2008), since psychological distress has a negative influence both on academic performance and on the quality of life and health of students. It is also important to remember that during time at university, it is common to find changes in habits regarding self-care which may be at the root of future health problems (Alemán-Díaz et al., 2018; Lee & Jung, 2018).

In this context, promoting healthy habits and offering counselling and psychological treatment for university students is tantamount to improving the quality of their education and daily lives. In order to develop specific services to promote health at university, it is first necessary to analyse what the needs and specific demands for psychological assistance of university students are (Campos, Oliveira, Tellos, & Dantas, 2018; Pinto & Martins, 2017).

This study involves a screening of some conditions which have been shown to be potential predictors of academic and emotional distress and/or which have been the objectives of the majority of the interventions of the Healthy Universities in Spain and other countries (Eisenberg, Speer, & Hunt, 2012; January et al., 2018; Labrador, Estupiñá, & García Vera, 2010). The aim is to evaluate the presence and severity of academic and emotional distress and to identify demands for psychological care in students of the University of Oviedo. Given that the sooner preventative and health-promoting measures are taken, the more efficient they will be, the study focuses on students at the beginning of their studies. To be more precise, it focuses on second-year undergraduates in order to ensure that participants have had previous experience of

academic life, thus improving the objectivity of the information gathered. To facilitate generalization of results to the university population as a whole, the study was carried out with students from all branches of knowledge.

Method

Participants

The participants were second-year undergraduate students from the University of Oviedo from the branches of Health Sciences, Sciences, Engineering, Social Sciences, and Art and Humanities. The final sample comprised 706 students. Thirty-eight were excluded for not filling out the required tests correctly and 6 refused to participate. The sample size, with a confidence level of 95% and a margin of error of 3%, guarantees the representative nature of the population of students, all of whom recently began their studies at the University of Oviedo in the academic year 2016-17.

Of the total, 492 were women and 214 were men, with an average age of 20.2 years ($SD = 2.73$; range from 18 to 46 years). Seventy five point six percent lived habitually with their families; 6.5% had family members in their charge; and 14.5% carried out some kind of regular work activity during the academic year. The participation of international exchange students was very limited ($n=17$; 2.4%). Representation according to branches of study was as follows: Health Sciences, 32%; Social Sciences, 29%; Art and Humanities, 16%; Engineering, 13%; and Sciences, 10%.

Instruments

Evaluation of the Need for Psychological Assistance Questionnaire (NPAQ) (Fernández, García, & Paz, 2015). Consists of 12 items which evaluate the distress of university students in three areas: academic performance (items 1-4), interpersonal relationships (items 5-8) and emotional state (items 9-12). Each item is scored from "nothing" (0) to "a lot" (4). The sum offers a total score for each scale. Higher values are indicative of greater difficulty/distress. NPAQ also explores interest in receiving psychological care (yes/no) in relation to each of the conditions evaluated and to 10 healthy habits (food, sleep, physical exercise, free time, sexual relationships, alcohol consumption, tobacco, other substances, social networks and gambling). The exploratory factor analysis, using the unweighted least squares (ULS) extraction method and Direct Oblimin rotation revealed a structure adjusted to a model of three factors, which explained 43% of the total variation. This result confirmed that the questionnaire responded satisfactorily to the three evaluation areas for which it was designed. The values of internal consistency of the test were between moderate and high, with a Cronbach alfa of .83 for the total score; $\alpha=.65$ for the academic achievement scale; $\alpha=.81$ for the interpersonal relationships scale; and $\alpha=.70$ for emotional distress. The scores in the questionnaire showed a significant correlation with several standardized measures of anxiety, depression and general distress (BSI, Derogatis & Melisaratos, 1983). In the sample used, the reliabilities obtained were of $\alpha=.60$ for academic performance; $\alpha=.71$ for interpersonal relationships; $\alpha=.71$ for emotional distress and $\alpha=.81$ for the total scale.

Hospital Anxiety and Depression Scale (HADS) (Zigmond & Snaith, 1983). The HADS contains 14 items which evaluate

responses regarding anxiety and depression (0-3 points). It has a bifactorial structure and includes one subscale for anxiety (HADS-A) and another for depression (HADS-D). Scores above 8 are indicative of possible clinical cases and above 11 of clinical cases. The sensitivity and specificity of these cut-off points are between .70 and .90. The internal consistency levels for the anxiety scale range from .68 to .93 and for the depression scale between .67 and .89 (Norton, Cosco, Doyle, Done, & Sacker, 2013). The Spanish version obtains internal consistency levels of .86 in both scales (Quintana, Padierna, Esteban, Arostegui, Bilbao, & Ruiz, 2003). The values of internal consistency reliability in the study sample were .80 and .68 for anxiety and depression respectively.

Procedure

Deans and/or professors of all the faculties of the University of Oviedo were informed of the aim of the study and their permission was requested to administer the tests in a paper-based format and collectively in the students' usual lecture theatres at a time when university exams were not imminent. The same protocol was followed in all the faculties. Before applying the tests, participants were informed of the objective, procedure, anonymous nature and ethical guarantees of the study and their consent to participate was requested. Filling out the questionnaires took between 10 and 15 minutes at the beginning and/or end of the classes.

Data analysis

Responses were described by means of percentages. When differences in percentages between the different branches of knowledge were analysed, the Bonferroni correction was used to prevent an increase in Type I errors. Analysis of Variance (ANOVA) was employed to study differences between groups in all the scales according to branch of knowledge and sex. The assumption of homogeneity was checked using Levene's test and Cohen's *d* was used as effect size index. The significance level was set at 0.01 in order to correct the effect of the multiplicity of comparisons. When the ANOVA was statistically significant, post hoc comparisons were carried out using the Bonferroni correction. The analyses were carried out using the IBM-SPSS (Version 24) software.

Results

Need for psychological assistance (NPAQ)

Table 1 shows the percentages of students who manifested some degree of difficulty in the items of the NPAQ according to the branch of study of their degree. "Quite a lot" or "a lot" of distress was manifested by >1/3 of the participants with regard to academic workload (item 3) and speaking in public (item 4). This same level of distress was shown by >1/5 students regarding distancing themselves from personal problems (item 10), requesting help with problems (item 6) and stress and physical discomfort (item 9). The other conditions evaluated affected, to the same extent, a similar number of participants, between 5% and 20%. Between the different branches of studies, statistically significant differences can be observed in the lower frequency with which students of Social Sciences identified distress regarding academic performance. Students of Art and Humanities showed slightly

greater problems regarding peer relationships than those studying Social Sciences or Engineering. In comparison to Humanities students, Engineering students reported less problems of stress and physical discomfort, and also of difficulty in distancing themselves from personal problems and inability to face the future. Students of Health Sciences, Social Sciences and Engineering reported less problems regarding facing the future than Humanities and Science students (Table 1).

Requests for Psychological Assistance (NPAQ)

The percentages of participants interested in receiving psychological care with regard to each of the conditions evaluated are shown in Table 2. The situations which generated the greatest demand for psychological assistance were: fear of speaking in public, requesting help from others, distancing oneself from one's own problems and study method. Social Science students were the ones that requested least assistance. Indeed, with regard to academic problems and stress and physical discomfort, the difference compared to Health Sciences students was statistically significant, as was that for interpersonal relations as compared to students of Sciences and Humanities (Table 2).

Requests for psychological assistance to promote healthy habits (NPAQ)

Requests for assistance focused principally on basic self-care habits (Table 3), particularly to promote physical activity, good sleep habits and a healthy diet. A statistically significantly greater number of Humanities students demanded assistance in promoting physical exercise habits. Social Science students requested less assistance than Humanities and Science students to promote healthy habits in free time and use of social networks and also less than Engineering students with regard to gambling, this latter group being the one which, in terms of percentages, demanded most help in this area (Table 3).

Emotional state, Anxiety, Depression (HADS)

Table 4 shows how, of the total sample, 44.7% manifested emotional distress indicative of anxiety and 13.5% of depression. Symptoms of clinical-case anxiety were shown by 20.5% and of probable clinical cases by as many as 24.2%. Regarding the cases of depression, 4% were clinical cases and 9.5% probable clinical cases. Statistically significant differences can be observed in the proportion of cases of clinical depression between Health Science students and Humanities students and in anxiety between Social Sciences and Humanities, it being the Humanities students, in both cases, who are more emotionally affected.

Differences according to branch and sex

A global score was calculated for each of the three scales of the NPAQ and these, together with the two scales of the HADS, were used as dependent variables in successive Variance Analyses in which branch of knowledge and sex were taken as factors. Leven's test was not statistically significant in any of the cases and neither was the interaction between branch and sex. Table 5 shows the results of the ANOVAS, which show that the effect sizes for those differences which were statistically significant were low or very

Table 1
Percentage of students who chose each of the response categories in the items of the NPAQ in the different branches of knowledge in the University of Oviedo and for the total sample

		Health Sciences	Social Sciences	Engineering	Art and Humanities	Sciences	Total	* Differences
1. Study Method	Nothing	15.0	22.5	10.9	20.5	8.2	16.8	
	Little	46.9	42.6	40.2	42.0	43.8	43.7	
	Moderate	24.3	23.5	31.5	22.3	26.0	24.9	
	Quite a lot	9.7	9.3	12.0	9.8	19.2	10.9	
	A lot	4.0	2.0	5.4	5.4	2.7	3.7	
2. Academic performance	Nothing	22.6	40.0	19.6	20.7	19.2	26.6	b with all
	Little	47.8	40.5	38.0	44.1	43.8	43.4	
	Moderate	18.6	13.2	27.2	18.0	19.2	18.1	b with c
	Quite a lot	8.8	3.9	14.1	14.4	8.2	8.9	b with c and d
	A lot	2.2	2.4	1.1	2.7	9.6	3.0	
3. Work overload	Nothing	8.0	10.2	8.7	10.7	5.5	8.9	
	Little	25.2	26.8	27.2	25.9	23.3	25.8	
	Moderate	31.4	29.3	29.3	30.4	41.1	31.4	
	Quite a lot	22.1	22.9	25.0	25.0	21.9	23.2	
	A lot	13.3	10.7	9.8	8.0	8.2	10.7	
4. Fear of speaking in public	Nothing	19.9	25.4	27.2	19.6	17.8	22.2	
	Little	29.2	29.8	33.7	25.0	21.9	28.5	
	Moderate	15.5	18.5	13.0	17.0	20.5	16.8	
	Quite a lot	22.6	16.1	17.4	18.8	17.8	18.9	
	A lot	12.8	10.2	8.7	19.6	21.9	13.6	
5. Peer relationships	Nothing	47.8	60.1	62.0	43.8	47.9	47.8	
	Little	34.5	29.1	26.1	30.4	23.3	30.0	
	Moderate	9.3	7.4	5.4	18.8	15.1	10.3	d with b and c
	Quite a lot	7.1	3.0	6.5	5.4	8.2	5.7	
	A lot	1.3	0.5	0.0	1.8	5.5	1.4	
6. Requesting help	Nothing	25.7	29.8	34.1	19.8	21.9	26.6	
	Little	31.9	30.7	33.0	36.0	41.1	33.3	
	Moderate	20.4	20.5	16.5	14.4	13.7	18.3	
	Quite a lot	15.0	11.2	7.7	21.6	11.0	13.6	
	A lot	7.1	7.8	8.8	8.1	12.3	8.2	
7. Expressing opinions/emotions	Nothing	28.8	41.0	41.3	35.7	31.0	35.3	
	Little	37.2	30.2	32.6	28.6	42.3	33.7	
	Moderate	18.6	20.5	14.1	19.6	15.5	18.4	
	Quite a lot	10.6	5.4	10.9	11.6	9.9	9.2	
	A lot	4.9	2.9	1.1	4.5	1.4	3.4	
8. Family relationships	Nothing	66.8	74.1	69.6	58.9	65.8	67.9	
	Little	19.9	14.6	17.4	17.0	24.7	18.1	
	Moderate	7.1	4.4	6.5	12.5	5.5	6.9	
	Quite a lot	3.5	3.9	4.3	6.3	2.7	4.1	
	A lot	2.7	2.9	2.2	5.4	1.4	3.0	
9. Stress/Physical discomfort	Nothing	27.9	34.6	42.4	23.4	31.5	31.4	c with d
	Little	35.8	28.8	25.0	30.6	27.4	30.7	
	Moderate	19.0	20.0	21.7	22.5	20.5	20.4	
	Quite a lot	11.9	12.2	9.8	13.5	13.7	12.2	
	A lot	5.3	4.4	1.1	9.9	6.8	5.4	
10. Distancing oneself from personal problems	Nothing	15.5	19.0	27.2	10.7	11.1	16.8	c with d
	Little	35.4	36.6	40.2	30.4	45.8	36.6	
	Moderate	24.8	21.0	16.3	25.9	18.1	22.1	
	Quite a lot	18.1	15.1	13.0	25.0	13.9	17.3	
	A lot	6.2	8.3	3.3	8.0	11.1	6.2	
11. Inability to face the future	Nothing	49.6	46.3	56.5	33.3	26.0	44.6	a with d and e b with e c with d and e
	Little	35.4	32.7	29.3	32.4	45.2	34.4	
	Moderate	9.3	13.2	9.8	18.0	16.4	12.6	
	Quite a lot	4.0	3.9	3.3	11.7	6.8	5.4	
	A lot	1.8	3.9	1.1	4.5	5.5	3.1	
12. Abandonment of relevant activities	Nothing	50.4	58.5	44.6	47.3	39.7	50.4	
	Little	30.5	24.4	31.5	24.1	32.9	28.1	
	Moderate	10.2	8.8	17.4	11.6	16.4	11.6	
	Quite a lot	5.8	6.3	4.3	10.7	6.8	6.6	
	A lot	3.1	2.0	2.2	6.3	4.1	3.2	

* $p < .05$ (using Bonferroni correction). a: Health Sciences; b: Social Sciences; c: Engineering; d: Art and Humanities; e: Sciences

low. In line with the previous data, it can be noted that students of Humanities were the ones which showed the greatest differences compared to the rest of the branches in interpersonal relationships

and emotional state, while Social Science students reported less difficulties in the academic sphere, particularly in comparison with students of Health Sciences and Sciences.

Table 2
Percentage of students in the different branches of knowledge who would request psychological care with regard to academic conditions, interpersonal relationships and emotional state (NPAQ)

	Health Sciences	Social Sciences	Engineering	Art and Humanities	Sciences	Total	* Differences
1. Study method	10.2	1.0	6.5	6.3	8.2	6.2	b with a and e
2. Academic Performance	2.7	0.0	2.2	0.9	5.5	1.8	b with e
3. Work overload	7.5	1.5	4.3	4.5	2.7	4.4	a with b
4. Fear of speaking in public	14.6	3.4	5.4	6.3	9.6	8.3	a with b
5. Peer relationships	4.9	0.5	2.2	2.7	4.1	2.8	
6. Requesting help	4.4	1.0	7.8	9.0	12.3	5.4	b with c, d and e
7. Expressing opinions/emotions	1.8	1.0	7.6	3.6	11.3	3.5	a with e b with c and e
8. Family relationships	2.7	2.4	2.2	1.8	9.6	3.1	
9. Stress/Physical discomfort	7.1	1.5	2.2	4.5	2.7	4.0	a with b
10. Distancing oneself from personal problems	8.8	2.9	5.4	8.0	8.3	6.5	
11. Inability to face the future	5.3	2.0	5.4	7.2	5.5	4.7	
12. Abandonment of relevant activities	5.3	1.5	1.1	5.4	0.0	5.3	

* p< .05 (using Bonferroni correction)
a: Health Sciences; b: Social Sciences; c: Engineering; d: Art and Humanities; e: Sciences

Table 3
Percentages of students in each branch of knowledge who would request help in acquiring healthy habits (NPAQ)

	Health Sciences	Social Sciences	Engineering	Humanities	Sciences	Total	* Differences
Food	33.2	28.3	19.6	32.1	31.5	29.7	
Sleep	39.8	31.2	18.5	37.5	37.0	33.9	c with a and d
Exercise	36.3	31.7	20.7	52.7	37.0	35.6	d with a, b and c
Free time	15.9	9.3	7.6	22.3	31.5	15.5	b with d and e c with d and e
Sexual relationships	3.5	2.4	4.3	7.1	8.2	4.4	
Alcohol	5.3	3.9	8.7	5.4	2.7	5.1	
Smoking	5.3	12.7	5.4	5.4	6.8	7.6	
Addictive substances	1.8	2.9	7.6	2.7	2.7	3.1	
Social networks	12.8	6.8	7.6	17.1	16.4	11.5	b with d
Gambling	2.2	1.0	8.7	1.8	5.5	3.0	b with c

* p< .05 (using Bonferroni correction)
a: Health Sciences; b: Social Sciences; c: Engineering; d: Art and Humanities; e: Sciences

Table 4
Presence of depression and anxiety amongst students in the different branches of knowledge (HADS) (%)

	Health Sciences	Social Sciences	Engineering	Art and Humanities	Sciences	Total	* Differences	
Depression	No case	89.8	88.3	90.1	77.5	80.8	86.5	a with d
	Probable case	8.0	8.3	7.7	13.5	13.7	9.5	
	Clinical case	2.2	3.4	2.2	9.0	5.5	4.0	a with d
Anxiety	No case	56.2	60.5	60.4	42.3	50.7	55.2	b with d
	Probable case	22.1	21.0	26.4	34.2	21.9	24.2	
	Clinical case	21.7	18.5	13.2	23.4	27.4	20.5	

* p< .05 (using Bonferroni correction)
a: Health Sciences; b: Social Sciences; c: Engineering; d: Art and Humanities; e: Sciences

Table 5
Differences in means by branch of knowledge and sex

	Branch					Sex								
	Health Sciences	Social Sciences	Engineering	Art and Humanities	Sciences	F	p	d	post-hoc	Women	Men	F	p	d
	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)					Mean (SD)	Mean (SD)			
Academic performance	6.48 (2.96)	5.65 (2.99)	6.47 (2.89)	6.56 (3.12)	7.18 (3.29)	4.38	.002	0.314	b with a and e	6.52 (3.05)	5.88 (3.01)	6.5	.011	0.209
Interpersonal relationships	4.07 (3.34)	3.35 (2.90)	3.26 (3.21)	4.57 (3.44)	4.08 (3.48)	3.65	.006	0.293	d with b and c	3.85 (3.18)	3.81 (3.46)	0.02	.876	0.013
Emotional distress	4.49 (3.03)	4.35 (3.19)	3.78 (2.91)	5.66 (3.77)	5.28 (3.30)	5.67	>.001	0.358	d with a, b and c c and e	4.88 (3.32)	4.04 (3.03)	9.95	.002	0.259
Anxiety	7.54 (3.86)	7.09 (3.68)	6.91 (3.34)	8.36 (3.65)	8.19 (4.03)	3.28	.011	0.271		7.96 (3.84)	6.50 (3.34)	23.38	>.001	0.420
Depression	3.60 (2.83)	3.42 (3.01)	3.48 (2.66)	4.95 (3.45)	4.42 (3.14)	6.14	>.001	0.375	d with a, b and c	3.90 (3.12)	3.67 (2.84)	0.83	.364	0.075

a: Health Sciences; b: Social Sciences; c: Engineering; d: Art and Humanities; e: Sciences

Discussion

The aim of this study was to carry out a screening of the presence and severity of academic and emotional distress amongst second-year students in all branches of knowledge of the University of Oviedo, and also of their interest in receiving psychological care in these areas. We believe that the procedure followed allows us to generalize the results to this university population. The variables studied were chosen and are justified in line with previous research (Álvarez Astorga et al., 2017; Ibrahim et al., 2013; January et al., 2018; Liu et al., 2019; Pinto & Martins, 2017; Ryan, Marley, Still, Lyons, & Hood, 2017). The evaluation instruments were specific and with psychometric guarantees, and although the alfa coefficient values on the scale of academic performance of the NPAQ showed certain limitations, according to the CET-R (Hernández, Ponsoda, Muñoz, Prieto, & Elosua, 2016), values between .60 and .70 can be considered adequate and not invalidating. Ethical norms (Muñoz & Fonseca, 2019) were respected in the application of the tests, in a sample which is large enough to be considered representative of the population studied. Regarding possible limitations of the study, there were certain peculiarities in the make-up of the sample could restrict generalization of the study. A complete sociodemographic and academic stratification of the students was not carried out. With regard to the representation of the different branches of knowledge of the University of Oviedo, Health Science students had a greater presence in the study than in the university population as a whole, whilst Engineering students had a smaller one. There was also a greater presence of women than would correspond to the men/women ratio of the university. It is, however, important to note that the majority of women, as is to be expected, were from those branches of study where there is a greater presence of women in general, namely Social Sciences and Art and Humanities. In any case, in no branch of studies were differences found according to sex. It would therefore appear unlikely that the results would have been significantly different had there been a greater number of men amongst the participants.

Difficulties and distress were generated in the greatest percentage of students by academic conditions. However, although the number of students affected varied from one branch of knowledge to another, the results do not allow identifying a distinct profile of academic difficulties for each branch. On the other hand, the principal academic stressors amongst these more recently-arrived undergraduates from the University of Oviedo were management of academic workload and dealing with the fear of speaking in public. Similar results can be found in previous studies, which identify exams, time management and an excessive quantity of study material as the situations which generate the greatest degree of academic stress (Balapala & Indla, 2017; Ishii et al., 2018; January et al., 2018).

Emotional difficulties were extremely common amongst the participants, as has previously been observed in university students of different nationalities (Alemán-Díaz et al., 2018; Brenneisen Mayer et al., 2016; January et al., 2018; Liu et al., 2019). It is worthy of mention that approximately half of those questioned reported the difficulty that they had in distancing themselves from personal problems to be between “moderate” and “a lot”, with those who reported “a lot” of difficulty representing as many as one in five of the participants. The same proportion of students reported high levels of emotional distress and physical discomfort. The strategy of attempting to eliminate or control worries and discomfort, resulting in becoming trapped in one’s own thoughts and emotions, is considered to be at the root of the acquisition and persistence of emotional problems (Hayes, Wilson, Gifford, Follette, & Strosahl, 1996). The difficulties in distancing themselves from worries and emotions found amongst the participants may well go some way towards explaining the high degree of emotional distress observed (Barajas, Garra, & Ros, 2017; Fernández-Rodríguez, Paz-Caballero, González-Fernández, & Pérez-Álvarez, 2018).

The prevalence of emotional distress was seen to be significantly greater amongst students of Art and Humanities. However, differences between branches of knowledge had, statistically, a low effect size. Consequently, it is not possible to affirm that there

exists a particular or characteristic emotional profile of students according to their branch of study. The fact that emotional difficulties affect all branches of study and academic years has also been observed in previous studies (Balapala & Indla, 2017; Ibrahim et al., 2013; January et al., 2018; Liu et al., 2019).

The measure used for screening emotional distress showed that one in every five participants suffered from anxiety and/or depression. Although a specific psychological evaluation would be necessary in order to confirm a psychopathologic diagnosis, the HADS (Zigmond & Snaith, 1983) offers the necessary guarantees (Norton et al., 2013) to maintain the validity of the data collected and to conclude that the emotional distress amongst the participants is high and greater than that of the population in general (Haro et al., 2006). Various studies offer similar results, observing rates of depression oscillating between 10% and 85% in university populations (Álvarez Astorga et al., 2017; Silva et al., 2017) and a prevalence of anxiety symptomatology of between 21.2% (Cooper, Downing, & Brownell, 2018) and 47.1% (Balanza Galindo et al., 2009).

Clearly consistent with the problems detected, the situations which generated the greatest demand for psychological care were the fear of speaking in public, difficulty in requesting help and in distancing oneself from one's own problems. Other authors coincide in identifying these psychological difficulties and also affirm that they are not usually diagnosed or treated (Brenneisen Mayer et al., 2016; Pinto & Martins, 2017; Silva et al., 2017) despite the fact that the students who suffer from them have worse academic results, greater difficulty in graduating and a worse quality of life (Alemán-Díaz et al., 2018; Ishii et al., 2018; Lee & Jung, 2018).

The demands of students from all branches of knowledge for help in promoting healthy habits focused on sleep habits and healthy eating. A sedentary lifestyle with not enough time to follow

a healthy diet during the university years has been identified as a risk factor in obesity (González, Díaz, Mendizábal, Medina, & Morales, 2014). The proportion of students that requested help in preventing risk behaviours such as substance abuse, addictive habits or in the sphere of sexual relationships was lower. This is probably due to inadequate perception of the risk involved (Eisenberg et al., 2012; Lee & Jung, 2018). In this study, as in previous ones, it can be seen that a lower number of students requested help than the number that admitted to having difficulties (Ryan et al., 2017). It is important to stress the fact that the difference between these numbers is only reduced when university psychological services are available (Eisenberg et al., 2012; Pinto & Martins, 2017). What limits the generation of a demand for specialized psychological assistance is, to a large extent, the absence of available services, not an underestimation of the importance of or need for such assistance (Campos et al., 2017; Ishii et al., 2018).

To conclude, the academic and emotional difficulties identified are common amongst more recently-arrived students in the University of Oviedo and coincide with those identified in other university populations. Consequently, the prevention, identification and treatment of these psychological problems ought to be included amongst the concerns and competences of universities, particularly when the therapeutic effect of psychological care amongst university students has repeatedly been identified as a factor in preventing university drop-out and in promoting performance and quality of life.

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