

Promoting student Mental Health: longitudinal evidence from the psychological support service at Tor Vergata University in Rome

FEDERICO FIORI NASTRO^{1,2}, MARTINA PELLE^{1,3}, ALICE CLEMENTE¹, SIMONA COLABRESE¹, MICHELE RIBOLSI⁴, GIORGIO DI LORENZO^{1,2}, ENZO FORTUNA^{1,5}, ALBERTO SIRACUSANO^{1,5}, CINZIA NIOLU^{1,5}

¹Chair of Psychiatry, Department of Systems Medicine, Tor Vergata University of Rome, Italy; ²IRCCS Fondazione Santa Lucia, Rome, Italy; ³Unit of Neurology, Neurophysiology, Neurobiology and Psychiatry, Department of Medicine, Campus Bio-Medico University, Rome, Italy; ⁴Chair of Psychiatry, Department of Life Science, Health, and Health Professions, Link Campus University, Rome; ⁵Psychiatry and Clinical Psychology Unit, Fondazione Policlinico Tor Vergata, Rome, Italy.

Summary. Aims. This study aims to evaluate the impact of the Tor Vergata University psychological support service in promoting well-being and mitigating psychological distress among students. The research sought to examine changes in overall functioning and psychopathological dimensions following participation in a structured counseling intervention, assessing its role as a preventive and supportive resource within the academic environment. **Methods.** A longitudinal study was conducted on 83 university students (mean age= 22.3±2.38 years; 69.9% female) who accessed the *Sportello Studenti* psychological support service. Participants completed standardized assessments at baseline (T0) and after seven counseling sessions held every two weeks (T1), with the Beck Depression Inventory-II (BDI-II), the Symptom Checklist-90-Revised (SCL-90-R), the Pittsburgh Sleep Quality Index (PSQI), and the Global Functioning: Role and Social Scales (GF: Role; GF: Social). Non-parametric paired comparisons (Wilcoxon signed-rank tests) were used to evaluate changes in psychological distress and functioning. **Results.** Following participation in the counseling program, students showed significant improvements across functioning domains, while depressive symptoms and general psychopathology significantly decreased. **Discussion and conclusions.** The results demonstrate that short-term counseling interventions delivered within a university setting can produce measurable benefits for students' mental health. The *Sportello Studenti* represents an accessible, preventive, and effective first-line service for addressing psychological distress in university populations. Future research with larger samples, control groups, and long-term follow-up is warranted to confirm these outcomes and further optimize psychological support strategies within higher education contexts.

Key words. Counseling intervention, longitudinal effect, Mental Health promotion, psychological support, University students.

Background

Epidemiological studies have documented an increased prevalence of common mental disorders, such as anxiety, depression, and substance use, among youth^{1,2}. This pattern reflects a broader global

Promuovere la salute mentale degli studenti: evidenze longitudinali dal servizio di supporto psicologico dell'Università di Roma Tor Vergata.

Riassunto. Scopo. Questo studio si pone l'obiettivo di valutare gli effetti del servizio di supporto psicologico dell'Università di Roma Tor Vergata in un campione di studenti universitari. Lo studio mira a esaminare i cambiamenti nel funzionamento generale e in alcune dimensioni psicopatologiche a seguito della partecipazione a un intervento di counseling strutturato. **Metodi.** È stato condotto uno studio longitudinale su 83 studenti universitari (età media= 22,3±2,38 anni; 69,9% femmine) che hanno usufruito del servizio di supporto psicologico *Sportello Studenti*. I partecipanti sono stati valutati al baseline (T0) e dopo sette sessioni di counseling ogni due settimane (T1) mediante la Beck Depression Inventory-II (BDI-II), la Symptom Checklist-90-Revised (SCL-90-R), il Pittsburgh Sleep Quality Index (PSQI) e le scale di funzionamento globale Global Functioning: Role and Social Functioning: Social (GF: Role; GF: Social). Le differenze tra T0 e T1 sono state analizzate mediante test non parametrici per campioni appaiati (Wilcoxon signed-rank test). **Risultati.** Gli studenti hanno mostrato un miglioramento significativo nel funzionamento sociale e di ruolo, accompagnato da una riduzione dei sintomi depressivi e dei livelli di psicopatologia generale. **Discussione e conclusioni.** I risultati dimostrano che interventi di counseling a breve termine possono produrre benefici misurabili per la salute mentale degli studenti universitari. Lo *Sportello Studenti* è un servizio di prevenzione e supporto efficace nella gestione del disagio psicologico degli studenti universitari. Ulteriori ricerche con campioni più ampi ed eterogenei, gruppi di controllo e follow-up a lungo termine sono necessarie per confermare i risultati ottenuti e per ottimizzare le strategie di supporto psicologico nei contesti accademici.

Parole chiave. Studenti universitari, supporto psicologico, effetto longitudinale, interventi di counseling, promozione della Salute Mentale.

trend marked by a growing demand for mental health services and higher rates of help-seeking behavior³. Given that most mental disorders emerge during adolescence and early adulthood, it is unsurprising that mental health problems frequently precede or arise soon after the transition to university⁴.

The transition to university constitutes a pivotal developmental stage, characterized by profound psychological, social, and academic changes central to identity formation. Entering adulthood, increasing independence from the family environment, academic pressures, and experiences such as internships or studying abroad can all exert a significant impact on students' psychological well-being. Mental health disorders in young people are strongly associated with academic underachievement, impaired psychosocial functioning, and self-harm⁵.

Findings from the World Mental Health International College Student (WMH-ICS) project, conducted across 19 universities in eight countries (Australia, Belgium, Germany, Mexico, Northern Ireland, South Africa, Spain, United States), indicate that approximately 35% of first-year students had experienced a mental disorder before entering university, while 31% developed one during their first academic year⁴. Data from the Australian Household, Income and Labour Dynamics (HILDA) Survey revealed a marked decline in self-reported mental health among individuals aged 15-24, particularly after 2019⁶. In the United States, the Healthy Minds Survey⁷, reported an increase in treatment rates among university students from 19% in 2007 to 34% in 2017, along with a rise in lifetime diagnoses from 22% to 36%. The highest rates are observed among medical students, 27.2% of whom report depressive symptoms and 11.1% suicidal ideation⁸.

A growing body of research indicates that the Covid-19 pandemic has significantly exacerbated mental health problems among university students^{9,10}. Social isolation, financial hardship, and widespread societal instability contributed to a marked increase in psychological distress among young adults¹¹⁻¹⁴. The prevalence of loneliness among young people in the European Union doubled during this period, reaching as high as 26% in some regions¹⁵. More than half of university students reported clinically significant psychological symptoms, with substantial increases in anxiety and depressive manifestations^{16,17}. In Italy, findings from the "Chiedimi come sto" survey highlighted a pronounced emotional impact among university students¹⁸. Specifically, 91.3% of respondents reported an increase in negative emotions, most commonly anxiety and demotivation. Furthermore, 55.9% endorsed feelings of profound loneliness, 46.2% expressed concerns about their future, 43.9% reported anxiety regarding employment prospects, and 41.3% worried about achieving financial independence. Alarming, one in three students reported having considered abandoning their studies due to academic pressure and uncertainty about the future.

International students may encounter additional barriers, including language difficulties and limited familiarity with local psychological support systems.

Evidence indicates that students from minoritized groups exhibit a higher risk of common mental disorders but simultaneously show the lowest treatment rates¹⁹. Furthermore, increases in anxiety, trauma, depression, and self-harm have been found to be substantially higher among females compared to males⁴.

Universities worldwide have witnessed a marked increase in the demand for psychological support services. This growing need has placed considerable strain on university mental health systems, raising critical challenges related to accessibility, resource allocation, and the effectiveness of available interventions. Given the well-established association among mental well-being, academic success, and adaptive coping during this critical developmental stage, university leadership and stakeholders are increasingly faced with the challenge of addressing the rising demand for mental health support⁵. Beyond clinically diagnosed disorders, many students experience subclinical symptoms that substantially impact psychological well-being. The most frequently reported include:

- Sleep disturbances, such as poor sleep quality and insomnia²⁰. A progressive reduction in sleep quality is commonly observed over the course of the academic year. Insomnia has been linked to increased screen time, reduced recreational and physical activity, and higher rates of cannabis use, all of which predict poorer mental health, well-being, and academic performance²¹.
- Low self-esteem, exam-related anxiety, procrastination, and perfectionism, which negatively affect academic motivation, self-efficacy, and productivity^{22,23}.
- Psychosomatic symptoms, including headaches and epigastric pain, frequently associated with academic stress and excessive internet use²⁴.
- Risk behaviors, such as substance use, disordered eating, and physical inactivity, which are more prevalent than health-promoting behaviors among university students^{25,26}.

These factors not only compromise students' psychological well-being but also adversely affect academic performance, increasing the risk of study difficulties and university dropout^{27,28}. Higher education is a psychosocial determinant and is based on the mental health and well-being of the individual²⁹.

These findings underscore the need for effective, engaging, and evidence-based mental health interventions tailored to the university population.

University Counseling Services (UCS) are specifically designed to promote psychological well-being by helping students manage emotional, relational, and academic difficulties. These services represent key components of primary and secondary prevention in psychiatry providing psychological support and monitoring students' mental health.

The present study aims to evaluate the effect of a counseling intervention delivered to students who accessed the psychological support service of Tor Vergata University in Rome.

Methods

We conducted a longitudinal study involving eighty-three participants recruited through the psychological support service *Sportello Studenti* at Tor Vergata University. Access to the service is available to university students via direct request through a dedicated email address.

Exclusion criteria for this study included: age below 18 or above 40 years; presence of any categorical psychiatric diagnosis; past or ongoing psychiatric pharmacological treatment; intelligence quotient ≤ 70 , as assessed by the Wechsler Adult Intelligence Scale-Revised (WAIS-R)³⁰; presence of relevant neurological comorbidities (e.g., epilepsy, concussion, or traumatic brain injury); current substance use disorder.

PARTICIPANTS AND ASSESSMENTS

Eighty-three participants (58 females, 69.9%; age range: 18-32 years; mean \pm SD: 22.3 \pm 2.38) were recruited. All participants underwent a semi-structured interview to collect socio-demographic and clinical history data. In addition, self-report questionnaires were administered to assess the main psychopathological dimensions.

As part of the intake procedure, each student accessing the service received an initial clinical assessment, based on which clinicians determined whether the student required structured interventions within emergency or outpatient services or was suitable for counseling. The assessment algorithm is presented in figure 1.

The Beck Depression Inventory-II (BDI-II)³¹ is a 21-item self-report questionnaire designed to assess the severity of depressive symptoms in adolescents and adults. Each item is rated on a 4-point Likert scale (0-3), with respondents selecting the statement that best reflects their experiences over the past two weeks. The total score provides an index of overall depressive symptom severity. Cases with high scores on the BDI-II were further evaluated using the Hamilton Depression Rating Scale (HDRS-17)³².

The Symptom Checklist-90-Revised (SCL-90-R)³³ is a 90-item self-report questionnaire developed to evaluate a broad range of psychological symptoms in adolescents and adults. Each item is rated on a 5-point Likert scale (0-4), reflecting the degree of distress experienced over the past week. The instrument yields scores across nine primary symptom dimensions (e.g., somatization, depression, anxiety) and three global indices, providing a comprehensive

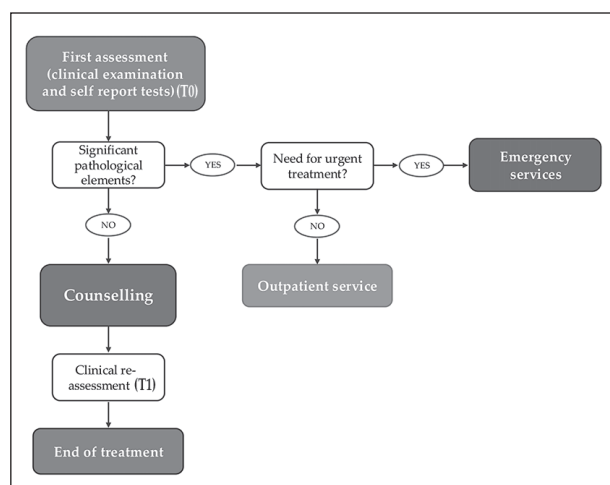


Figure 1. Assessment algorithm illustrating the decision-making pathway from initial evaluation to counseling service.

profile of psychological distress. The three global indices include the Global Severity Index (GSI), which reflects the overall burden of symptoms and is based on the mean of all item scores; the Positive Symptom Distress Index (PSDI), which represents the average intensity of reported symptoms and is calculated as the mean score of all items rated ≥ 1 ; and the Positive Symptom Total (PST), which indicates the number of items marked as present.

The Pittsburgh Sleep Quality Index (PSQI)³⁴ is a widely used 19-item self-report questionnaire assessing sleep quality and disturbances over the past month. It generates a global score based on seven components: 1) subjective sleep quality; 2) sleep latency; 3) sleep duration; 4) habitual sleep efficiency; 5) sleep disturbances; 6) use of sleeping medication; and 7) daytime dysfunction. Scores for each question range from 0 to 3, with higher scores corresponding to more acute sleep disturbances; a cut-off score of 5 is suggested for the PSQI global score.

Finally, social and role functioning were evaluated using the Global Functioning: Role Scale (GF: Role) and the Global Functioning: Social Scale (GF: Social)³⁵. The GF: Role is a clinician-rated measure designed to evaluate role functioning in academic or occupational contexts. It rates the individual's performance, level of support required, and degree of impairment on a 10-point scale. The GF: Social is a clinician-rated instrument developed to assess social functioning in adolescents and young adults. It evaluates the quality and quantity of peer relationships, involvement in social activities, and interpersonal skills on a 10-point scale. Higher scores reflect better functioning in both scales.

Clinical evaluation and the Mini International Neuropsychiatric Interview (MINI)³⁶ confirmed the absence of categorical mental disorders.

THE PSYCHOLOGICAL COUNSELING SERVICE

UCS are structured to meet the psychological needs of the whole academic community, with the primary aim of promoting mental well-being, enabling early intervention for emotional distress, and supporting inclusion and personal development. The organization of UCS is a topic of ongoing debate, as these programs address a broad spectrum of developmental, clinical, and academic needs. The structure and resources available within each university significantly influence service policies^{37,38}. Data from the Center for Collegiate Mental Health³⁹ highlight that both organizational structure and available resources have a direct impact on counseling service effectiveness. An insufficient staff-to-student ratio leads to fewer sessions per student, longer intervals between appointments, and markedly reduced treatment outcomes.

The psychological counseling service was established at Tor Vergata University in the early 1990s, and since 2019, a formal assessment has been included as part of the intake process¹⁴. Our UCS is freely accessible to all students and offers sessions in both Italian and English to accommodate international students.

All participants enrolled in this study took part in a structured program consisting of seven counseling sessions lasting 50 minutes and scheduled biweekly, though individualized adjustments could be made according to the student's needs. Each student was supported by a fourth-year psychiatry resident from the School of Psychiatry at Tor Vergata University, working under the close supervision of three senior clinical psychiatrists.

An integrated model primarily grounded in Cognitive-Behavioral Therapy (CBT) principles, complemented by selected elements of Psychodynamic Therapy (PDT), has been adopted. This integrative approach was designed to provide flexible, time-limited interventions tailored to the specific needs and clinical profiles of university students. The CBT framework^{40,41} promotes active collaboration between counselor and student. Techniques employed included self-monitoring (to enhance awareness of dysfunctional cognitive, emotional, and behavioral patterns), cognitive restructuring and reappraisal, development of flexible emotion-regulation strategies, goal-oriented problem solving. However, the intervention maintained a relational and reflective focus, emphasizing the understanding of intrapersonal and interpersonal dynamics and the meaning of emotional experiences within the therapeutic relationship. This integrated model allowed for a personalized therapeutic process, balancing insight-oriented exploration with practical, evidence-based strategies aimed at improving functioning and well-being. The counseling model adopted emphasizes a

solution-focused and empowerment-based approach, distinct from psychotherapy, while maintaining high professional and ethical standards.

Recent evidence^{42,43} has demonstrated the effectiveness of both CBT and PDT models among university students, suggesting that the efficacy of University Counseling Services is not necessarily linked to a specific theoretical model or orientation. Rather, the quality of the counsellor-student relationship appears to be a key determinant of positive outcomes, contributing to improvements in both academic performance and overall psychological well-being^{44,45}.

A final clinical evaluation at the end of counseling treatment was conducted to assess outcomes and to exclude the need for additional therapeutic interventions. At the end of the counseling program, participants completed the same self-report questionnaires administered at baseline.

STATISTICAL ANALYSIS

Statistical analysis was performed using Jamovi (version 2.3.21.0)⁴⁶. Sample characteristics were analyzed using descriptive statistics, including means and standard deviations (SDs) for continuous variables, and counts and percentages for categorical variables. Univariate analyses were conducted using non-parametric tests. Non-parametric paired comparisons were conducted using the Wilcoxon signed-rank test to assess differences in psychopathology and functioning levels between baseline (T0) and after the seven counseling sessions (T1). All tests were two-tailed, with the significance level set at 0.05.

Results

The sample consisted of 83 adults (58 females, 69.9%). The average number of years of education was 13.8 (SD \pm 2.24). Current cannabis use was reported by 16 participants (19.3%). None of the participants has ever received any kind of psychiatric pharmacological treatment, including antipsychotics, antidepressants, mood stabilizers, or benzodiazepines. The enrolled students attended an average of 7.83 sessions (SD \pm 1.83). Detailed descriptive statistics for sociodemographic characteristics are presented in table 1.

Seventy-six subjects completed the BDI-II, while 79 completed the SCL-90R and 70 the PSQI. At baseline, the BDI-II median score was 15.5 (IQR \pm 12.00). Twenty-one participants (25.9%) reported at least mild levels of depression, while 20 (24.7%) showed moderate depressive symptoms at baseline. The six students who exhibited severe levels of depressive

Table 1. Descriptive and univariate statistics of socio-demographic characteristics of the entire sample.

Variables	Total sample (n=83; 100%)
Age	22.3 (±2.38)
Gender	
F	58 (69.9%)
M	25 (30.1%)
Academic progress status	
On track	66 (79.5%)
Delayed	17 (20.5%)
Cannabis use	
Yes	16 (19.3%)
No	67 (80.7%)
Foreign student	
Yes	2 (2.4%)
No	81 (97.6%)
Reason for counseling access	
Emotional distress	59 (71.1%)
Family-related issues	7 (8.4%)
Academic-related concerns	6 (7.2%)
Interpersonal/friendship difficulties	5 (6.0%)
Romantic/relationship problems	3 (3.6%)
Other reasons	3 (3.6%)

Continuous variables are presented as means and standard deviations of years, and categorical variables as counts and percentages. F= female; M= male.

symptomatology on the BDI-II were further assessed using the HDRS-17. Since none of them scored above the moderate range on the HDRS-17, we decided to initiate a counseling program and monitor the progression of their symptoms over time.

Following the counseling program, the median BDI-II score decreased to 7 (IQR ± 11.8), and nearly 70% of the sample scored within the non-depressive range. Only one student showed severe depressive symptoms even at the end of the psychological support program and was referred to the outpatient service of the Tor Vergata Hospital for treatment. The distribution and variation of depressive symptoms are illustrated in figure 2.

Several psychopathological dimensions, as assessed by the SCL-90-R, were significantly elevated at baseline. The indices for depression, anxiety, obsessive-compulsive symptoms, and interpersonal sensitivity were all ≥1, indicating marked symptom severity. The median GSI score was 0.93 (IQR ± 0.88). The median GSI score at follow-up was 0.56 (IQR ± 0.67). Following the counseling intervention, scores across all dimensions decreased significantly, with all indices falling below 1. The only exception was the obsessive-compulsive dimension, which showed a decreasing trend that did not reach statistical significance (p=0.095). Improvements in SCL-90-R scores are illustrated in figure 3.

The baseline PSQI median global score was 6 (IQR ± 4), suggesting poor overall sleep quality. All subcategories median score were around 1, indicating mild impairment on several sleep dimensions. The only exception was Sleep efficiency, which was already adequate at baseline with a median score of 0. At follow-up, the median PSQI global score was lower (p=0.013); subjective sleep quality significantly improved (p=0.030), as did daytime dysfunction (p=0.010). The other PSQI dimensions did not show statistically significant changes.

Finally, both GF: Social and GF: Role showed a median score of 8 at baseline. Following the counseling program, both median scores significantly improved to 9 (p<0.001). Inferential statistics are reported in table 2.

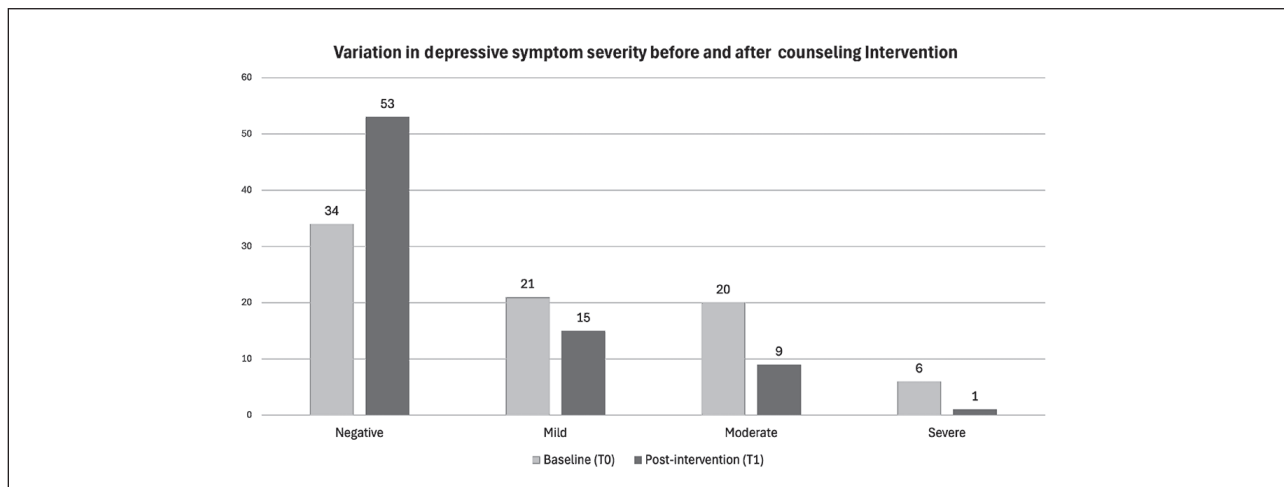


Figure 2. Variation in depressive symptom severity at baseline (T0) and post-intervention (T1) among students undergoing counseling.

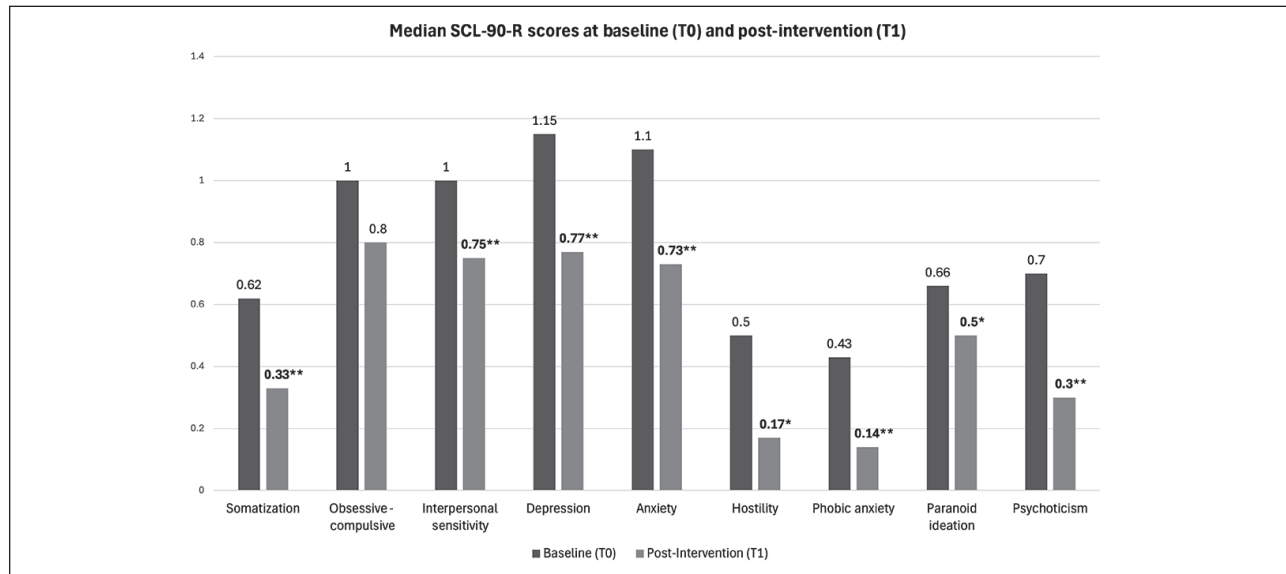


Figure 3. Median SCL-90-R symptom dimension scores at baseline (T0) and post-intervention (T1), showing reductions across multiple psychopathological domains

Table 2. Median scores at baseline (T0) and post-intervention (T1); Wilcoxon signed-rank test results across psychopathological and functioning variables.

Variable	Median T0	Median T1	Statistics ^a	
			W	p
BDI-II total score	15.50	7.00	2339	<.001
SCL-90-R total score	84	51	2461	<.001
Somatization	0.62	0.33	1780	<.001
Obsessive-compulsive	1.00	0.80	1831	0.095
Interpersonal sensitivity	1.00	0.75	2336	<.001
Depression	1.15	0.77	2345	<.001
Anxiety	1.10	0.73	2110	<.001
Hostility	0.50	0.17	1469	0.009
Phobic anxiety	0.43	0.14	1353	<.001
Paranoid ideation	0.66	0.50	1620	0.003
Psychoticism	0.70	0.30	2175	<.001
GSI	0.93	0.56	2463	<.001
PST	49	37	2205	<.001
PSDI	1.73	1.36	1913	<.001
PSQI total score	6.00	5.00	1214.5	0.013
Subjective sleep quality	1.00	1.00	415.0	0.030
Sleep latency	1	1	387.0	0.208
Sleep duration	1.00	0.00	374.0	0.306
Sleep efficiency	0.00	0.00	226.0	0.365
Sleep disturbance	1	1	136.5	0.187
Use of sleep medication	0	0	36.0	0.513
Daytime dysfunction	1.00	1.00	393.0	0.010
GF: Social	8.00	9.00	70.0	<.001
GF: Role	8	9	109.5	<.001

Note: Significant p-values are in bold. ^a Wilcoxon signed-rank test statistic

BDI-II= Beck Depression Inventory-II; SCL-90-R= Symptom Checklist-90-Revised; GSI= Global Severity Index; PST= Positive Symptom Total; PSDI= Positive Symptom Distress Index; PSQI= Pittsburgh Sleep Quality Index; GF: Social= Global Functioning Social Scale, GF: Role= Global Functioning Role Scale.

Discussion

University enrolment often coincides with a critical period of biological and psychosocial development, with unique as well as common challenges faced by young people.

Our results indicate that the *Sportello Studenti* produced positive and measurable effects in improving the mental health of university students. In particular, the significant increase in overall functioning (GF: Social and GF: Role) suggests a beneficial impact both on social relationships and on the ability to manage academic life. At the same time, the reduction in depressive symptoms (BDI-II) and general psychopathology (SCL-90-R) confirms that the counseling intervention contributed significantly to decreasing students' psychological distress.

Our study revealed a profile of university students characterized by elevated levels of psychological difficulties, in line with previous studies⁴⁷. Evidence from international literature on psychological characteristics of students using UCS have reported the presence of low levels of well-being and functioning, high psychopathological and academic distress, symptoms of depression or anxiety as well as relationship, thought, and attention problems as the main issues presented⁴⁸. Specifically, students attending our UCS were found to have moderate to high psychological distress, exhibited several psychopathological symptoms and demonstrated poor general and social functioning. Moreover, students exhibited high levels of depressive and anxiety symptoms, with 58% scoring in the positive range on the BDI-II and 54.4% on the anxiety dimension of the SCL-90-R.

The discrepancy between the depressive symptom levels indicated by the BDI-II and those measured by the HARDS-17 may reflect the inherent limitations of self-report instruments, especially for mood related symptoms, with elevated self-reported distress potentially influenced also by underlying personality traits⁴⁹. Moreover, young people's subjective experiences of depression often differ significantly, with key variations in symptom interpretation^{50,51}.

All psychopathological dimensions assessed by the SCL-90-R were significantly improved after the counseling program, except for the obsessive-compulsive domain. This may reflect a more trait-like, temperamental quality, which is only partially responsive to short-term counseling interventions. The median PSQI score indicated a significant level of sleep disturbance at baseline. Although none of the participants reported past or current use of sleep medications, all subscales revealed some degree of impaired sleep quality. Poor sleep quality is frequently reported by university students⁵², and sleep disturbances are well known to negatively affect both

mental well-being and academic performance⁵³. Although the counseling program did not include interventions specifically targeting sleep hygiene, it was associated with improvements in overall sleep quality, subjective sleep experience, and daytime functioning. This suggests that the broader enhancement in psychological well-being promoted by counseling may help prevent the progression of insomnia and mitigate its negative impact on mental health. Moreover, at follow-up, none of the participants required pharmacological treatment for sleep, further highlighting the counseling program's effectiveness in supporting students in managing sleep-related difficulties.

Overall, psychological interventions appear to exert a positive impact on psychological distress, psychopathological symptoms, and general psychological functioning and adaptation. These findings are consistent with previous international research providing comparable evidence for the efficacy of psychological and UCS^{38,47,54-56}, supporting the conclusion that UCS represent an effective first-line response for university students experiencing psychological difficulties.

Finally, the mean age of students accessing our UCS (22.3 years) aligns with the average age reported in international studies: 22.09 years in the United States³⁹, 22.8 years in the United Kingdom⁵⁷. Evidence has shown a higher mean age among Italian students accessing UCS⁴⁷ suggesting that this difference may reflect a cultural pattern specific to Italy. The comparatively lower mean age observed in our sample may be explained by the effective dissemination and visibility of the *Sportello Studenti* at the Tor Vergata University, which likely facilitates earlier access to psychological support.

While most mental health problems fall in the mild to moderate range, if unsupported they can persist and interfere with academic and personal growth and development. Furthermore, this developmental stage represents a critical window during which severe mental illnesses may emerge. Early identification and prompt referral to specialized psychiatric care are therefore essential, as they may have significant implications for prognosis and long-term outcomes. Further research is needed to identify crucial psychopathological markers among youth in order to detect those at increased risk of developing severe mental illnesses⁵⁸⁻⁶¹ and to guide targeted interventions⁶².

STRENGTHS AND LIMITATIONS

Despite the encouraging results, this study presents some limitations. First of all, the small sample size may limit the generalizability and reproducibility of the findings in larger or more diverse populations. Secondly, the absence of a control group limits the

generalizability of the findings. A further limitation of the present study concerns the low number of international students included in the sample. Foreign students may experience unique stressors and barriers to accessing psychological support, such as limited familiarity with local mental health services. Moreover, the analysis is based on data collected over a short period, without long-term follow-up to assess the stability of the intervention's effects. A further limitation may be the absence of a specific scale or interview to assess personality disorders or traits. Finally, reliance on a self-report measure may represent a limitation of the study. To strengthen these findings, future research could benefit from larger and more heterogeneous samples and more rigorous experimental designs, including control groups. Further studies might also explore the impact of differentiated interventions based on the type of psychological distress and the duration of the support received.

Conclusions

University students are a vulnerable population, highlighting the need for mental health promotion activities, particularly given the adverse impact of mental health problems on academic performance²⁷ and the additional psychological challenges arising from the Covid-19 pandemic^{9,14,63}.

University counseling represents a key resource for supporting students' psychological well-being, as well as an initial point of access for potential referral to the National Health Service (SSN). To effectively address student needs, psychological services should be:

- Free of charge and universally accessible.
- Remove barriers to service access, addressing economic, cultural, and social obstacles, as well as stigma associated with seeking psychological support. Barriers include long waiting times, limited sessions, rigid schedules, low awareness of counseling benefits, and cultural stigma that hinders help-seeking. These factors significantly limit accessibility and student engagement.
- Available beyond standard academic hours, accommodating students' varied schedules.
- Deliver targeted psychological interventions tailored to the specific needs of university students.
- Widely distributed across university campuses, ensuring broader coverage and accessibility.
- Structured to include a sufficient number of sessions to build trust and therapeutic alliance.
- Delivered by qualified professionals within dedicated and inclusive environments.

In this sense, a paradigm shift is required. An effective mental health policy should encompass: investment in social determinants, aimed at improving the living, working, and educational conditions

of young people; intersectoral strategies, involving coordinated action among health, education, and social policy sectors; stricter regulations on digital industry practices to mitigate their negative impact on mental health; and a stronger focus on primary prevention, targeting the social inequalities that contribute to the development of psychological disorders.

Public research should focus on developing innovative and accessible solutions aimed at improving collective well-being. This broader perspective reframes mental health policy around the holistic well-being of young people, fostering the conditions for a society that is more attentive and responsible toward the psychological health of future generations. Building on these premises, the Italian Ministry of University and Research launched a national call for proposals entitled "*Avviso per la concessione di finanziamenti destinati alla promozione del benessere psicofisico e al contrasto ai fenomeni di disagio psicologico ed emotivo della popolazione studentesca*" (PRO-BEN)⁶⁴ ("Notice for the allocation of funds aimed at promoting psychophysical well-being and counteracting psychological and emotional distress among the student population"). The program's goal is to promote and disseminate psychological well-being by strengthening research activities on student distress and by introducing innovative tools and interventions to prevent psychological suffering and potential addictions. At Tor Vergata University, the PRO-BEN project has led to the expansion and reinforcement of the existing *Sportello Studenti* UCS, alongside the development of new initiatives aimed at enhancing students' mental health and sense of community. The program has fostered the creation of integrated research and intervention pathways, promoting collaboration between clinical, academic, and administrative sectors. Currently, the PRO-BEN project is fully operational, the *Sportello Studenti* has been significantly strengthened, and numerous activities – ranging from group interventions and psychoeducational workshops to awareness and well-being campaigns – are actively being implemented to support the university community.

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All authors have read and agreed to the published version of the manuscript.

Conflict of interest statement: the authors declare no conflicts of interest.

Institutional review board statement: the study was conducted in accordance with the Declaration of Helsinki and approved by the Independent Ethics Committee of Policlinico Tor Vergata (#184/25; 26 June 2025).

Informed consent statement: informed consent was obtained from all subjects involved in the study.

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Corresponding author:
 Federico Fiori Nastro
 Department of Systems Medicine
 Tor Vergata University of Rome
 Via Montpellier 1
 00133 Rome, Italy
 E-mail: federico.fiori.nastro@uniroma2.it