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Mental Health of Students as a Contribution to Change in Higher Education

Kondycja psychiczna studentów jako przyczynek do zmian w edukacji akademickiej

ABSTRACT

This article examines students' mental health as a key indicator of the need for change in higher education. The main objective of the study is to analyze and assess the mental health of the study population, with particular attention to various aspects of psychological well-being and experienced difficulties, as well as to examine differences across sociodemographic variables. The focus of the study is students' overall mental health during the past 12 months.

The research is diagnostic in nature and is based on survey data addressing two main questions: the general mental health of students and its variation in the study population. The discussion begins with a theoretical reflection on the concept of change from philosophical and sociological perspectives, followed by a review of national reports on students' mental health (Commissioner for Patients' Rights, NZS and PSSiAP, Ministry of Science, CBOS).

The authors' original research, conducted with a sample of 232 students, revealed a high prevalence and wide range of mental health problems, including anxiety, depressed mood, low self-esteem,

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feelings of loneliness, as well as suicidal thoughts and self-harm. The most important finding is a statistically significant difference in mental health status by gender, with men reporting significantly better mental health than women and people who identify as non-binary or other genders.

The conclusions and recommendations point to an urgent need for fundamental, systemic changes in higher education. Practical implications include recognizing mental health as a strategic priority for universities, expanding and professionalizing psychological support services, providing systematic training for academic staff on basic mental health issues, and regularly monitoring and evaluating implemented measures. Students' mental health is emphasized as a crucial factor in both academic success and social functioning.

ABSTRAKT

Niniejszy tekst analizuje kondycję psychiczną studentów jako kluczowy desygnat potrzeby zmian w edukacji akademickiej. Celem naukowym artykułu jest analiza i ocena kondycji psychicznej badanej grupy, ze szczególnym uwzględnieniem różnych aspektów samopoczucia psychicznego i doświadczanych trudności, a także zbadanie jej zróżnicowania ze względu na zmienne socjodemograficzne. Przedmiotem badań jest ogólna kondycja psychiczna studentów w ciągu ostatnich 12 miesięcy.

Badania sondażowe mają charakter diagnostyczny, problematyka koncentruje się wokół dwóch głównych pytań o ogólną kondycję psychiczną studentów oraz jej zróżnicowanie. Wywód rozpoczyna się od teoretycznego ujęcia pojęcia zmiany w perspektywie filozoficznej i socjologicznej, by następnie przejść do przeglądu ogólnopolskich raportów dotyczących zdrowia psychicznego studentów (Rzecznik Praw Pacjenta, NZS i PSSiAP, Ministerstwo Nauki, CBOS).

Badania własne, przeprowadzone na grupie 232 studentów, ujawniły wysoki poziom i szeroki zakres problemów psychicznych, w tym lęku, obniżonego nastroju, niskiej samooceny, poczucia samotności, a także myśli samobójczych i samookaleczeń. Najważniejszym wynikiem jest istotne statystycznie zróżnicowanie kondycji psychicznej ze względu na płeć, gdzie mężczyźni wykazują istotnie lepszą kondycję psychiczną niż kobiety oraz osoby identyfikujące się jako „inna" płeć.

Wnioski i postulaty wskazują na pilną potrzebę gruntownych, systemowych zmian w edukacji akademickiej. Implikacje dla praktyki obejmują: uznanie zdrowia psychicznego za strategiczny priorytet uczelni, rozbudowę i profesjonalizację systemu wsparcia psychologicznego,

systematyczne szkolenie kadry akademickiej w zakresie podstawowych zagadnień zdrowia psychicznego oraz regularne monitorowanie i ewaluację wdrażanych działań. Podkreśla się, że zdrowie psychiczne studentów jest kluczowe dla ich sukcesu edukacyjnego i funkcjonowania społecznego.

Introduction

One of the most frequently cited maxims holds that the only certainty in life is change. Contemporary times offer ample evidence to support this claim. We are witnessing rapid social, cultural, economic, and technological transformations. As Zuzanna Wojciechowska (2018) notes, the reality of modern human life undergoes many intense changes in the relatively short span between birth and death. These transformations have significant implications for education. The issues discussed in this article focus on students' mental health as an indicator of the need for change in higher education.

Change: Understanding the concept

The *PWN Dictionary of the Polish Language* defines change as: (1) the fact that someone or something becomes different than before, and (2) the replacement of one thing with another (*Słownik języka polskiego* PWN 2025). From a philosophical perspective, the concept of change was defined, among others, by Aristotle, who identified three forms of change: from nonexistence to existence, from existence to nonexistence, and from one state of existence to another. The first two forms concern creation and destruction, while the third involves changes in quality, quantity, or movement. Aristotle thus defined change as a transition from one state to its opposite in these respects (Aristotle 2013).

Contemporary philosopher Mariusz Grygianiec distinguishes six types of change: quantitative, qualitative, compositional, substantial, locational, and temporal. In doing so, he emphasizes the multifaceted nature of the concept of change (Grygianiec 2018). Wojciechowska also notes that humans can be both the subjects and objects of change. Changes occurring within people as well as in their environment are conditioned by both internal and external forces. Humans

may therefore act as agents, causes, and creators influencing both external reality and their own inner world (Wojciechowska 2018).

On a sociological basis, Barbara Szacka points out that change can affect many phenomena and situations. According to the author, the key distinction is between changes at the microsocial level (concerning small communities characterized by close relationships), the macrosocial level (concerning large communities with complex structures), and the mesosocial level (intermediate between the two previously mentioned). Accordingly, changes can be understood as micro-changes, taking place at the level of individuals or small social groups, and macro-changes, taking place at the level of entire organizations or large social groups (Szacka 2003).

Stanisława Sokołowska (2009) distinguishes several criteria for classifying changes. The first is the cause of change, which may be internal (the person as the subject of change) or external (the person as the object of change). The second criterion concerns the predictability of change; here, we can identify planned changes (introduced in a timely manner in anticipation of future and expected events) and adaptive changes (responses to existing circumstances or emerging events). The third criterion highlighted by the author is the depth of change. In this respect, one can distinguish between profound changes (which strongly transform the existing state of affairs and have long-term consequences) and superficial changes (which are very general and result from the need to adapt to changes in the environment).

Another criterion is the speed of change, which allows us to differentiate between rapid changes (requiring an immediate response) and slow changes (unhurried in nature). The researcher also points to the manner in which change occurs, distinguishing between imposed changes (introduced from above or from outside) and agreed-upon changes (reviewed and accepted by all parties affected by the change). The final criterion concerns the area of impact of change. The author distinguished five types of change: psychological, professional, political, cultural, and economic.

Psychological change is related to processes of individual development or regression in terms of emotions, cognitive structures, and conscious and unconscious mechanisms of human behavior. Professional change concerns work and transformations in professional life (such as a change of job, responsibilities, profession, or retirement).

Political change refers to changes in attitudes and axiological and ideological orientations. For the author, cultural change is synonymous with cultural transformation, and the attainment of a more advanced stage of cultural development. The final category, economic change, refers to transformations in the economic sphere (Sokołowska 2009).

Another sphere in which change can be examined is education. Educational change is one of the key subjects of pedagogical reflection in contemporary education systems. Rapid social, technological, and cultural development means that educational institutions operate under conditions of constant transformation, requiring the redefinition of practices and the implementation of new ways of working. In systemic terms, change is not a single act but a process unfolding over time, encompassing both individual and organizational levels (Ekiert-Oldroyd 2006).

Keith Morrison (1998) views educational change as a dynamic and continuous process of development involving the reorganization of institutions' responses to changing needs. He therefore emphasizes that change occurs through the interaction of internal and external factors, transforming the values, practices, and outcomes of an organization's activities. Michael Fullan (1991), by contrast, stresses the non-linear and unpredictable nature of change, as well as the importance of organizational culture and cooperation as conditions for lasting transformation. The literature distinguishes between two basic types of change: natural (gradual) and planned (deliberate) (Ekiert-Oldroyd 2006). The former results from bottom-up adaptations to new conditions, while the latter involves intentional reform measures that may disrupt the existing order. Both types coexist in educational practice and influence the functioning of participants in the system.

The mental condition of students

The mental condition of Polish students has become a subject of growing research interest. Over the past five years, numerous studies have been conducted on this issue. In this paper, I refer to several nationwide reports on student mental health. The first, published in 2020, concerns the mental health of young people studying before the COVID-19 pandemic. The report, commissioned by

the Commissioner for Patients' Rights, indicates that mental health problems are becoming increasingly common among students.

Survey results from Polish academic centers show that students experience low self-esteem, stress, suicidal thoughts, anxiety and depressive disorders, neuroses, adaptation difficulties, and personality disorders. Moreover, students report numerous relationship crises, loneliness, and difficulties in interpersonal communication. Problems related to eating disorders, addictions, exhaustion, and lack of concentration were also identified. The Commissioner for Patients' Rights report highlights the growing prevalence of mental health problems among students, including stress, low self-esteem, anxiety and depressive disorders, adjustment difficulties, and relationship crises (Rzecznik Praw Pacjenta 2020).

A research report on student mental health prepared by the Independent Students' Association (NZS) and the Polish Association of Psychology Students and Graduates (PSSiAP) provides a broader view of the mental well-being of young people in higher education. Most students have a negative opinion of the availability of professional and free psychological assistance in Poland. According to the findings of the report, there is a strong need to organize psychological support for students in academic centers (as reported by students: long waiting times for appointments under the National Health Fund [NFZ] and the high cost of private psychological services). In a nationwide survey, almost half of the students surveyed reported having used the services of a psychologist, and 37% of them had done so more than once. The surveyed students also indicated that they mainly sought psychological assistance outside their universities, and more than half of the respondents (56%) did not know whether their university employed a psychologist. Moreover, most respondents considered mental health problems to be real and common in the academic environment. They reported a need for increased access to information and support related to mental health at universities, as well as for workshops and meetings focused on self-improvement.

It is also worth noting the mental well-being of students. Age, degree level and mode of study, as well as the use of psychological assistance, are important factors differentiating students' mental well-being. The highest level of well-being was observed among students aged 20, followed by a decline with increasing age. Master's

degree students reported higher levels of well-being than undergraduate students. In addition, full-time students demonstrated higher levels of well-being than part-time students. It is also worth noting that people who regularly sought psychological help reported lower levels of well-being than those who did so less frequently or not at all (Centrum Analiz NZS and PSSiAP 2021).

The most recent report commissioned by the Ministry of Science points to a number of problems related to mental health and quality of life in the academic environment. The findings presented in the report indicate that student mental health in the Polish academic context requires special attention. Among students, the report identifies problems related to high levels of stress (experienced regularly by more than half of both female and male students), as well as moderate and severe symptoms of depression and anxiety (23% of students met the criteria for depressive disorder, including 4% for severe depression; moreover, women were more prone to depression than men). An important problem identified by the authors concerns insomnia and difficulty falling asleep, which affected 51% of students and occurred significantly more often among women.

The use of psychoactive substances also proved to be a highly significant problem (94% of students reported using at least one stimulant in the three months preceding participation in the study). Among the students surveyed, the majority regularly consumed alcohol (67%), and it was also observed that female students were more likely than male students to use alternative tobacco products, such as e-cigarettes. It is also worth noting that many students struggle with educational burnout (chronic stress related to the process of studying), which is caused, among other factors, by institutional conditions (e.g., the organization of studies), social circumstances (e.g., perceived social support), and individual factors (e.g., personality traits).

The report also highlights issues related to access to psychological assistance. Students rated the availability of free psychological support and the preventive measures undertaken by universities to support students' mental health as low. More than half of the respondents (67%) assessed university activities in this area as ineffective, and more than 55% indicated that their universities had not taken any measures in this regard. Forty-one percent of the surveyed students expressed interest in psychological assistance organized by the

university, but 70% of them had never used such services (Piotrowski et al. 2024).

The latest CBOS report on the mental health of young Poles also provides valuable data. It presents the results of a study conducted on a representative sample of individuals aged 18–29 and 30–44. The comparative perspective on mental health in these two age groups is particularly important. Younger people (aged 18–29) experience both positive and negative emotional states more frequently than older Poles. Members of this age group feel more overwhelmed by the number of tasks, decisions, demands, and life adversities than those aged 30–44, and they also experience loneliness to a greater extent. Moreover, they stand out from the adult population as a whole in their greater tendency to experience negative emotional states, whereas individuals aged 30–44 are characterized by the best mental well-being.

Members of Generation Z (aged 18–29) are more likely than older Poles to assess their mental health as worrying. There is also a gender difference in this group in self-assessments of mental health: women are more likely than men to report frequently experiencing various mental states, especially negative ones (such as feelings of helplessness, irritability, overwhelm, as well as loneliness, anger, and unhappiness). The strongest correlate of respondents' well-being is their financial situation, with individuals in poorer financial circumstances reporting more frequent negative mental states. In addition, respondents from Generation Y (aged 30–44) who assessed their financial situation as good generally reported better well-being.

The respondents' personal situations also influenced their self--assessments of mental health. People in relationships, especially married couples, stood out for their better well-being. Being single was associated with lower well-being scores, a pattern that was more pronounced in the older generation. The lowest well-being scores were observed among single women from Generation Z (aged 18–29), while the highest scores were recorded among married men from both generations. Mental health was also analyzed in relation to respondents' sexual activity. The study results indicate that poorer well-being was more common among individuals who had not had sex in the previous twelve months, particularly women from Generation Z.

A relationship between mental health and friendships was also identified. Respondents with no friends or only one friend reported poorer well-being, with this correlation being stronger in Generation Z. People from Generation Y with five or more friends reported better well-being, as did respondents from Generation Z with seven to ten friends. The relationship between mental health and social media use was also examined. Respondents who spent at least three hours per day on social media reported poorer well-being. Associations between mental health and political views and religious practices were also explored. Generation Z respondents with left-wing views reported slightly poorer well-being. In both generations, individuals who did not participate in religious practices reported poorer well-being.

The final correlate of mental health examined was values. Better mental well-being among respondents was associated with attaching greater importance to values such as professional work, family, maintaining good health, and patriotism. For the younger generation, the pursuit of fame was also important, whereas for older respondents, development and self-fulfillment were more highly valued. In both generations studied, placing a high value on peace of mind was associated with poorer self-assessments of mental health (Feliksiak 2025).

A review of the literature indicates that the mental health of children and young people is deteriorating as a result of complex social, environmental, and institutional factors. A document on youth mental health highlights the growing emotional burdens associated with functioning under conditions of chronic stress, excessive academic demands, and sociocultural instability. Crisis situations, both individual (e.g., sudden loss of security, traumatic events) and environmental (e.g., pandemics, peer conflicts, changes within the family), lead to increased anxiety, low mood, difficulties in emotion regulation, and adjustment disorders. The quality of peer and family relationships as key moderators of mental health is also emphasized: social support functions as a protective factor, while social isolation and peer violence, including cyberbullying, contribute to the deterioration of young people's well-being (Januszkiewicz, Socha 2022).

The second key factor affecting the mental health of young people is the tension resulting from the functioning of educational institutions. Bartosz Atroszko (2019) points out that the Polish education

system is characterized by chronic instability, pressure for change, and a significant level of superficial activity, which generates a sense of unpredictability and insecurity among young people. Constant reforms, performance pressure, increasing demands, and a lack of adequate institutional support increase the risk of mental overload and educational burnout. In addition, young people function in an environment saturated with pressure to succeed, social comparison, and intense digitalization, which exacerbates feelings of loneliness and emotional tension. As a result, the deteriorating mental health of young people is the consequence of both macro-social factors (cultural change, crisis situations, and systemic pressure) and micro-social elements of the school environment (relationships, demands, and sense of security), which reinforce one another's impact.

Main objectives of the study

The main objective of the research is to analyze and assess the mental health of the study group, with particular emphasis on various aspects of mental well-being and experienced difficulties. The mental health of students is also examined in relation to sociodemographic variables (gender, age, place of residence, family structure, and time spent online). The subject of the research is the general mental condition of students over the past 12 months.

The following research questions were posed in the study:

1. What is the overall level of mental health in the study group over the past 12 months?
2. Do sociodemographic variables (gender, age, place of residence, family structure, and time spent online) differentiate students' mental health?

Due to the diagnostic nature of the research, no research hypotheses were formulated. The study employed a proprietary psychometric questionnaire designed to measure students' mental health over the past 12 months. The instrument was based on contemporary models of mental well-being and took into account affective, cognitive, and behavioral components, which allowed for the operationalization of mental health through nine items reflecting key elements of the construct. These included anxiety related to social interactions, low mood, feelings of worthlessness, a perceived lack of control over one's

life, difficulties in regulating emotions and needs, thoughts of death, self-aggressive behavior, feelings of loneliness, and general dissatisfaction with life. The selection of items ensures the content validity of the scale and its consistency with the definitional scope of the concept of mental health.

Each item was rated on a five-point Likert scale (1—strongly disagree/do not feel at all; 5—strongly agree/feel to the highest degree). Higher values indicated greater difficulties in the area of mental health. Prior to formal testing, the instrument was evaluated for content validity by two experts in psychology and pedagogy, who assessed the consistency of the items with the theoretical construct and their linguistic clarity. The experts' suggestions were incorporated into the final version of the questionnaire. The reliability analysis of the scale demonstrated satisfactory internal consistency of the measured items (Cronbach's alpha = 0.78), which indicates that the instrument is sufficiently homogeneous and can be used as a one-dimensional indicator of mental health. This value falls within the range considered acceptable in the literature for exploratory studies and research conducted in natural populations, where the complexity of the construct influences a moderate level of inter-item dependence.

The demographic section included sociodemographic variables acting as potential moderators and covariates of the analyzed relationships: gender, age, place of residence, family structure, and average time spent on the internet. These variables enabled a multidimensional analysis of variation in the results. The study was conducted as an anonymous online survey using the Survio platform. The link to the questionnaire was distributed through student councils, which reduced the risk of researcher bias and increased respondents' sense of freedom in answering. The self-report format and complete anonymity encouraged honest responses, which is particularly important when measuring constructs related to sensitive aspects of mental health.

The study used non-random purposive sampling aimed at recruiting students from two major academic centers in the Kuyavian-Pomeranian region: Kazimierz Wielki University in Bydgoszcz and Nicolaus Copernicus University in Toruń. The inclusion criteria were first- or second-cycle student status and active participation in the classes during which the study was conducted. The final sample

consisted of 232 students who voluntarily and anonymously completed the questionnaire.

The sample was purposive and included students from two universities in the Kuyavian-Pomeranian region, which made it possible to account for diverse institutional contexts and academic environments. Despite the lack of random selection, the structure of the sample (gender, level of study, and fields of study) was similar to population data from both universities, which allows it to be considered functionally representative of the student population in this region.

The mental condition of students in light of the authors' own research

A total of 232 students from Kazimierz Wielki University in Bydgoszcz and Nicolaus Copernicus University in Toruń took part in the study. The vast majority of respondents were women (65.52%). Most participants were 19 years old, and the mean age of the entire group was 22.78 years. Slightly more respondents came from rural areas (52.16%) and from two-parent families (80.6%). The largest proportion of respondents reported spending between 3 and 4 hours per day online (40.95%). Table 1 presents the characteristics of the study sample.

Table 1. Characteristics of the study sample

Variable	Category	N	%	Cumulative %
Gender	Female	152	65.52	65.52
	Male	66	28.45	93.98
	Other	14	6.03	100.00
Age	19	89	38.36	38.36
	20	17	7.33	45.69
	21	21	9.05	54.74
	22	26	11.21	65.95
	23	16	6.90	72.84
	24	7	3.02	75.87
	25	10	4.31	80.18
	26	2	0.87	81.05

Variable	Category	N	%	Cumulative %
	27	3	1.29	82.34
	28	7	3.02	85.36
	29	11	4.74	90.10
	30	4	1.72	91.82
	31	6	2.59	94.41
	32	7	3.02	97.43
	33	6	2.58	100
Place of residence	Rural area	121	52.16	52.16
	City	111	47.84	100.00
Family structure	Two-parent	187	80.60	80.60
	Single-parent	45	19.40	100.00
Time spent online	Less than an hour	12	5.17	5.17
	1–2 hours	47	20.26	25.43
	3–4 hours	95	40.95	66.38
	5 hours or more	78	33.62	100.00

Source: Author's own research.

Before proceeding with the main analyses, the quality of the collected data and their suitability for statistical analysis were verified. In the first stage, the reliability of the scale measuring mental health was assessed, yielding a satisfactory Cronbach's alpha coefficient of 0.78. This result indicates good internal consistency of the items and allows the scale to be treated as a one-dimensional indicator of mental health. In the next stage, the distribution of the dependent variable was analyzed. The Shapiro–Wilk normality test indicated that the distribution deviates from perfect normality; however, skewness and kurtosis values fell within ±1, which in social science research is generally considered acceptable for the use of methods based on a linear model. Moreover, given the sample size ($N > 200$), and in accordance with the central limit theorem, analysis of variance (ANOVA) was assumed to be sufficiently robust to moderate violations of normality.

The assumption of homogeneity of variance was also tested using Levene's test. The results did not reveal any statistically significant differences in variance between groups ($p > 0.05$), which confirms the appropriateness of using analysis of variance to compare mean

mental health indicators in groups defined by sociodemographic variables. In addition, an outlier analysis was conducted using a criterion of ±3 standard deviations from the mean. No observations exceeded this threshold, indicating the absence of responses that could significantly distort the results. An analysis of missing data did not indicate a need for imputation, as missing values accounted for less than 1% of the data and were random in nature. The first issue examined in this study was the general mental health of students over the past 12 months. Table 2 presents the percentage distribution of responses illustrating respondents' mental health.

Table 2. Percentage distribution of responses regarding students' mental health over the past 12 months

Aspect of Mental Condition	Strongly disagree (%)	Disagree (%)	Neither agree nor disagree (%)	Agree (%)	Strongly agree (%)	Total (%)
Anxiety caused by other people's behavior	16.38	20.69	14.66	23.28	25.00	100
Significant decline in mood	22.41	17.24	27.59	19.83	12.93	100
Feeling that you mean nothing and can do nothing	21.55	22.84	18.10	16.81	20.69	100
Sense of lack of control over one's own life	12.93	29.31	13.79	21.98	21.98	100
Sense of lack of control over emotions and needs	27.59	20.69	14.22	20.26	17.24	100
Feeling of wanting to die	21.55	24.14	12.93	22.85	18.54	100
Self-harming/self-inflicted pain	19.83	23.28	20.69	19.83	16.38	100
Feeling of loneliness and lack of loved ones	25.00	26.29	17.67	15.52	15.52	100
Dissatisfaction with one's own life	15.52	22.41	23.28	19.83	18.97	100

Source: Author's own research.

An analysis of the data presented in the table indicates a high prevalence of anxiety related to the behavior of other people, as well as difficulties in controlling one's own life. Among the surveyed students, responses varied with regard to low mood and self-esteem.

In the case of a pronounced decline in mood, although 12.93% of respondents reported experiencing it to the highest degree, the largest group (27.59%) had difficulty assessing their mood unequivocally. With respect to feelings of insignificance and inadequacy, responses were relatively evenly distributed, suggesting that this problem affects a substantial proportion of the student population to varying degrees. The surveyed group also reported challenges in the emotional and relational sphere. Difficulties in controlling one's emotions and needs were reported by over 37% of respondents (the combined total of "agree" and "strongly agree" responses). Feelings of loneliness and a lack of close friends were strongly expressed by 15.52% of students, and more than 31% experienced this problem to some extent.

Particularly alarming are the findings related to the mental health of the surveyed students, especially data concerning thoughts of ending one's life. Almost one-fifth of respondents (18.54%) strongly agreed with this statement, and more than 40% (the combined total of "agree" and "strongly agree" responses) reported experiencing such thoughts during the past year. Similarly, experiences of self-harm or intentionally inflicting physical pain were reported by over 36% of students (the combined total of "agree" and "strongly agree" responses), which indicates serious difficulties in coping with emotions. Moreover, almost one-fifth of students (18.97%) reported being strongly dissatisfied with their lives; when combined with those who were "rather dissatisfied" (19.83%), this suggests that a significant proportion of students are not satisfied with their lives.

The data presented reveal a broad spectrum of difficulties. Students struggle with emotional problems (anxiety, low mood, and difficulty managing emotions), cognitive problems (low self-esteem, feelings of insignificance), behavioral problems (self-harm, suicidal thoughts), and social problems (loneliness). These findings are consistent with earlier nationwide reports, which have also indicated an increasing prevalence of mental health problems among students, including stress, anxiety and depressive disorders, as well as adjustment difficulties. In summary, the level of mental health problems among students is high, and their scope is broad, encompassing nearly all key areas of mental well-being. The results may serve as a warning and underscore the urgent need for comprehensive preventive and support measures at universities.

The second issue analyzed in the study was variation in students' overall mental health over the past 12 months as a function of sociodemographic variables. The results of the analysis of variance are presented in Table 3.

Table 3. Analysis of variance (ANOVA)—variation in the overall mental health of students by sociodemographic variables

Effect	SS	df	MS	F	p
Gender	**531.066**	**2**	**265.533**	**10.741**	**0.000037**
Age	418.067	13	32.159	1.300	0.218522
Place of residence	13.916	1	13.916	0.563	0.453856
Family structure	16.488	1	16.488	0.667	0.414777
Time spent online	53.479	4	13.370	0.541	0.705663
Error	5293.992	214	24.738		
Expression Free	**203875.021**	**1**	**203875.021**	**8241.670**	**0.000000**

Source: Author's own research. Statistically significant correlations are highlighted in bold in the table. SS: sum of squares, df: degrees of freedom, MS: mean square, F: F-statistic, p: p-value.

Based on the analysis, it can be concluded that gender is the only variable that differentiates students' mental health over the past 12 months. In order to identify differences in overall mental health between gender groups, Tukey's post hoc test was conducted; the results are presented in Table 4.

Table 4. Results of Tukey's post hoc test for the variable "Gender" (differences between groups)

Group 1	Group 2	Difference Mean	p-value (adjusted)	Low Boundary of Confidence interval	Upper Boundary of Confidence Interval
Female	Male	**2.9799**	**0.0054**	**0.7297**	**5.2302**
Female	Other	−2.5806	0.2858	−7.3486	2.1873
Male	Other	**−5.5606**	**0.0097**	**−9.9961**	**−1.1251**

Source: Author's own research. Statistically significant relationships are highlighted in bold in the table.

In the study sample, men reported significantly better overall mental health than women. Although women in the sample reported

better overall mental health than respondents who identified as "other," this difference was not statistically significant. Men also reported better overall mental health than respondents who identified as "other," and this difference was statistically significant. Overall, the analysis indicates that in the study group, men reported significantly better overall mental health than both women and people who identified their gender as "other."

The mental condition of students as a manifestation and requirement for change

The results of the study confirm worrying trends in the mental health of Polish students that have been clearly evident in nationwide assessments of academic youth well-being for several years. The study group reported numerous emotional, cognitive, and behavioral difficulties, including anxiety related to interactions with others, low mood, a sense of powerlessness, difficulties in regulating emotions, loneliness, as well as self-aggressive behavior and thoughts of ending one's life. These results are consistent with the findings of the Commissioner for Patients' Rights Report (2020), which highlighted the growing prevalence of anxiety and depressive disorders, adjustment difficulties, and relationship crises among students. In both cases, problems related to low self-esteem, stress, mood instability, and an increasing sense of loneliness predominate.

Convergence with broader research is also evident in the intensity of negative emotional states. In this study, nearly 40% of students experienced problems related to a lack of control over their lives and emotions, which corresponds with data from the NZS and PSSiAP reports (2021), in which students frequently reported feeling overwhelmed by tasks, having difficulties coping with academic demands, and a sense of incompetence in dealing with emotional problems. Similarly to the reports cited above, the study group also demonstrated high levels of loneliness and deficits in social support, indicating the recurrence of this phenomenon in the student population.

The results of the present study correspond particularly closely with the report commissioned by the Ministry of Science (Piotrowski et al. 2024), which indicated a high prevalence of moderate and

severe depressive and anxiety symptoms among students. In the analyzed sample, as many as 40% of respondents reported experiencing thoughts of ending their lives, and more than 36% reported self-aggressive behavior. These values are alarming and consistent with the broader picture of a growing number of suicide crises in the academic environment. According to the 2024 report, a similar pattern is especially evident among female students, a finding also confirmed by the present data, in which gender proved to be the only variable that significantly differentiated mental health. Women reported significantly lower mental well-being than men, which is consistent with the findings of both Piotrowski et al. (2024) and the latest CBOS report (Feliksiak 2025), both of which emphasize a marked increase in negative emotional states among young women aged 18–29.

Importantly, the CBOS study reveals the multifactorial nature of declining mental well-being in this group, pointing, among other factors, to high emotional disorganization, greater susceptibility to stress, loneliness, low self-assessments of mental health, and a strong dependence of well-being on the quality of social relationships. The findings of the present study, in which more than 31% of students reported loneliness and a lack of close friends, corroborate this interpretation and suggest that the academic environment does not always provide adequate mechanisms of social support.

It is also worth noting differences in the amount of time spent on the internet. In the present study, this variable did not differentiate overall mental health, whereas the CBOS findings (Feliksiak 2025) indicated that people who spend at least three hours per day on social media report poorer well-being. This lack of consistency may be due to several factors: the measurement in this study covered total time spent online rather than specific social media use; moreover, the relationship may be more complex and conditioned by other variables, such as the type of online activity, coping style, or need for affiliation.

However, there is full agreement with the NZS and PSSiAP reports (2021) and the analysis commissioned by the Ministry of Science (2024) regarding assessments of the availability of psychological support. The results obtained reveal a high prevalence of emotional problems among the surveyed students, which confirms the validity of conclusions repeatedly emphasized in national reports concerning the need to strengthen support systems.

In summary, the results of the present study are highly consistent with nationwide assessments of the mental health of Polish students. In particular, they corroborate growing emotional and adjustment difficulties, significant gender differences, a high prevalence of self-aggressive behavior and suicidal thoughts, an increasing sense of loneliness, and a lack of systemic support in the academic environment. Observed discrepancies, such as the absence of a relationship between time spent online and mental health, point to directions for further research that take into account more precise indicators of digital activity.

The modern world is characterized by permanent, dynamic change, which Wojciechowska (2018) aptly describes as a series of intense transformations occurring in a relatively short period of an individual's life. In philosophical discourse, the phenomenon of change is a constitutive element of reality: it was conceptualized by Aristotle as a transition from one state to its opposite, and by Grygianiec as multifaceted quantitative, qualitative, compositional, substantial, locational, and temporal processes. The sociological perspectives of Szacka and Sokołowska further emphasize that such changes may affect both the microsocial level (individuals and small groups) and the macrosocial level (entire organizations), that their causes may be internal or external, and that their effects may be profound or superficial. In this context, the mental condition of students emerges as one of the most striking manifestations of contemporary psychological change, defined by Sokołowska (2009) as a process of individual development or regression in emotional functioning, cognitive structures, and conscious and unconscious mechanisms of action. Importantly, regression in this area is not only an individual experience but a collective phenomenon that necessitates far-reaching changes in the structure and philosophy of academic education.

In the face of such an acute psychological crisis among students in higher education, academic education must undergo transformation, becoming not only a site for the transmission of knowledge but, above all, an environment that supports comprehensive development, including mental well-being. This shift requires fundamental, systemic changes at multiple levels. The first involves a reorientation of priorities: student mental health must become a strategic priority for universities. This may require the allocation of appropriate financial

and human resources, the development of supportive policies, and the integration of mental well-being into the everyday functioning of institutions. Another major challenge for academic education in this context is the expansion and professionalization of psychological support systems at universities. It is necessary to establish accessible, free, and comprehensive psychological support in academic centers. Such a system should include immediate crisis intervention (rapid psychological assistance in emergency situations), long-term therapy and counseling, cooperation with public health services, and preventive and educational initiatives (e.g., workshops on coping with stress, emotion regulation, building mental resilience and social skills, as well as information campaigns aimed at reducing stigmatization).

Another important component of this transformation is the training of academic staff. Faculty members and administrative personnel should receive systematic training in basic mental health issues. They should be able to recognize signs of psychological crisis, know where to refer students for help, and be aware of the impact of their own actions on students' mental well-being. This requires building competence in empathic communication and responding to difficult situations. In the context of changes related to student mental health, it is also important to evaluate the impact of implemented measures and to monitor them on an ongoing basis. Universities should regularly conduct research on students' mental well-being to identify emerging problems, assess the effectiveness of existing programs, and adapt support strategies to evolving needs.

In light of the research presented, students' mental health can be understood as a clear manifestation of profound psychological change, which in many cases is regressive and leads to significant suffering. The prevalence of mental health problems indicates that this is not a marginal issue. Rather than expecting students to adapt to systemic demands on their own, the academic education system must undergo transformation to better support and protect their well-being. This is not only a personal matter but also a pragmatic one, as students' mental health directly affects academic performance, engagement in academic life, and future functioning in society. Ignoring these signals would further deepen the crisis, with serious consequences for individuals and the academic community as a whole.

When analyzing students' mental health, it can be observed that the academic environment—which forms part of the education system—is itself subject to rapid and often unpredictable change. The structure of academic programs, the nature of teaching relationships, instructional methods, access to psychological support, and expectations placed on young adults are all evolving. In light of the findings of the present study, which revealed a wide range of emotional, cognitive, and behavioral difficulties (including high levels of loneliness, suicidal thoughts, and self-harming behavior), it is reasonable to link students' mental health to the quality of educational institutions and their capacity to adapt to change.

According to Fullan (2007), institutions that fail to implement support systems, promote cooperation, and a culture of care expose participants in educational settings to an increased risk of overload and burnout. Similarly, Morrison (1998) argues that change must respond to the real needs of participants in the system; otherwise, it leads to frustration and confusion. The findings of the present study indicate that female students experience significantly poorer mental health than male students, which is consistent with nationwide assessments (Piotrowski et al. 2024; Feliksiak 2025). Persistently high levels of stress, adjustment difficulties, and limited access to professional psychological support suggest that academic environments do not fully meet the needs of young adults.

Dysfunctional or insufficient educational change—such as chaotic reforms, lack of organizational stability, curriculum overload, or inadequate institutional support—can constitute a significant source of stress in students' functioning. In this sense, educational change is not merely an organizational process but a phenomenon with tangible psychological consequences. The ability of institutions to implement change in accordance with principles of planning, collaboration, and individual support (Fullan 2007) therefore becomes crucial for the well-being of those involved in the educational process. The findings of our study, which indicate a high prevalence of emotional difficulties among students, demonstrate that the academic environment requires actions aimed at building a culture of support, flexibility, and responsiveness to changing conditions—in line with the concept of a "learning organization."

In summary, theories of educational change provide a valuable interpretive framework for understanding the functioning of contemporary academic institutions and their impact on the mental health of young adults. These theories suggest that the quality of change—its purposefulness, predictability, cultural embeddedness, and capacity to respond to students' needs—can serve as either a protective factor or a risk factor for mental well-being.

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