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MOST FREQUENT REASONS FOR SEEKING
PSYCHOLOGICAL HELP AMONG UNIVERSITY STUDENTS

CAUSAS MÁS FRECUENTES DE ATENCIÓN
PSICOLÓGICA EN ESTUDIANTES UNIVERSITARIOS



Ernesto Roque Rodríguez*
Digital Creative City, Guadalajara, Mexico
Technological University of Jalisco, Mexico
ORCID: 0000-0003-0067-7137



Ana Eugenia Romo González
Digital Creative City, Guadalajara, Mexico
Technological University of Jalisco, Mexico
ORCID: 0000-0002-4653-2593

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Corresponding author*

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ABSTRACT

The psychological well-being of university students is a priority issue in higher education. The aim of this article was to identify and analyze the most frequent reasons for seeking psychological support among university students, comparing the demands during and after the pandemic, as well as exploring the psycho-emotional support strategies implemented. This research applied a sequential mixed-methods design. In the quantitative phase, 979 psychological support sessions recorded at a public university in Jalisco, Mexico, were analyzed. In the qualitative phase, a focus group was conducted with students, and interviews were carried out with university staff. The results showed that the most significant causes of mental health problems are related to the family environment and socioeconomic conditions, rather than to technology use.

Keywords: psychological support, university students, support, mental health

RESUMEN

El bienestar psicológico de los estudiantes universitarios es un tema prioritario en educación superior. El objetivo de este artículo fue identificar y analizar las causas más frecuentes de atención psicológica en estudiantes universitarios, contrastando las demandas durante y después de la pandemia, así como explorar las estrategias de acompañamiento psicoemocional implementadas. En esta investigación se empleó un diseño mixto secuencial. En la fase cuantitativa, se analizaron 979 atenciones psicológicas registradas en una universidad pública de Jalisco, México. En la fase cualitativa, se realizó un grupo focal con estudiantes y entrevistas a personal de la institución. Los resultados mostraron que las causas de mayor peso en los problemas de salud mental se encuentran en el entorno familiar y las condiciones socioeconómicas, más que en el uso de la tecnología.

Palabras clave: atención psicológica, universitarios, acompañamiento, salud mental

1. INTRODUCTION

The growing integration of digital technology into everyday life has radically transformed educational paradigms. Specifically, in the university setting, the adoption of online learning formats has intensified (Neagu & Vieriu, 2025). Furthermore, it is important to note that while this transition facilitates access to knowledge and academic flexibility, it also introduces new challenges related to students' mental health. In this regard, the detrimental effects of technology on young people's mental health must be considered (Gandarillas et al., 2024). In fact, various studies have reported a significant increase in the incidence of these disorders among those pursuing higher education. This trend was exacerbated during the COVID-19 pandemic (Vergara Darré, 2023).

In this regard, the mental health of college students has gained prominence on the academic agenda, particularly due to the rise in symptoms of depression, anxiety, and stress, among others. According to Bezerra de Lima and Moura dos Santos (2023), the main issues reported by students in technology-mediated education were: 1) high levels of anxiety; 2) difficulty with emotional regulation, especially among women, who showed greater difficulty managing their emotions during challenging academic situations; and 3) the lack of a suitable study environment and distractions at home, which affected their ability to concentrate on their studies. This caused some students to feel insecure about their academic performance, which generated a fear of failure and diminished their confidence.

In the wake of the pandemic, the use of technology in teaching and learning has increased exponentially. It is important to note that technology-mediated instruction requires a certain level of instructional design and involves essential elements of ongoing dialogue and communication. This helps prevent students from experiencing isolation, demotivation, and, consequently, mental health issues. Thus, technology has brought advantages by facilitating access to resources (visuals, forums, apps, conferences, blogs, etc.) that were simply unavailable in the past. However, it requires self-control and self-management. In other words, students must maintain a very clear path of where they are headed.

Between 2019 and 2021, classes were taught and taken remotely around the world using various technological platforms. This allowed for the continuity of teaching and learning. However, students were exposed to long periods of isolation. In this context, Cristo et al. (2019) noted that online education programs reduced social contact and that the demands for autonomy in learning negatively impacted students' psychological well-being. Consequently, students taking classes in online educational formats face problems of loneliness, isolation, and demotivation due to a lack of socialization and constant dialogue among themselves and with the instructor. This leads to mental health issues and, subsequently, to dropping out of their degree program.

It is clear that context and environment influence or affect student behavior and performance. Based on this premise, one theory that helps explain the phenomenon of mental health is Ryan and Deci's (2000) self-

determination theory. This theory focuses on the sociocultural conditions that facilitate self-motivation and healthy psychological development, specifically by strengthening intrinsic motivation, self-regulation, and satisfaction. To achieve this, three needs must be met: competence, autonomy, and relatedness, which, when addressed, generate greater mental well-being.

In this same vein, the transactional theory and research on independent study by Moore and Kearsley (1996), Moore and Diehl (2013), and Wedemeyer (1981) established autonomy as a cornerstone of learning. However, the most recent literature shows that, in the technological ecosystem in which students operate, this principle is no longer entirely clear, as the needs for autonomy, competence, and relatedness can be thwarted by addictive technological designs. Along these same lines, Twenge (2014) demonstrated how intensive use of *smartphones* and social media is linked to higher rates of depression and anxiety. For his part, Griffiths (1995) noted that this intensive use of technology can lead to addictive patterns, which are harmful to students.

Based on a review of the literature, it is hypothesized that intensive use of and overexposure to digital environments in education are among the causes of mental health problems among college students, manifesting as symptoms of depression, anxiety, stress, and difficulties with emotional self-regulation. This has a negative impact on their academic performance and retention rates.

In this regard, the study sought to answer the following questions: How does technology account for the mental health issues students face? And how has excessive use of technology affected students' mental health? Based on this, the research identified and analyzed the most common reasons for seeking psychological counseling and support among college students.

2. METHOD OF RESEARCH

This research was a study on the mental health of students at a public university in the state of Jalisco, Mexico. A two-stage sequential mixed-methods design was employed (Creswell, 2014). In the quantitative phase, a descriptive statistical analysis was conducted on the databases provided by the institution. Frequencies, growth rates, and percentages were calculated; in addition, a graph was created to show the evolution and trend, as well as a word cloud to identify the most frequently mentioned terms by the students. It is important to note that no causal inferences were made.

The 2020A, B, and C semesters and the 2021A semester were analyzed (the period of the COVID-19 pandemic during which technological platforms were used). For comparison purposes, the 2023C, 2024A, B, C, and 2025A semesters were analyzed. *Excel* was used to create the tables and graphs. For ethical reasons, no personal student data was included; only general statistical information was provided.

The university used as a case study does not offer fully online academic programs. However, during the pandemic, classes were held online using the *Zoom* and *Moodle* platforms. The research focused on the pandemic period, but post-pandemic semesters were also analyzed to compare and identify differences in the evolution of mental health issues. From the pandemic period, 340 psychological consultations were analyzed, and from the post-pandemic period, 639.

In addition, as part of the qualitative phase, a focus group was conducted on the university campus on November 12, 2025, with the participation of four students (three men and one woman) from the morning session, selected at random from among upper-level students. They were presented with the data obtained from the quantitative analysis and asked whether they agreed that depression, anxiety, and stress, among other factors, were the main mental health issues affecting students.

They were then asked for their opinion on whether students spend too much time exposed to technology (in front of a screen, on a cell phone, tablet, the internet, video games, and even using artificial intelligence) and whether this causes mental health issues. In addition, the psychologist and a senior administrator—both of whom have been with the institution for over 10 years—were interviewed to learn about the support strategies that have been implemented to address students' mental health issues.

3. RESULTS

The psychological care (PC) received by the participants was analyzed. The growth rate (GR) was also examined. It was found that, during the pandemic, the average annual GR was 9.08%. This rate was higher among men (12.26%) than among women (4.32%) (Table 1). On the other hand, in the post-pandemic period, the average annual GR decreased to 3.22%, with 3.39% for men and 3.06% for women.

Table 1

Number of psychological consultations provided by period

Four-month period	Total		Women		Men	
	AP	TC	AP	TC	AP	TC
2020A	89		38		51	
2020B	58	-34.83%	42	10.53%	16	-68.63%
2020C	67	15.52%	37	-11.90%	30	87.50%
2021A	126	88.06%	45	21.62%	81	170%
Total	340		162		178	
Compound Annual Growth Rate		9.08%		4.32%		12.26%
2023C	148		78		70	

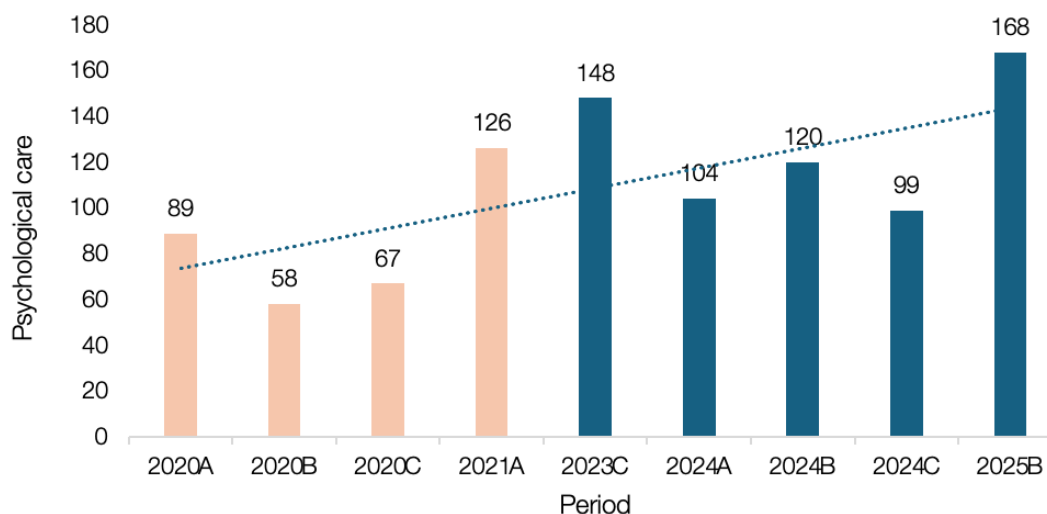
Table 1
Number of psychological consultations provided by period

Four-month period	Total		Women		Men	
	AP	TC	AP	TC	AP	TC
2024A	104	-29.73%	54	-30.77%	50	-28.57%
2024B	120	15.38%	71	31.48%	49	-2.00%
2024C	99	-17.50%	63	-11.27%	36	-26.53%
2025A	168	69.70%	88	39.68%	80	122.22%
Total	639		354		285	
Compound Annual Growth Rate		3.22%		3.06%		3.39%
Total	979		516		463	

3.1. Increase in psychological counseling sessions

The evaluation of the APs conducted each semester showed an upward trend, as the number of consultations increased in direct proportion to time. In other words, for each semester that passed, the number of consultations increased by an average of 8.7; hence the urgency of addressing this issue (Figure 1).

Figure 1
Number of psychological counseling sessions per semester



3.2. Reasons for psychological counseling sessions

Furthermore, it was observed that symptoms of depression (21.50%), anxiety (13.60%), self-esteem issues (11.97%), family problems (9.51%), poor stress management (7.43%), and learning difficulties (6.83%) were the main causes of mental health issues (Table 2). It was found that the impact of technology did affect college students' mental health. Depression emerged as the primary problem, as it manifested in isolation and hopelessness resulting from prolonged digital confinement. On the other hand, anxiety was a direct manifestation of technostress and constant hyperconnectivity.

Table 2

Causes of psychological counseling sessions

Causes of psychological counseling sessions	During the pandemic	After the pandemic	Difference
Symptoms of depression	21.50%	16.91%	-4.60%
Anxiety	13.60%	10.86%	-2.74%
Self-esteem issues	11.97%	8.80%	-3.17%
Family issues	9.51%	8.72%	-0.79%
Inadequate stress management	7.43%	7.21%	-0.22%
Learning disabilities	6.83%	3.22%	-3.61%
Relationship issues	5.38%	4.31%	-1.06%
Possible psychiatric disorder	4.01%	1.72%	-2.28%
Problems adapting to the group	3.41%	3.05%	-0.35%
Deficit in social skills	2.53%	3.42%	0.89%
Violence	3.56%	2.65%	-0.91%
Emotional vulnerability	2.18%		-2.18%
Vocational counseling	1.89%		-1.89%
Addictions	1.53%	0.77%	-0.76%
Health issues	1.46%	1.54%	0.08%
Impulse control deficit	1.24%	3.22%	1.98%
Risk of dropping out of school	1.19%	0.78%	-0.41%
Relationship issues	0.79%		-0.79%
Crisis intervention		10.37%	10.37%
Difficulty expressing emotions		7.10%	7.10%
Grief		5.36%	5.36%

3.3. Technology as a *coping mechanism*

During the focus group, students were asked for their opinions on who is experiencing mental health issues due to spending a lot of time exposed to technology. It was found that students view technology more as an *escape valve* than as a problem. In this regard, they noted that technology functions as a mechanism that offers an alternative world where pain or suffering can be momentarily halted. They also added that the use of technology allows users to have greater control over their experiences, although it also promotes emotional isolation.

I believe this is true to a certain extent, because the use of technology can have an impact, but the problem students face has been going on for a long time and isn't solely due to excessive use of screens or technological devices. We should ask ourselves: *Why do students use screens excessively?* It could be due to problems at home or other factors that are more complicated or difficult to address, such as childhood wounds or trauma involving parents, among other things. (Participant One).

3.4. Normalizing mental health issues

The analysis of the data indicated that students have become accustomed to living with mental health issues, which they have come to view as normal. In fact, they end up accepting their reality and their problems, but they fail to ask themselves how they can change a situation that is not in their best interest. A culture of suffering was identified, based on three premises: 1) if everyone suffers from it, it must be normal; 2) that's just how college life is; and 3) you have to work hard for what you want. Furthermore, there is a stigma attached to weakness, as many do not like to feel weak or incapable of overcoming certain situations. This occurs because older generations often say: 1) tough it out like I did; 2) if you seek help, you're weak; and 3) you have to manage on your own.

3.5. Family environments and support strategies

A lack of financial resources and problematic family environments were identified as causes of mental health problems. In this regard, the students who participated in the focus group noted that the root of these problems lies more in family environments than in technology, due to the household's economic situation and the breakdown of the family unit. This causes students to face financial pressures, forcing them to work more than 48 hours a week.

In this regard, students must recognize that it is not their responsibility to resolve family problems, and they must understand their rights and obligations. Similarly, they should set aside physical study spaces free from distractions. The institution supports them with a network of mentors who serve as role models and provides safe spaces for students who cannot study at home; it even lends them computer equipment.

On the other hand, it was found that most students get little sleep due to their work and family commitments, in addition to the large number of school activities they must complete. Furthermore, the use of social media and video games leads to poor academic performance. Upon being presented with the quantitative results, the psychologist and the administrator indicated that they agreed with the findings. However, based on their experience, the root of the main problem lies within the family, due to the financial difficulties present in that environment.

3.6. Strategies and proposals for institutional support

Two-way communication between students and faculty, as well as among students; frequent communication with the institution's specialized staff (psychologists, doctors, administrative staff, etc.); and courses with up-to-date instructional designs are essential for addressing the mental health issues students face.

During the pandemic, students worked remotely and spent a lot of time in front of their computers (an average of five to eight hours a day). This led to isolation and increased mental health issues. At the same time, technology served as a *coping mechanism* for staying in touch with their classmates. On the other hand, in terms of learning, students noted that knowledge acquisition was lower, as they often did not understand the teachers.

Another important point is that students were already experiencing mental health issues before the pandemic, and these issues continue to affect them even more severely. In the students' own words, technology, rather than being a problem, has become a source of distraction due to the many challenges they face at home. These situations affect their ability to concentrate and continue their studies (Table 3).

Table 3
Student status

Situation	Problems	Causes	Consequences	Proposal
Students must study and work at the same time, even working full-time schedules of up to 48 hours a week.	Depression.	Family financial issues.	Frustration at not being able to specialize.	Increase the number of psychologists in institutions.
Excessive academic workload with multiple tasks and tight deadlines.	Anxiety.	Family pressure over <i>what people will say</i> .	Extreme fatigue and chronic stress.	Implement mandatory psychology workshops.
Not enough time to fulfill all responsibilities.	Stress.	Childhood wounds and trauma.	Physical illnesses related to stress.	Establish partnerships with

Table 3
Student status

Situation	Problems	Causes	Consequences	Proposal
				other mental health care institutions.
Normalizing mental health issues as part of everyday life.	Work overload.	Work and academic demands.	Poor academic performance (it's no longer about the grade, but about passing).	Group therapy in the form of expression circles.
Using technology as an escape.	Behavioral problems.	A troubled family environment.	Normalizing the experience of living with mental distress.	Institutional mental health awareness campaigns.
Financial barriers to treatment.	Lack of motivation.	Comparison with social media (<i>perfect</i> lives).	Difficulty maintaining social relationships.	Social work interns by group.
Poor academic performance and lack of motivation.	Isolation.	Burdened by other people's family problems.	Violence and social conflicts.	Referral to specialists (psychiatrists).
Lack of resources for adequate psychological care.	Insomnia and physical problems.	Long workdays (and classes that end very late or even last all day).	Inability to pay for treatment.	Developing personal resilience.
Pressure to achieve financial independence by age group (21–30 years old).	Feeling of helplessness.	Overload of tasks and responsibilities.	Abandoning personal projects.	At least three counseling sessions per four-month period.

The main mental health issues stem from each student's family situation and personal history. Likewise, economic circumstances and a lack of psychological support are other factors that trigger mental health issues among students (Figure 2). In the specific case of technology, while excessive use can lead to anxiety, according to information gathered from the focus group, it is a *tool* that helps alleviate problems.

factor, as the family is the primary cause of such issues. In this regard, the results were consistent with the research by Roque Rodríguez (2024), who found that 66% of the emotional problems students face stem from family issues.

The self-determination theory and the transactional theory of independent study were reaffirmed, as they served as a guide for the research. Fostering dialogue, active listening, and ongoing, effective communication helps students become aware of their challenges and focus on self-regulation in an autonomous manner. In this regard, to prevent students from becoming demotivated, isolating themselves, and ultimately dropping out, ongoing dialogue is required with teachers, administrators, peers, and even with support materials and courses that enable them to keep moving forward.

It is important to note that the theories mentioned above fall short in explaining family and technological factors, but they offer valuable insights into the importance of dialogue and active listening. In this regard, we agree with Griffiths (1995) and Twenge (2014), who explain the importance of having policies to regulate technology use. In other words, banning it is not the right approach, but neither is overusing it. In fact, it was found that students stay up late watching videos, playing video games, or using social media, which significantly affects their academic performance.

Students use video games and social media as a means of escape from situations involving anxiety, family conflict, or academic difficulties. However, we emphasize that the underlying problem is not technology, but rather the family, social, and economic environments that cause emotional distress. This finding was consistent with the view expressed by Twenge (2014), which suggests that, while excessive screen use may be linked to higher rates of anxiety and depression, it is contextual factors such as family support, in-person social networks, and socioeconomic conditions that moderate this impact.

With regard to support strategies, the institution in question has a support model based on three (voluntary) counseling sessions per semester, with the option to increase this number when necessary and to refer students to external providers when psychiatric intervention is required. However, human resources are insufficient to serve the large number of students at the institution. This limits the continuity and depth of support. This reflects a structural problem common to many higher education institutions.

On the other hand, the pandemic exacerbated existing challenges, particularly in the areas of social skills and emotional regulation. Students who returned to college after prolonged periods of isolation showed lingering difficulties in their ability to interact with others and regulate their emotions. This corroborated the findings presented by Biber et al. (2022), who identified a significant increase in levels of anxiety, depression, and academic stress among student populations during and after the lockdown, with lasting effects on their adjustment to college life.

In addition, gender differences were observed in the expression of distress, as men tend to internalize emotions due to societal expectations of masculinity, while women are more likely to seek help from mental health services. In this regard, there is a need to integrate mental health into the curriculum of higher education institutions (Sanmartín Ureña & Tapia Peralta, 2023). In other words, this integration must be cross-cutting and not merely consist of sporadic workshops, but rather be part of the student's comprehensive education.

Furthermore, it is imperative to develop early warning systems based on analytics and diagnostics starting from the moment students enter college. We must strengthen support and mentoring programs, beginning with academic orientation, and enhance faculty competencies for pedagogical mediation in digital environments. At the same time, it is necessary to optimize curriculum designs based on principles of flexibility and accessibility, as well as to ensure the necessary technological resources for vulnerable populations.

5. CONCLUSIONS

It is suggested that the results of this study be considered exploratory and specific to this particular case. In this regard, it is believed that future research should delve deeper into the topic, given its relevance. Furthermore, the qualitative analysis, based on a focus group and interviews, is insufficient to generalize the results. However, it did allow for the identification of some key elements that may serve as a reference for future studies. The findings showed that technology can help temporarily alleviate mental health issues, but this does not mean that its excessive use should be justified.

This has contributed to a better understanding of the phenomenon and allows for a more targeted focus on students within educational institutions. It is important to emphasize the need to implement comprehensive programs and strategies for emotional and academic support that take into account students' individual needs in educational settings. The findings may be useful for other studies and institutions, as they were carefully developed. However, it is important for each institution to conduct its own assessments to obtain primary data that will enable it to make informed decisions.

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Está dirigido a investigadores(as), docentes de todas las modalidades y niveles del sistema educativo, estudiantes de pregrado y posgrado, gestores(as) educativos(as), directivos(as) y demás profesionales interesados(as) en la investigación empírica y documental sobre el uso de la tecnología y la transformación digital en diversos ámbitos sociales, por ejemplo, la salud, el ocio, el turismo, las finanzas, la educación, el desarrollo comunitario, la industria, etcétera.

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