Article

Predictor Variables of Mental Health in Spanish University Students

Amalia Rodríguez-Rodríguez [1], Eloísa Guerrero-Barona [1], Maria José Chambel [2], Mónica Guerrero-Molina [1,*] and Pablo González-Rico [3]

1 Department of Psychology, University of Extremadura, 06006 Badajoz, Spain
2 CicPsi, Faculdade de Psicologia, Universidade de Lisboa, Alameda da Universidade, 1649-013 Lisboa, Portugal
3 Business Economics Department, University CEU San Pablo, 28003 Madrid, Spain
* Correspondence: monicagm@unex.es

Abstract: There is currently great concern over the increase in the cases of university students with mental health problems as the numbers have doubled over recent years. Nevertheless, there is also total agreement concerning the relationship between positive psychological variables and mental health. The objective of this study was to know the relationship between the risk of mental health disorders and the variables of gender, affects, academic engagement, satisfaction with life, health perception and the perception of happiness, as well as predict the risk of suffering mental health disorders. The sample comprised 461 students from the Science Faculty of the University of Extremadura (Spain), of whom 50.3% were women. We used the General Health Questionnaire (GHQ12) to assess mental health, The results indicate that 65.6% of the students showed a risk of suffering from mental health disorders. A greater number of negative affect is related to a greater risk of suffering mental health disorders; while the perception of both health and happiness are related to a lower risk. Similarly, it should be said that the results demonstrate that being a woman increases the risk of suffering mental health disorders by 63.7%.

Keywords: risk of emotional disorders; affects; academic engagement; satisfaction with life; perception of health; happiness; university students

1. Introduction

In 1948, the WHO established that health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity [1]. More recently, mental health has been defined as a person's state of equilibrium or stability in his/her socio-cultural context. This implies an emotional, mental and social well-being directly related to the way in which we think, feel and make decisions [2]. Good mental health can also be described as a state of well-being that allows people to face the normal tensions of life and to function productively [3].

Some predictors of mental health are positive and negative affect, satisfaction with life and psychological and social well-being. Following this initial reflection, we could conclude that a balance between the mind and the body is necessary, and therefore, we can also deduce that happiness helps to maintain our mental health [4].

There is currently, in the scientific literature, a great preoccupation with the incessant rise in the number of cases of university students with mental health problems, figures which have doubled over the last three years [5]. Such is the preoccupation with the mental health of university students that, for instance, the United Kingdom has founded the Mental Wellbeing in Higher Education Group [6], with mental health directives and procedures for students in higher education; while in Sweden, the stress and mental health of adolescents have been on the public health agenda since 2006 [7]. In the university setting, Spanish society has also been motivated to do research into this aspect through the creation of the

Spanish Network of Healthy Universities by a group of Spanish universities [8]. The aim of this project is for the universities to become involved in favoring and promoting a set of tools and skills to help both students and workers to lead a healthier life and to increase their quality of life.

However, the changes and transformations that have occurred in the university system over the last few years have transformed the university activities, for both lecturers and students, making the work outlook more stressful [9,10]. In the studies carried out with universities, some indicate that the average age for the start of mental health problems is between 18 and 24 years of age [11,12]. One of the possible explanations [13] not only refers to the changes that occur during adolescence, but also the challenges they face upon entering university. These circumstances can determine an increased risk of suffering from depression, anxiety and stress. In addition, this study stresses that, within this range, the younger the age the greater the level of anxiety, depression and changes in behavior [14]. Some of the most common mental health problems contribute to dropouts [15,16].

Nevertheless, the data indicate that between 12 and 46 per cent of university students suffer from mental health problems [17], starting in the first year of their studies [18]. In one survey carried out with university students in the United Kingdom, 32% of those surveyed stated they habitually felt lonely [19]. Similarly, a report published by the Centre for Mental Health [20] stated that the data obtained were similar, confirming that 65 per cent of students suffered from distress and stress, 43% from anxiety, loneliness and a feeling of helplessness, 33% from depression and homesickness. It would seem that these symptoms affected mainly second year university students. It is true that these students have frequently changed their place of residence, leaving behind their comfort zone, their nuclear family and their friends. Similarly, in Peru, a study was carried out with over 11,000 university students, in which 55% of those surveyed showed symptoms of worry, nervousness and stress; 51% experienced tiredness; 47.5% referred to continuous back pain and headaches; 44% sadness and anhedonia; and 56.4% to insomnia [21]. There are several studies that provide data-concerning frequent somatic complaints, such as muscular back pains, headaches, intestinal problems, palpitations, tachycardia and the sensation of breathlessness [22–24].

A sense of humor, laughing at one's own mistakes, affection and simply looking to improve one's mood, are all associated with a better mental health [25,26]. Moreover, the data indicate a high correlation between mental health and satisfaction with life, that is, the greater the satisfaction with life, the better the level of mental health [27].

Nevertheless, there is unanimity with respect to the relation between positive psychological variables and mental health [28–33]. To be precise, we can state that affect is made up of two dimensions, positive affect (PA) and negative affect (NA) [34]. PA forms part of happiness and satisfaction with life [35], even becoming one of the characteristics and resources that correlate with happiness; thus, greater levels of PA bring higher levels of satisfaction with life [36]. In general, when someone is emotional and has a positive affect, they understand and analyze the emotions they are experiencing, they can use the necessary strategies to regulate their emotions and they are better able to face problems and have better mental health [28,37]. In fact, some studies carried out on university students found a significantly strong correlation between PA and mental health [38].

Academic engagement is a necessary construct to encourage students' learning, interest, performance and, of course, subjective well-being. It is a concept that arises from Positive Psychology [39] and refers to the level of involvement/commitment that a person has in a particular activity. The aim is to increase the person's well-being over and above simply working or studying to get better results [27,40]. Academic engagement is defined as a positive mental state related to work and is made up of three factors: vigor, dedication and absorption. Vigor is related to the will to make an effort and to persist in one's studies; dedication is the desire to involve oneself in academic activities, to feel pride and enthusiasm; and absorption is a state of concentration and well-being while participating in the study's activities [41]. There is evidence to show that when university students are actively

committed to their studies, they achieve their objectives, and this implies an increase in the levels of mental health. In fact, academic engagement is an optimizing resource for mental health [42,43], and even that it can decrease the symptoms of depression in students [44]. We have also seen among university students that those who have engaged more with their tasks tend to experience better physical and mental health than those who maintain a low level of engagement [45].

There are various theoretical models upon which emotional health and well-being are based. One of the most commonly studied is the PERMA model of Seligman [46]. This is based on five principal factors: P (positive emotions), E (engagement), R (relationships), M (meaning) and A (accomplishment). Another model, part of the Psychology of Health, is that of Keyes [47]. According to these authors, the most crucial is the perception of well-being, which they call "the contouring of well-being", which includes emotional disorders. Finally, the model of Diener [48] considers that the most important aspect is subjective well-being, which includes happiness, satisfaction with life and positive affect or the preponderance of it over negative affect. Within the concept of subjective well-being, they distinguish between the emotional state that is evaluated at any particular moment and satisfaction with life that is based on a global evaluation the person makes concerning their own life in general [49].

In this work, taking into account the data and the evidence provided [14,17,18,20,25,26,30], our objective is to analyze whether happiness, academic engagement, affects, satisfaction with life, and perception of health are predictor variables of the risk of mental health disorders. We start from two hypotheses: (1) That university students have a high risk of suffering from emotional disorders (Hypothesis 1); and (2) Positive affect, negative affect, academic engagement, satisfaction with life, the perception of health, and happiness all predict the risk of suffering emotional disorders (Hypothesis 2).

2. Materials and Method

2.1. Participants and Procedure

The sample is made up of 461 students from the Faculty of Science of the University of Extremadura (UEX), of which 50.3% were women (n = 232) between 18 and 32 years of age (M = 20.50; SD = 2.23). On the one hand, 39% of the participants were studying a degree in Biology, followed by Physics (23%), Mathematics (13.7%), Chemistry (12.4%) and Environmental Sciences (11.9%). On the other hand, 34.3% of the students were in their first university year, followed by 27.3% in their third year, 20% in their fourth year and 18.4% in their second year.

The students were selected through a non-probabilistic sampling of convenience. In the year the data were collected, the number of students registered in the Science Faculty of the University of Extremadura (UEX) was 1.386 [50]. The sample was made up of 461 subjects, which supposed a participation of science students of 33.26%.

It is important to note that the data were gathered prior to the coronavirus pandemic.

As for the procedure used to obtain the data, we met with the dean of the Science Faculty to inform her of the objectives of the study and to request authorization to administer the questionnaires. Following said authorization, we then contacted the lecturers involved in all the degrees to be evaluated and set times and dates to start collecting the data.

Once the lecturers had confirmed their collaboration and the timetable, the researchers directly administered the instruments to each selected group of students. In each degree and year, we explained the objectives to the students, stressing the voluntary nature of the study. We also guaranteed their anonymity and the confidentiality of the data and we assured them that the said information would only be used for research purposes. The approximate duration was 15 min.

The research project was approved by the accredited Ethics Committee of the study center and all procedures performed were in accordance with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

2.2. Instruments

The protocol for gathering the information was carried out through the use of the following instruments:

(a) *Sociodemographic questionnaire.* Data were gathered, ad hoc, concerning gender, age, degree course and academic year of the university students.

(b) *General Health Questionnaire* (GHQ12) by Goldberg et al. [51]. The Spanish version was used, abbreviated and validated by Lobo and Muñoz [52]. This self-reporting scale evaluates the mental health or the risk of suffering a psychiatric pathology. It consists of 12 questions formulated in such a way that they express a symptom, with the response "less than usual" being given the value 0 and the response "much more than usual" the value 3. The dichotomous scoring (0-0-1-1) was used in the research. An estimation of the risk of suffering from mental health issues is finally obtained, whose total score corresponds to the sum of the values obtained in each of the 12 questions. The scores range from 0 to 12 and allow classification to be made between without risk of emotional disorders (0–2) and with risk of emotional disorders (>2) [52]. The internal consistency is of 0.86 [53]. The internal consistency found in our study was 0.82.

(c) *Positive and Negative Affect Shedule* (PANAS) by Watson, Clark and Tellegen [54]. This is one of the most commonly used and recommended instruments for evaluating emotions. It is a self-reporting model with a bifactorial structure whose factors constitute two independent dimensions of affection and are consequently not correlated [55]. The instrument consists of 20 items, 10 referring to the subscale of positive affect and 10 of the negative, scored on a Likert-type scale from 1 (never or hardly ever) to 5 (a lot). The scale has been adapted to Spanish and to university students [56], finally obtaining an internal consistency index from Cronbach's Alpha of 0.72, for both positive and negative affect [57]. In our study, the internal consistency found is 0.86 for the subscale of positive affect and 0.88 for the negative.

(d) *Utrecht Work Engagement Scale-Student (UWES-9S) elaborated by Schaufeli and Bakker [58]*, is meant to evaluate the student's individual commitment and motivation. It is made up of three related scales that measure vigor (when I am doing my work as a student, I feel full of energy, when I get up in the morning I want to go to class and/or study); dedication (I am enthusiastic about my studies); and absorption (I am concentrated in my studies). The scale consists of 9 items that score from 0 (never) to 6 (always), so the higher scores are associated with a high satisfaction with the studies. In a sample of university students, the psychometric properties of the Spanish version of the UWES-9S found indices of internal consistency higher than 0.70 [59]. These results are in line with those obtained in other studies [60]. The internal consistency found in the data of our study is 0.87.

(e) *Satisfaction With Life Scale* (SWLS), elaborated by Diener et al. [61]. This is a paper and pen test and consists of five items that score from 1 (strongly disagree) to 7 (strongly agree), so the range of scores in the questionnaire goes from 5 (low satisfaction) up to 35 (high satisfaction). In a sample of adolescents and young people, it was found that the Spanish version has a good internal consistency ($\alpha = 0.84$) [62]. The internal consistency found in our study is 0.84.

(f) *Health Perceptions Questionnaire* (HPQ). This scale consists of 4 items scoring from 1 (definitely false) to 5 (definitely true), so the higher scores are associated with a satisfactory perception of general health. The reliability of the instrument is adequate [63]. The internal consistency found in our study is of 0.86.

(g)   *Subjective Happiness Scale*. Subjective happiness is evaluated using the Spanish version of Subjective Happiness (SH) by Lyubomirsky and Lepper [64]. It is made up of 4 items that evaluate the happiness of people in their daily lives. It has a Likert-type response scale from 1 to 7, varying for each item the value of the response (Item 1: 1 = a not very happy person, 7 = a very happy person; item 2: 1 = less happy, 7 = more happy; item 3: 1 = not very much, 7 = completely; item 4: 1 = not completely, 7 = completely). This scale has good psychometric properties, thus allowing us to say that it can be considered a good measuring instrument. The results confirm the uni-factorial structure, showing a reliability of 0.90 [65]. Its reliability reflects adequate indices ($\alpha = 0.78$).

2.3. Statistical Treatment

In order to check whether the formulated hypotheses were satisfied, the data obtained using the evaluation instruments were processed with the statistical package IBM SPSS Statistics v.25.

We, first of all, carried out a descriptive analysis to get detailed sociodemographic characteristics of the participants, as well as to examine the study variables among the university students.

Similarly, a correlation analysis was carried out to determine whether a relationship existed between mental health, evaluated using the GHQ-12, and the rest of the dimensions under study. Parametric tests were used with respect to the nature of the variables and the size of the sample ($n = 461$). To be precise, we used Pearson's *r* correlation coefficient.

We then used logistic regression techniques through the "backward" method, in order to study by how much the different evaluated variables increased the probability of presenting a risk of emotional disorders.

3. Results

Table 1 shows the distribution of the participants' scores in the variables being studied.

Table 1. Descriptive statistics.

	M	**SD**	**Minimum**	**Maximum**
Health GHQ-12	4.28	2.95	0	12
Positive affect	3.18	0.72	1.3	4.9
Negative affect	2.21	0.86	1	4.7
Academic engagement	3.61	1.06	0.44	5.8
Satisfaction with life	4.73	1.22	1	7
Health perception	3.65	0.87	1	5
Happiness	4.58	1.15	1	7

We, first of all, checked whether the university students' average scores in mental health obtained in the GHQ-12 were above the range for a risk of emotional disorders ($M = 4.28$; $SD = 2.95$). In this sense, it is worth pointing out that 65.6% of the students presented a risk of suffering from psychological disorders ($n = 300$). Thus, Hypothesis 1, which supposed that university students have a high risk of suffering from emotional disorders, was supported.

As for affects, moderate scores were achieved in both positive ($M = 3.18$; $SD = 0.72$) and negative ($M = 2.21$; $SD = 0.86$). Nevertheless, it can be seen that, in our sample, the university students were characterized by experiencing more positive affect.

As for the results obtained concerning the level of academic engagement, it can be seen that the students present average scores, which means that they show moderate satisfaction concerning their studies ($M = 3.61$; $SD = 1.06$).

Furthermore, the satisfaction with life analysis shows that they are moderately satisfied with life, since they obtain medium to high scores (M = 4.73; SD = 1.22). In the same way, the results demonstrate that the students have a good general perception of their health (M = 3.65; SD = 0.87). Finally, there is evidence that in the global index of subjective happiness, the students are moderately happy (M = 4.58; SD = 1.15).

From Table 2, we can see how the GHQ-12 correlates with gender (r = 0.173; p < 0.001), positive affect (r = −0.307; p < 0.001), negative affect (r = 0.507; p < 0.001), academic engagement (r = −0.375; p < 0.001), satisfaction with life (r = −0.451; p < 0.001), perception of health (r = −0.407; p < 0.001) and happiness (r = −0.459, p < 0.001). Thus, a greater number of negative affect is related to a greater risk of emotional disorders; while, as positive affect, academic engagement, satisfaction with life, perception of health and happiness increase, the risk of suffering disorders related to mental health among the university students. Similarly, it can be said that women have a greater risk of suffering from emotional disorders (0 = men; 1 = women).

As a result of the above considerations, the analysis of the results of the correlations found a justification for controlling the gender of the participants in our second hypothesis.

We use logistic regression to categorize the dependent variable in without a risk of emotional disorders (0) and with a risk of emotional disorders (1).

The model allows a correct estimation to be made (χ^2 = 147.962; p < 0.001), with a high sensitivity (85.2%) and a moderate specificity (56.2%). Similarly, it should be pointed out that the variables explain 38.8% of the variability experienced in mental health (Table 3).

As can be appreciated in Table 4 we find that the risk of suffering emotional disorders is associated with gender (*Wald* = 4.11; p = 0.043), negative affect (*Wald* = 36.99; p < 0.001), health perception (*Wald* = 4.86; p = 0.027) and happiness (*Wald* = 6.27; p = 0.012). Thus, everything seems to indicate that being a woman increases the risk of suffering emotional disorders by 63.7%. Furthermore, when the number of negative affect increases by one, the probability of suffering psychological disorders is multiplied by 3.115. However, higher scores in health perception and happiness decrease the probability of suffering from mental disorders by 30.2% and 30.4%, respectively (Table 4). Thus, Hypothesis 2, which supposed that positive affect, negative affect, academic engagement, satisfaction with life, the perception of health, and happiness all predict the risk of suffering emotional disorders, was partially supported.

Table 2. Correlation statistics.

		1	2	3	4	5	6	7	8	9	10	11
1.	Gender	–										
2.	Age	−0.005	–									
3.	Degree	0.208 ***	0.169 ***	–								
4.	Year of studies	0.013	0.613 ***	0.229 ***	–							
5.	Positive affect	−0.117 *	−0.013	0.010	−0.050	–						
6.	Negative affect	0.172 ***	0.040	0.012	0.064	0.018	–					
7.	Academic engagement	−0.056	−0.065	0.043	−0.074	0.632 ***	−0.158 **	–				
8.	Satisfaction with life	−0.025	−0.144 **	−0.058	−0.066	0.361 ***	−0.292 ***	0.434 ***	–			
9.	Health perception	−0.138 **	−0.023	−0.079	−0.003	0.237 ***	−0.299 ***	0.282 ***	0.434 ***	–		
10.	Happiness	−0.005	−0.045	0.040	0.022	0.312 ***	−0.286 ***	0.277 ***	0.595 ***	0.407 ***	–	
11.	Health GHQ−12	0.173 ***	−0.011	−0.024	−0.032	−0.307 ***	0.507 ***	−0.375 ***	−0.451 ***	−0.407 ***	−0.459 ***	–

Note: * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

Table 3. Summary of the logistic regression model of the GHQ-12.

Chi Square	147.96 ***
−2 verisimilitude log	428.97
Cox and Snell R Square	0.280
Nagelkerke R Square	0.388
Percentage of correct prediction	75.3

Note: *** $p < 0.001$.

Table 4. Logistic regression analysis of the GHQ-12.

	Wald	ET	Gl	B	EXP(B)	IC 95%	
Gender	4.11 *	0.24	1	0.49	1.637	1.02	2.63
Positive affect	0.51	0.22	1	−0.15	0.856	0.56	1.31
Negative affect	36.99 ***	0.19	1	1.14	3.115	2.16	4.49
Academic engagement	1.03	0.15	1	−0.15	0.856	0.63	1.15
Life satisfaction	3.53	0.14	1	−0.27	0.767	0.58	1.01
Health perception	4.86 *	0.16	1	−0.36	0.698	0.51	0.96
Happiness	6.27 *	0.14	1	−0.36	0.696	0.52	0.92

Note: * $p < 0.05$; *** $p < 0.001$.

4. Discussion

The main objective of this study has been to analyze the risk of higher Spanish students suffering from emotional disorders and whether happiness, academic engagement, positive and negative affect, satisfaction with life and the perception of health are predictor variables for this risk.

With respect to the first hypothesis, the results showed that 65.6% of the participants did have a risk of suffering psychological disorders, which supports the hypothesis that Spanish university students have a higher risk to suffer psychological disorders. This is in line with other studies [5,14–17,21] and with the direction that universities and the governments of many countries are currently considering [6–8,20].

The results also demonstrated that negative affect tripled the probability of suffering psychological disorders, while the perception of health decreased the risk of mental disorders by 30.2% and happiness decreased it by 30.4%. Moreover, the gender variable predicts the risk of suffering emotional disorders among university students, as the fact of being a woman significantly increased the risk of suffering emotional disorders by 63.7%. This result differs from other similar studies in which no significant differences were found with regard to gender [11,27]. Therefore, being a woman and having high levels of negative affect predict the risk of suffering emotional disorders, while greater happiness and a better perception of health decrease this risk.

5. Conclusions

The university students presented moderate academic engagement, predominantly positive affect, moderate feelings of happiness and satisfaction with life, and they also perceived themselves as having good general health. Nevertheless, the results indicate that 65.6% presented a risk of suffering from mental health disorders. A greater number of negative affect is related to a greater risk of suffering emotional disorders; while higher health perception and happiness are all related to a lower risk of emotional disorders. Furthermore, the results demonstrate that gender is a good predictor of the risk of suffering mental health disorders, in the sense that being a woman increases the risk by 63.7%.

Thus, despite the limitations, and considering the suggestions pointed out above to improve future proposals for interventions, we believe that the findings obtained in this work constitute an innovative initiative, both relevant and of interest for setting

up intervention programmes in the university context to train and develop emotional competences, and so that measures can be taken which not only protect students from mental health disorders, but can also optimize emotional, affective and social competencies.

5.1. Limitations

Although the findings obtained in this work serve to extend previous data concerning the constructs analyzed, it should be mentioned that there are some limitations to our research. First, this article studies associations without a temporal design, as it is of a transversal nature, and the data obtained at a particular moment do not allow us to attend to the temporal evolution of the scores or to establish causal relationships between the analyzed variables. It would be convenient at a future time to carry out a longitudinal study. Second, as the sample is one of convenience, another limitation is the representativeness of the sample and the selection procedure. The participants were students from the same university, so they belonged to the same socio-cultural context. In addition, the research focuses on science students, so it would be interesting to compare its results with students belonging to university degrees in social sciences, health sciences or humanities. These limitations could be overcome in future work by using a probabilistic sample that would include other universities and would contemplate a randomized procedure and such qualitative measures as discussion groups.

5.2. Relevance, Input and Contributions

The results obtained in this research are worrying and alarming. One of the reasons is the high number of students who present a risk of suffering psychological disorders (65.6%). Furthermore, being female increases the risk by 63.7%. It is necessary to know, understand and study the causal factors and the possible means of intervention in order to minimize the suffering to which these students are subjected. Even though this study took place in a small university where the students have easy access to staff, it still occurs. Despite the fact that the existence of stressors is lower as the city is situated in an economically affordable area and contact with family and friends is relatively easy, it still happens. Psychological disorders do not only occur on large university campuses or in large cities and this is a fact that should be stressed.

This study provides hard data so that university administrators can consider how to mitigate these results. Suffering mental health problems has implications not only on a physiological and emotional level, it also affects the academic and professional sphere. It must not be forgotten that, in only a few years from now, an important percentage of these science students will be dedicating themselves to teaching or they will be the future welfare professionals, providing services to users in psychological, social and personal conditions that will be far from ideal. In addition, as already pointed out and on top of the above, it must be remembered that the results provided here were obtained just before the start of the COVID-19 pandemic. The scientific literature has shown that, following the COVID-19 pandemic, there has been a significant increase in anxiety, stress and depression among university students [66–68].

In light of the data provided, reducing the prevalence of psychological disorders seems to be urgent and this would involve various sectors of society, including professionals in the health sector, in teaching and in the public policies sector. The concern over the health of students ought to motivate researchers, educators and specialists to develop public policies aimed not only at avoiding a repetition of similar data or an increase in the incidence, but also to incorporate well-being as part of the student experience, improving their levels of happiness and health perceptions.

In the same way, it is also important to publicize these data among the internal and external communities in order to generate academic debate and to provide multidisciplinary programmes for health, education and psychology professionals [69]. The university institutions should operate as relevant centers of information working to spread said information concerning these problems, to smooth out the way open to the students [67].

Information and periodic dissemination to the entire educational community is basic to solving the problem, as is the existence of a platform for direct and fluid communication between universities and students [69].

5.3. Future Research Lines

Despite the limitations and considering some suggestions to correct and improve future proposals for interventions, we believe that the findings obtained in this work contribute to the possibility of designing and implementing intervention programmes to prevent mental health problems. We believe that the measures aimed at optimizing emotional, affective and social competencies should not only protect students from academic and social imbalances, but also, that they should facilitate improvements in the integral development of the person; in the end, this is one of the most essential goals and one which is of the most difficult to achieve. We are convinced that socio-emotional education in higher education has more than one intervention context, i.e., the educational goal, and that it must include other spheres, such as the social and the communal.

As future lines of work, we propose to apply various programmes to different samples and to carry out a comparative study in order to be able to evaluate the results and thus decide which of them is more effective with respect to the objectives we aim to reach.

The coronavirus pandemic brought with it many challenges and consequences for stress and well-being. Given that the data in this study were gathered before the pandemic began, an update would be necessary to analyze the differences.

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Institutional Review Board Statement: The study was conducted according to the guidelines of the Declaration of Helsinki, and approved by the Bioethics and Biosecurity Commission of the University of Extremadura (Ref. 185/2020 on 14 December 2020).

Informed Consent Statement: Informed consent was obtained from all subjects involved in the study.

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References

1. World Health Organization (WHO). Available online: https://www.who.int/es/about/who-we-are/frequently-asked-questions (accessed on 9 January 2022).
2. Medina-Mesa, Y.; Martínez-García, C.; Morales-Sánchez, L.; Gil-Olarte, P. Las actitudes del alumnado universitario frente a las personas con trastorno mental. *Int. J. Dev. Educ. Psychol. INFAD* **2018**, *1*, 209–218. [CrossRef]
3. Fusar-Poli, P.; de Pablo, G.S.; De Micheli, A.; Nieman, D.H.; Correll, C.U.; Kessing, L.V.; Van Amelsvoort, T. What is good mental health? A scoping review. *Eur. Neuropsychopharmacol.* **2020**, *31*, 33–46. [CrossRef]
4. Pamplona, Y.; Gómez, V.; Quintero, N.A. *Relación Entre Indicadores de Salud Mental Y Psicopatología En Estudiantes de Psicología de la Universidad de Antioquia. Trabajo de Grado. Universidad de Antioquia*; CES: Medellin, Colombia, 2017.
5. Watkins, Y. Mental Wellbeing: Let's Find New Ways to Support Students. Office for Students: Bristol, UK. Available online: https://www.officeforstudents.org.uk/news-blog-and-events/our-news-and-blog/mental-wellbeing-let-s-find-new-ways-to-support-students. (accessed on 15 November 2020).
6. Universities UK. Student mental wellbeing in higher education: Good practice guide. In *London: MWBHE/Universities UK/Standing Conference of Principals*; Universities UK: London, UK, 2015.
7. Bremberg, S.; Hæggman, U.; Lager, A. *Ungdomar, Stress Och Psykisk Ohälsa–Analyser Och Förslag Till Åtgärder. Youngsters, Stress and Mental Health–Analysis and Proposals for Action*; Statens Offentliga Utredningar: Stockholm, Sweden, 2006; p. 77.

8. Red Española de Universidades Saludables(REUS). Available online: https://www.unisaludables.es/es/ (accessed on 20 November 2021).
9. Kinman, G.; Wray, S. *Work-Related Wellbeing in UK Higher Education-2014*; University and College Union: London, UK, 2015.
10. Pujol-Cols, L.; Arraigada, M. Propiedades psicométricas del Cuestionario de Riesgos Psicosociales Copsoq-Istas 21 y aplicación en docentes universitarios argentinos. *Cuad. Adm.* **2017**, *30*, 97–125. [CrossRef]
11. Vicente, A.L.C. La Salud Mental en los Portugueses de Enseñanza Superior Frente a la Transición al Mercado de Trabajo. Ph.D. Thesis, Universidad de Extremadura, Badajoz, Spain, 2013.
12. Tartakowsky, D. *Prisoners of Want. The Experience and Protest of the Unemployed in France, 1921–1945*, 1st ed.; Routledge: London, UK, 2007.
13. Alarcón, R.D. La Salud Mental de los estudiantes universitarios. *Revista Médica Herediana* **2019**, *30*, 219–221. [CrossRef]
14. Pereira, A.C.M. Análise de Depressão e Ansiedade nos Alunos do Ensino Superior: Comparação com um Estudo do Curso de Radiologia. (Análise de Depressão e Ansiedade nos Alunos do ensino Superior). Master's Thesis, Politecnológico de Castelo Branco, Castelo Branco, Portugal, 2009.
15. Wang, H.; Yang, C.; He, F.; Shi, Y.; Qu, Q.; Rozelle, S.; Chu, J. Mental health and dropout behavior: A cross-sectional study of junior high students in northwest rural China. *Int. J. Educ. Dev.* **2015**, *41*, 1–12. [CrossRef]
16. Hederich-Martínez, C.; Caballero, C. Validación del cuestionario Maslach Burnout Inventory-Student Survey (MBI-SS) en contexto académico colombiano. *Rev. CES Psicol.* **2016**, *9*, 1–15. [CrossRef]
17. Harrer, M.; Adam, S.H.; Baumeister, H.; Cuijpers, P.; Karyotaki, E.; Auerbach, R.P.; Ebert, D.D. Internet interventions for mental health in university students: A systematic review and meta-analysis. *Int. J. Psychiatr. Res. Methods* **2019**, *28*, e1759. [CrossRef]
18. Bewick, B.; Koutsopoulou, G.; Miles, J.; Slaa, E.; Barkham, M. Changes in undergraduate students' psychological well-being as they progress through university. *Stud. High. Educ.* **2010**, *35*, 633–645. [CrossRef]
19. Dickinson, I. Only the Lonely: Loneliness, Student Activities, and Mental Well-Being. WONKE Blog. 2019. Available online: https://wonkhe.com/blogs/only-the-lonely-loneliness-student-activities-and-mental-wellbeing/ (accessed on 19 November 2020).
20. Centre for Mental Health. Available online: https://www.centreformentalhealth.org.uk/ (accessed on 18 June 2021).
21. Cassaretto, M.; Martínez, P.; Tavera, M. Aproximación a la salud y bienestar en estudiantes universitarios: Importancia de las variables sociodemográficas, académicas y conductuales. *Rev. Psicol.* **2020**, *38*, 499–528. [CrossRef]
22. El Ansari, W.; Labeed, S.; Moseley, L.; Kotb, S.; El-Houfy, A. Physical and psychological well-being of university students: Survey of eleven faculties in Egypt. *Int. J. Prev. Med.* **2013**, *4*, 293–310.
23. El Ansari, W.; Oskrochi, R.; Haghgoo, G. Are student´s symptoms and health complaints associated with perceived stress at university? Perspectives from the United Kingdom and Egypt. *Int. J. Environ. Res. Public Health* **2014**, *11*, 9981–10002. [CrossRef]
24. Hussain, R.; Guppy, M.; Robertson, S.; Temple, E. Physical and mental health perspectives of first year undergraduate rural university students. *BMC Public Health* **2013**, *13*, 1–11. [CrossRef]
25. Peña-Sarrionandia, A.; Mikolajczak, M.; Gross, J.J. Integrating emotion regulation and emotional intelligence traditions: A meta-analysis. *Front. Psychol.* **2015**, *6*, 160. [CrossRef]
26. Koval, P.; Butler, E.A.; Hollenstein, T.; Lanteigne, D.; Kuppens, P. Emotion regulation and the temporal dynamics of emotions: Effects of cognitive reappraisal and expressive suppression on emotional inertia. *Cogn. Emot.* **2015**, *29*, 831–851. [CrossRef]
27. Salanova Soria, M.; Martínez Martínez, I.M.; Bresó Esteve, E.; Llorens Gumbau, S.; Grau Gumbau, R. Bienestar psicológico en estudiantes universitarios: Facilitadores y obstaculizadores del desempeño académico. *An. Psicol.* **2005**, *21*, 170–180.
28. González, R.P.; González, M.J.A.; San José, C.C. Afectividad positiva y negativa en el futuro docente: Relaciones con su rendimiento académico, salud mental y satisfacción con la vida. *Contextos Educ. Rev. Educ.* **2017**, *20*, 11–26. [CrossRef]
29. Vera-Villarroel, P.; Celis-Atenas, K. Afecto positivo y negativo como mediador de la relación optimismo-salud: Evaluación de un modelo estructural. *Univ. Psychol.* **2014**, *13*, 1017–1026. [CrossRef]
30. Seligman, M.E.; Steen, T.A.; Park, N.; Peterson, C. Positive psychology progress: Empirical validation of interventions. *Am. Psychol.* **2005**, *60*, 410–421. [CrossRef]
31. Vazquez, C. Psicología Positiva: Introducción al número especial (In memorian, Chris Peterson). *Ter. Psicológica* **2013**, *31*, 5–9. [CrossRef]
32. López-Gómez, I.; Hervás, G.; Vázquez, C. Adaptación de la "Escala de afecto positivo y negativo" (PANAS) en una muestra general española. *Psicol. Conduct.* **2015**, *23*, 529–548.
33. Lyubomirsky, S.; King, L.; Diener, E. The benefits of frequent positive affect: Does happiness lead to success? *Psychol. Bull.* **2005**, *131*, 803–855. [CrossRef] [PubMed]
34. Queirós, M.M.; Fernández-Berrocal, P.; Extremera, N.; Carral, J.M.C.; Queirós, P.S. Validity And Reliability Of The Portuguese Modified Version Of The Trait Meta-Mood Scale. *Rev. Psicol. Educ. E Cult.* **2005**, *9*, 199–216.
35. Extremera, N.; Durán, A.; Rey, L. Recursos personales, síndrome de estar quemado por el trabajo y sintomatología asociada al estrés en docentes de enseñanza primaria y secundaria. *Ansiedad Y Estrés* **2010**, *16*, 47–60.
36. Medrano, L.A.; Kanter, E.F.; Trógolo, M.; Ríos, M.; Curerello, A.; González, J. Adaptación de la Escala de Afecto Positivo y Negativo (PANAS) para la población de Estudiantes Universitarios de Córdoba. *Anuario Investigaciones Facultad Psicología* **2015**, *2*, 22–36.
37. Seligman, M.E. The president's address. *Am. Psychol.* **1999**, *54*, 559–562.

38. Keyes, C.L.M.; Hysom, S.J.; Lupo, K.L. The positive organization: Leadership legitimacy, employee well-being, and the bottom line. *Psychol.-Manag. J.* **2000**, *4*, 143–153. [CrossRef]

39. Schaufeli, W.B.; Salanova, M.; González-Romá, V.; Bakker, A.B. The measurement of *engagement* and burnout: A two sample confirmatory factor analytic approach. *J. Happiness Stud.* **2002**, *3*, 71–92. [CrossRef]

40. Díaz-Mujica, A.; García, D.; López, Y.; Maluenda, J.; Hernández, H.; Pérez-Villalobos, M.V. Mediación del ajuste académico entre variables cognitivo-motivacionales y la intención de abandono en primer año de universidad. In Proceedings of the Congresos CLABES, Panama City, Panama, 29 November 2018.

41. González, A.M.C.; Rubio, J.M.L. Engagement: Un recurso para optimizar la salud psicosocial en las organizaciones y prevenir el burnout y estrés laboral. *Revista Digital Salud Seguridad Trabajo* **2010**, *1*, 1–22.

42. Colorado, Y.S.; Domínguez, C.C.; Sañudo, J.P.; Llanos, R.A. Changes in academic burnout, *engagement* and mental health during a semester of study. *Duazary Revista Internacional Ciencias Salud* **2019**, *16*, 23–37.

43. Pujol Cols, L.J. Work engagement, satisfacción laboral, salud física y salud mental en académicos de una universidad pública argentina. *Salud de Los Trabajadores* **2018**, *26*, 6–19.

44. González, Y.G.; da Cuña Carrera, I.; González, M.S.; Calvete, A.A. Influencia de las variables socioeducativas en la evolución del *engagement* académico. In *Edunovatic 2018. Conference Proceedings: 3rd Virtual International Conference on Education, Innovation and ICT*; Adaya Press: Maspalomas, Spain, 2018; pp. 471–474.

45. Fusar-Poli, P. Integrated mental health services for the developmental period (0 to 25 years): A critical review of the evidence. *Front. Psychiatry* **2019**, *10*, 355. [CrossRef] [PubMed]

46. Seligman, M. PERMA and the building blocks of well-being. *J. Posit. Psychol.* **2018**, *13*, 333–335. [CrossRef]

47. Keyes, C.L.M. The Mental Health Continuum: From Languishing to Flourishing in Life. *J. Health Soc. Behav.* **2002**, *43*, 207–222. [CrossRef] [PubMed]

48. Diener, E. Subjective well-being. *Psichilogical Bull.* **1984**, *93*, 542–575. [CrossRef]

49. Diener, E.; Lucas, R.; Scollon, C.N. Beyond the hedonic treadmill: Revisions to the adaptation theory of well-being. *Am. Psychol.* **2006**, *61*, 305–314. [CrossRef]

50. Informe Rector. Available online: https://www.unex.es/organizacion/gobierno/sec_gral/organos_colegiados/claustro/informes-del-rector/Informe%20Rector%202017.pdf (accessed on 16 January 2019).

51. Goldberg, D.P.; Gater, R.; Sartorius, N.; Ustun, T.B.; Piccinelli, M.; Gureje, O. The validity of two versions of the GHQ in the WHO study of mental illness in general health care. *Psychol. Med.* **1997**, *27*, 191–197. [CrossRef] [PubMed]

52. Lobo, A.; Muñoz, P.E. *Cuestionario De Salud General. Guía Para El Usuario De Las Diferentes Versiones*; Masson: Barcelona, Spain, 1996.

53. Reig-Ferrer, A.; Cabrero-García, J.; Tudela, L.L. La valoración de la capacidad funcional, el bienestar psicológico y la salud mental en la atención primaria de salud. *Atención Primaria* **2009**, *41*, 515–519. [CrossRef]

54. Watson, D.; Clark, L.A.; Tellegen, A. Development and validation of brief measures of positive and negative affect: The PANAS scales. *J. Pers. Soc. Psychol.* **1988**, *54*, 1063–1070. [CrossRef]

55. Sandín, B.; Chorot, P.; Lostao, L.; Joiner, T.E.; Santed, M.A.; Valiente, R.M. Escalas PANAS de afecto positivo y negativo: Validación factorial y convergencia transcultural. *Psicothema* **1999**, *11*, 37–51.

56. Joiner, T.E.; Sandín, B.; Chorot, P.; Lostao, L.; Marquina, G. Development and factor analytic validation of the SPANAS among women in Spain: (more) cross-cultural convergence in the structure of mood. *J. Pers. Assess.* **1997**, *68*, 600–615. [CrossRef]

57. Gargurevich, R. Propiedades psicométricas de la versión internacional de la Escala de Afecto Positivo y Negativo-forma corta (I-Spanas SF) en estudiantes universitarios. *Persona* **2010**, *13*, 31–42. [CrossRef]

58. Schaufeli, W.; Bakker, A.B. UWES Utrecht Work Engagement Scale. *Prelim. Man.* **2003**, *1*, 3–60.

59. Sánchez-Cardona, I.; Rodríguez-Montalbán, R.; Toro-Alfonso, J.; velázquez, I.M. Propiedades psicométricas de la Utrecht Work Engagement Scale-Student (UWES-S) en universitarios de Puerto Rico. *Revista Mexicana Psicología* **2016**, *33*, 121–134.

60. Salanova, M.; Schaufeli, W.; Martinez, I.; Breso, E. How obstacles and facilitators predict academic performance: The mediating role of study burnout and engagement. *Anxiety Stress Coping* **2010**, *23*, 53–70. [CrossRef]

61. Diener, E.; Emmons, R.A.; Larsen, R.J.; Griffin, S. The Satisfaction With Life Scale. *J. Pers. Assess.* **1985**, *49*, 71–75. [CrossRef]

62. Atienza, F.L.; Pons, D.; Balaguer, I.; García-Merita, M. Propiedades psicométricas de la Escala de Satisfacción con la Vida en adolescentes. *Psicothema* **2000**, *12*, 314–319.

63. Ware, J.E. Scales for measuring general health perceptions. *Health Serv. Res.* **1976**, *11*, 396–415.

64. Lyubomirsky, S.; Lepper, H.S. A measure of subjective happiness: Preliminary reliability and construct validation. *Soc. Indic. Res.* **1999**, *46*, 137–155. [CrossRef]

65. Sousa, L.M.; Marques-Vieira, C.M.A.; Severino, S.S.P.; Pozo-Rosado, J.L.; José, H.M.G. Validación de la "Subjective Happiness Scale" en personas con Enfermedad Renal Crónica. *Enferm. Glob.* **2017**, *16*, 38–70. [CrossRef]

66. Cao, W.; Fang, Z.; Hou, G.; Han, M.; Xu, X.; Dong, J.; Zheng, J. The psychological impact of the COVID-19 epidemic on college students in China. *Psychiatry Res.* **2020**, *287*, 112934. [CrossRef]

67. Zapata-Ospina, J.P.; Patiño-Lugo, D.F.; Vélez, C.M.; Campos-Ortiz, S.; Madrid-Martínez, S.; Pemberthy-Quintero, S.; Pérez-Gutiérrez, A.M.; Ramírez-Pérez, P.A.; Vélez-Marín, V.M. Intervenciones para la salud mental de estudiantes universitarios durante la pandemia por COVID-19: Una síntesis crítica de la literatura. *Revista Colombiana Psiquiatría* **2021**, *50*, 199–213. [CrossRef] [PubMed]

68. Odriozola-González, P.; Planchuelo-Gómez, Á.; Irurtia, M.J.; de Luis-García, R. Psychological effects of the COVID-19 outbreak and lockdown among students and workers of a Spanish university. *Psychiatry Res.* **2020**, *290*, 113108. [CrossRef] [PubMed]
69. Suyo-Vega, J.A.; Meneses-La-Riva, M.E.; Fernández-Bedoya, V.H.; Polonia, A.D.C.; Miotto, A.I.; Alvarado-Suyo, S.A.; Ocupa-Cabrera, H.G.; Alarcón-Martínez, M. Mental Health Projects for University Students: A Systematic Review of the Scientific Literature Available in Portuguese, English, and Spanish. *Front. Sociol.* **2022**, *7*, 922017. [CrossRef] [PubMed]