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Mobile Minds in Motion

Summary of Findings: Evidence-Based Mental Health Practices for Higher Education Institutions

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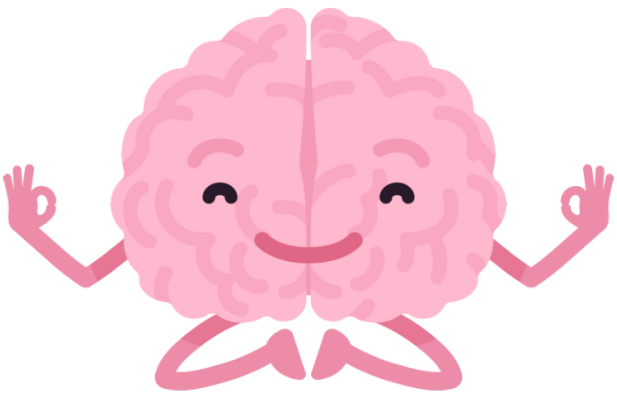

Summary

In a world on the move, where students cross borders to discover new cultures and learn, we need to understand what goes on in their minds when they leave home. This is how the story of the Mobile Minds in Motion project (hereafter, the MMM project) begins. It emerged from an in-depth analysis of students' mental health and well-being challenges in the Erasmus+ mobility programme and from the realisation that, although Erasmus+ mobility is often labelled an outstanding, positive experience, it involves specific challenges and issues. By focusing on prevention and coping strategies, the MMM project not only aligns with the EC's Communication strategy on a comprehensive approach to mental health but also addresses the specific needs of Erasmus+ students before, during, and after their mobility experience.

This report, like a travel guide, carefully opens the door to the Introduction and Background of this journey: the reasons why the mental health of mobile students is worth researching and the conceptual framework that helps us see everything clearly. As we move forward in the report, we discover two main sources of knowledge. The first one is the Current State of Affairs, a broad panorama of what is already known: challenges, trends, patterns that are repeated in the specialised literature, in quantitative, qualitative, and mixed studies, respectively, European and non-European projects and policies. Here, the report raises a lantern and highlights vulnerable areas with difficulties, several risk factors, and triggers. The second source comes directly from the students. Empirical data, collected through survey questionnaires, focus groups, and carefully analysed conclusions, give voice to real emotions. Their responses tell stories about stress due to social, academic, or financial pressure; anxiety, headaches, and loneliness, but also about resilience, new friends, and moments of personal growth. Through these voices, the report outlines a map of the mobile student experience, where every theme and figure comes to life in colour.

In the second part of the report, it offers not only a mirror, but also a compass. The Guidelines proposed in this part are built as a set of directions for all those involved: students, specialists, institutions, administrators, and decision-makers. They start with a section dedicated to the objectives of the project, then divide into chapters that address exactly what was observed in the research part: the prevailing difficulties students face, the triggers of mental health problems, their coping strategies, and the elements that protect them while they are far from home. They include recommendations for four groups: Erasmus+ mobile students, psychologists and counsellors, International Relations Offices and mobility coordinators, and Higher Education Institutions administrators, and policymakers.

The report concludes with recommendations for universities and policymakers to develop safe, inclusive, and proactive environments. It is a call for responsibility and collaboration: so that mobile students are not just travellers between two worlds, between two cultures, but explorers who are supported, understood, and able to thrive. Thus, the report becomes not just a collection of chapters, but a narrative about people on the move, their unseen challenges, and the solutions that can transform everyone's journey through accessible tools that improve educational experiences.

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Abbreviations and acronyms

Abbreviation / Acronym	Description
HEI	Higher Education Institution
IRO	International Relations Officer
MHIMS	Mental Health in International Mobility Students
MMM	Mobile Mind in Motion

Abbreviation / Acronym	Description
ESN	Erasmus Student Network
EUF	European University Foundation
SU	Selcuk University
UAH	University of Alcalá
UNITBV	Transilvania University of Brasov
U.Porto	University of Porto
VMU	Vytautas Magnus University

PART 1 SUMMARY AND FINDINGS

1.1 Introduction & Background

The preparatory work by the MMM consortium members allowed us to conclude that:

1. Very little information is available on the topic of Mental Health in International Mobility Students (hereafter MHIMS), including academic literature, project descriptions, policy papers, and other easily accessible tools, such as Erasmus+ handbooks.
2. The special programmes related to international students available at national level cannot provide solutions to the mental health problems of Erasmus+ students in general.
3. Erasmus+ students experience mental health-related difficulties throughout their mobility, and staff need to deal with them, although they do not have any knowledge or practical tools to support their work.

In addition, the needs analysis, based on two surveys in 2023 and 2024 involving 2146 students and 194 Erasmus+ coordinators from all over Europe, revealed that:

1. Mobile students lacked mental health preparation or consultation options, with 75% of respondents indicating no support at the different stages of their mobility.
2. 79% of mobile students rated the importance of mental health support between 7 and 10 on a 10-point scale.
3. 60% of HEI staff must deal with students' mental health issues, particularly during the mobility.
4. Staff overwhelmingly emphasised the need for additional resources and training (90% rated its importance 7 - 10).

These results underscore the critical need for enhanced mental health support mechanisms for mobile students and for IRO staff training to address these challenges effectively. Following the above-mentioned findings, the project consortium identified three needs that this project addressed through five work packages:

1. There is a need to understand the state of play of MHIMS in the international context.
2. Specific tools and materials tailored for mobile students are needed to support the prevention of mental health issues that may occur throughout the mobility experience. Examples include loneliness, confusion, feeling overwhelmed, cultural shock, change management, academic anxiety or even a lack of mental health support when needed. The available psychological tools that address these issues do not necessarily meet the specific needs of Erasmus+ mobile students, mainly due to the intercultural context.
3. There is a need to raise awareness about this topic, since currently, there are no major campaigns or structured information available in Europe.

The current document summarises the results of WP3, aimed at a better understanding of potential

mental health issues linked to student mobility and at gathering evidence-based preventive practices. More specifically, this WP also seeks to map MHIMS to pinpoint critical areas where proactive measures can be implemented by conducting three specific tasks:

1. Conduct a thorough examination of existing knowledge on the MHIMS and its preventive practices.
2. Implement a mixed-methods approach to gather both qualitative and quantitative data on MHIMS throughout the various stages of mobility.
3. Analyse the results, create an infographic to kick off the dissemination activities of the project, and present all the findings in a summary and guidelines document.

This document summarises the results from three deliverables: the state-of-play document on mental health issues among mobile students and the preventive measures associated with the mobility experience, the survey and focus groups plan, and the data analysis. It has three primary purposes: (1) to serve as a base for the educational materials, the online platform, and the workshops to be developed in the project; (2) to disseminate information Europe-wide to stakeholders, mobile students, mental health advisors, psychologists, and IROs; (3) to act as support for HEIs in building strategies for the prevention of MHIMS.

1.2 Conceptual Framework

Our conceptual framework focuses on two main elements: a two-dimensional model of mental health and the triangulation of perspectives. The two-dimensional model of mental health (Magalhães, 2024) chosen as a theoretical basis of the MMM project states that pathology and well-being are partially related and yet separate dimensions. Therefore, monitoring and improving mental health should involve both dimensions and incorporate the means for both solving problems and increasing well-being (Greenspoon & Saklofske, 2001; Keyes, 2003; Suldo & Shaffer, 2008). Following the two-dimensional model, we consider the current state of students' mental health as a combined result of negative (e.g., adjustment difficulties, psychological problems, psychopathology) and positive (e.g., good adjustment, well-being, positive emotions) aspects. They are affected by the interplay between personal, academic, social, and cultural triggers (challenges, stressors, risk factors, crises) as well as by protective factors (e.g., resources, resilience, support and services), students' personal efforts, and coping strategies (Deuchar, 2022; Mesidor & Sly, 2016; Roy et al., 2018; Xie & Xu, 2024). The outcome (either positive or negative) of this process usually manifests on different levels, i.e., body, emotions and thoughts, reactions and actions, interactions, and meaning (Figure 1).

On the other hand, the triangulation of perspectives comes from comparing information on and from the different groups involved in the mobility experience:

1. Erasmus+ mobile/exchange students (outgoing and incoming, before-during-after the mobility, mobility period of 3 to 12 months).
2. Staff (Erasmus+ administration, Erasmus+ faculties coordinators, and international office staff).
3. Psychologists and counsellors at the HEIs.

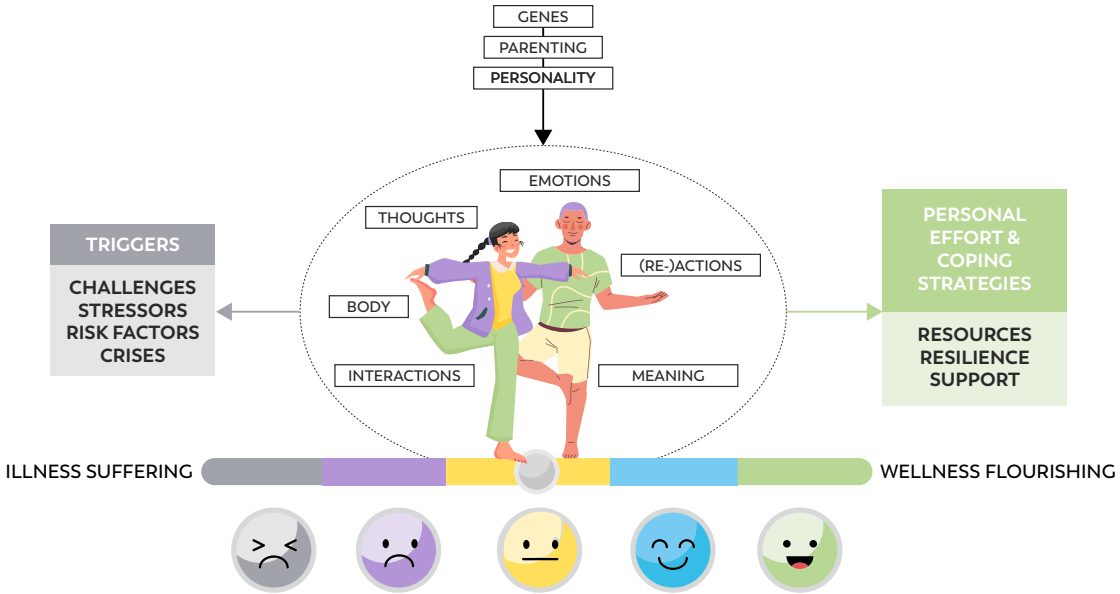

Figure 1. A conceptual MHIMS framework of the MMM project

1.3 Main Findings from the Literature Review

The state of play report presents a review of a specific body of literature that incorporates quantitative and qualitative research, conceptual discussions and reviews, international and national projects, policy guidelines, best practices, and other relevant information related to the mental health issues and well-being of mobile students and their preventive measures in the context of the mobility experience. It aimed to identify areas in which information is scarce, therefore serving as the groundwork for designing surveys and focus groups to further map MHIMS and areas currently not covered by the existing resources. The specific objectives were a) to identify the main problems experienced by mobile students and the psychological, social, and structural determinants that affect their mental health, and b) to highlight evidence-based strategies for prevention and intervention.

The methodological approach to mapping the literature on the MHIMS followed a structured, interdisciplinary framework, incorporating studies from psychology, sociology, education, and public health. In addition, previously conducted European and non-European projects, European and national policy documents, services, and initiatives at consortium universities have also been included. Since the social, economic, and cultural circumstances related to mobility experiences are constantly changing, this review included sources published over the last 15 years (from 2009 to 2024) to ensure relevance to contemporary mobility trends and mental health paradigms. A total of 115 sources were identified: quantitative studies (41); qualitative studies (12); reviews and conceptual papers (15); European projects (10); non-European projects and initiatives (9); European policies (13); national and university-level policies (10); and other strategies at HEIs (5).

First, these sources were analysed according to the initial parameters used to extract information: objectives, data collection methods and instruments, types of mental health outcomes for mobile and international students, strategies and solutions, and general findings.

Second, several significant findings from this analysis related to the MHIMS were summarised:

- Research revealed that **mobile students undergo significant cultural, academic, and personal adaptation, which impacts several aspects of their lives**, and not all students adjust successfully, especially during the first several months. The adaptation process often entails feelings of isolation, particularly when students struggle to integrate into new social and academic environments. Social drinking may become a coping mechanism for some students. Overall, a **high prevalence of mental health issues was a consistent finding across many studies**. Many students experience anxiety, depression, and stress. The most prevalent difficulties named by most authors can be grouped

into several categories: mental health and well-being (e.g., depression, anxiety, stress, irritability, loneliness), somatic health (e.g., difficulty sleeping, tiredness, headaches), behaviour (e.g., eating disorders, drinking), academic (e.g., academic stress, fatigue), relationship, socio-cultural (e.g., economic issues, discrimination), abuse and violence (e.g., bullying, sexual abuse).

- On the other hand, research has shown that despite challenges, **many students view international mobility as beneficial for personal and professional growth**. Students highly regard international mobility for several reasons, such as the benefits of cultural exchange for learning new languages, personal growth, career development, and the opportunity to build a global network. Studies reveal that due to the mobility experience, students improve their skills and competencies (e.g., linguistic, cultural awareness, cultural intelligence, understanding of moral and ethical issues), self-confidence, autonomy, gain clarity about their professional future, become more engaged with their studies, and are more motivated to engage in social and political life. Some studies have also shown that studying abroad generally improves mental health, with many students reporting feeling more optimistic about their well-being after returning home.
- Research also established that **several risk factors or triggers play a role in defining how successfully mobile students adjust to new challenges**. Mobile students are, at times, at greater risk than their domestic peers of experiencing mental health challenges because of communication issues, financial issues, housing insecurity, lack of social support networks, deficits in institutional practices, discrimination, social isolation, and personality traits, in addition to the usual academic stressors. These can be classified into personal (e.g., academic and future plans, personal traits), environmental (e.g., social connections, cultural and academic differences), and behavioural (e.g., coping strategies, seeking help) factors. Significantly, students' cultural backgrounds also shape their ability to engage with diversity, e.g., a greater cultural distance is associated with higher stress, homesickness, and behavioural changes. Time is also essential in this context. For example, while stress decreases and resilience increases over time as mobile students adapt to a new environment, unhealthy behaviours (such as alcohol consumption, drug use, and reduced physical activity) tend to increase during the mobility.
- On the other hand, **several factors are related to better mental health and well-being**. First, access to mental health services and academic resources has a significant impact on students' psychological health. Second, intercultural environments and attitudes can also promote well-being. In this context, intercultural education and intercultural attitudes can predict happiness, life satisfaction, positive affect, and school belonging. Third, social support and interaction with peers as well as socio-demographic traits, academic context, personal study context, and study resources, also seem to improve well-being. Finally, certain personality traits can improve students' adaptation and well-being. For example, students with high cultural and linguistic skills, resilience, spirituality, strong identity, high levels of acting with awareness, self-compassion, psychological flexibility, and flexible coping styles report better adaptation and lower distress.
- On a political level, **the EU has recognised the importance of mental health among young people, particularly among students in higher education.** As part of its broader strategy, the EU has actively developed policies and initiatives to

address mental health challenges, improve access to psychological support, and foster a supportive academic environment for students. Mental health in higher education has become a growing concern, with various challenges impacting students' well-being, as reported in European policy documents (e.g., Rome Ministerial Communiqué (EHEA); European University Association (EUA): Student Mental Health; European Parliament: Mental Health in the EU; A New EU Approach to Mental Health; Comprehensive Approach to the Mental Health of Young People in the European Union; The European Union Youth Strategy 2019-2027; Health at a Glance - State of Health in the EU Cycle). According to these documents, addressing mental health issues in higher education requires a **multifaceted approach that includes preventive measures, institutional strategies, and robust policy frameworks**. By prioritising student well-being and ensuring accessible mental health services, European institutions can create a more supportive and inclusive academic environment.

- However, an **inconsistency in how mental health is addressed across European higher education institutions** was identified by many sources, resulting in fragmented services and support structures. Moreover, several **barriers to accessing mental health services** were highlighted in the reviewed literature, including attitudinal barriers (stigma), language barriers, lack of awareness and knowledge (cultural interpretations of mental health symptoms), preferences for alternative sources (traditional methods), economic and structural barriers (limited availability and access to services), mistrust issues (concerns about confidentiality), and the influence of family values (prioritising family reputation). Therefore, **there is a strong need for multicultural self-awareness among mental health professionals and the development of culturally sensitive, comprehensive services tailored to international students.**

Many sources stressed that to effectively tackle mental health challenges in higher education, a **comprehensive and strategic approach is necessary**. In addition, mental health promotion programmes must address factors that affect **psychosocial adjustment and mental health among international students**. Our literature review identified several **proactive and preventive means that are frequent** at university level:

Institutional/Policy Support:

- **Institutional mental health policies** by developing standardised policies that integrate mental health support into academic and student services.
- **Strengthening professional support services** by expanding visibility and access to on-campus psychologists, therapists, and career counsellors to address students' mental health needs.
- **Collaboration with external organisations** by partnering with mental health organisations, NGOs, and healthcare providers to enhance service availability and effectiveness.
- **Prevention and early intervention programmes** through psychological screening, prevention programmes, physical activity programmes, and counselling services at the beginning of academic programmes.
- **Awareness campaigns and promoting mental health literacy** through workshops, seminars, and social media campaigns to reduce stigma.
- **Faculty training and support** for a better understanding and support of

students' mental health and personal needs.

Academic Learning Support:

- **Academic support services** to help international students manage academic pressures and attend university activities; this will ultimately combat loneliness.
- **Flexible learning environments** by offering hybrid learning options and academic accommodations for students struggling with mental health challenges.

Social and Community Support:

- **Inclusive environment and community building** for students of all backgrounds and personal needs, encouraging a sense of belonging within the university environment.
- **Peer support networks**. Encouraging the creation of peer networks and ethnic community support systems through: peer mentoring programmes, orientation sessions to enhance student adjustment, student-led support groups to provide informal support and guidance, and organising activities to promote social and cultural activities without alcohol.
- **Financial and social support systems.** Establishing grants, scholarships, and affordable housing solutions to reduce financial stressors that impact mental well-being.

Cultural Adaptation and Intercultural Support:

- **Intercultural training and adaptation programmes** to reduce acculturation stress. Universities should also foster meaningful intercultural interactions. Mental health professionals should be trained in diverse cultural approaches to address students' concerns more effectively.
- **Promoting healthy behaviours in cultural adjustments.** Universities can help mobile students maintain healthy behaviours during cultural adaptation, such as regular physical activity and balanced social engagement, to mitigate the stress caused by cultural changes.

Digital and Technological Support:

- **Implementation of digital mental health tools.** Providing access to mental health apps, online therapy platforms, and self-help resources for students who may not seek in-person assistance.

- Our review of European and national projects allowed us to identify several already existing projects and other initiatives aimed at supporting mobile students' mental health and determine several key characteristics; i.e., they adopt a holistic, continuous approach that spans the entire mobility experience, combining academic, psychological, and peer support:
  - **Educational and training resources.** COSTABEX emphasises continuous student support throughout students' international experience and offers an educational programme with workshop materials, videos, webinars, meditation audios, quizzes, an online counselling service, a handbook for university staff, and a dedicated website. EMBRACE HE and Mindful Mundus provide an online toolkit, training resources, webinars, and workshops. In addition, Mindful Mundus emphasises equipping students with tools and awareness, encouraging self-agency in mental health management. WISE provides training kits for university staff and student organisations to implement well-being initiatives, along with a European guide offering recommendations and training sessions.
  - **Digital platforms, online support, and community-based initiatives**. MoodSpace offers a resource platform

including an information library, self-reflection tests, self-help modules, urgent help hotlines, problem search engines, podcasts, and personal stories. MENTAL HEALTH 4 ALL provides a multilingual digital mental health platform. Buddy System runs an online student mentoring platform, including consistent follow-ups between mentors and students, and encourages international students to connect with local students through ambassador programmes and peer support networks. WISE hosts a platform, The European University of Tomorrow for Student Well-being, promoting collaborative well-being strategies and improving access to professional help, advocating for integrating mental health practices into routine activities and academic life, and normalising self-care and wellness.

- **Data collection and research.** EUROSTUDENT maintains a database for national comparative data and a website featuring intelligence briefs, reports, and research findings. Mental Health Unboxed and WISE produce research reports on international students' mental health.
- **Guidance and policy support**. PLAR-U-PAGs provides a PAGs toolkit to help national authorities and universities evaluate and improve their social policies, focusing on improving social inclusion in universities and emphasising the importance of financial aid in promoting student well-being.

In addition, the review allowed us to identify several gaps in the literature and other sources, such as (1) a lack of knowledge about the problems and specific needs of mobile students, (2) the fact that studies and findings focus mainly on non-European contexts, (3) a lack of knowledge about processes and specific outcomes for the different mobility stages (before, during, and after), (4) limited attempts to address well-being in the context of mobility, limiting understanding of how negative and positive aspects interact in the context of mobile students' mental health, (5) current approaches within research and policy have primarily focused on the experiences and challenges faced by mobile students, thus shifting the focus toward their practices and agency can lead to more comprehensive and valuable insights about their well-being in higher education environments. Specifically, this starts by prioritising how international students actively contribute. Moreover, it is crucial to focus on action (moving away from solely analysing what happens to international students and starting to analyse what they do in classrooms, on campus, and in other sites of sociality). Recognising agency (acknowledging international students as active agents in shaping their educational environments) is also essential.

Finally, to map mobile students' mental health as a research topic, information from all reviewed sources was summarised and categorised, resulting in the following combined lists: 20 problems; 29 triggers/stressors/risk factors, 11 protective factors, 26 strategies, and 7 possible solutions. Finally, the 20 problems identified from different sources were clustered into the following problem categories: mental health and well-being (8), somatic health (1), behavioural (4), academic (2), relationship (1), social and cultural (2), and abuse and violence (2). These categories further served as a basis for developing the survey items in the next step of WP3.

1.4 Main Findings from the Empirical Data

As a result of the state-of-play analysis, the main difficulties faced by mobile and international students were identified across the reviewed literature sources. However, due to the lack of research and literature specifically addressing the experiences of Erasmus+ mobile students before, during, and after the mobility, two types of instruments were used to validate the findings from the literature review (difficulties, triggers, protective factors, and strategies), identify other potential problematic aspects not identified before, and understand their characteristics from the three perspectives involved. On the one hand, survey questionnaires were used, with both closed- and open-ended questions for each group of participants: mobile students, Erasmus+ staff, and psychologists/counsellors. On the other hand, data was also collected from focus groups with the same type of participants.

Whereas the survey questionnaires provided both quantitative and qualitative data, the focus groups served as an additional qualitative method to enrich and contextualise the survey findings. They enabled the research team to explore in greater depth the lived experiences, support systems, and perspectives of Erasmus+ mobile students, psychologists/counsellors, and staff. The focus groups also contributed to data triangulation by helping validate the main themes identified in the survey and offering a more nuanced understanding of the most frequent or representative mental-health problems listed in the earlier questionnaires. Findings for each will be summarised in the following sections.

Some limitations of the data collection process are convenience sampling, given that results reflect only the perception of mobile students who participated in the survey, gender imbalance, and general perception of what participants considered as "difficulties" and "triggers".

1.4.1 Survey Questionnaires

1.4.1.1 Design and Structure

As mentioned in 1.4, three specific survey questionnaires were developed based on the list of problems extracted from the literature review, addressed to the target groups involved in any Erasmus+ mobility: mobile students, Erasmus+ staff, and psychologists/counsellors. The purpose of the survey was to identify which of the mental health-related difficulties identified in the literature review are most prevalent and essential for Erasmus+ mobile students participating in the programme before, during, and after their mobility, from three perspectives.

All the questionnaires followed the same structure: a) instructions' section that briefly outlined the survey's context and aims for each target group, b) sociodemographic section specific for each target group, c) general open questions section (designed to help us understand the psychological process and compare perspectives between groups, with questions considering general knowledge on the main mental health and well-being difficulties, possible causes/triggers, coping strategies, and resources), and d) a questionnaire-specific part listing the items previously established as essential

for this study. This part was designed to include closed-ended questions with a 5-point Likert scale for each item. It listed 33 mobility-related items identified in the literature review[1] covering seven categories: mental health difficulties (12 items); somatic health difficulties (4 items); behaviour difficulties (7 items); academic difficulties (2 items); relational difficulties (2 items); social and cultural difficulties (3 items); abuse and violence problems (3 items). Since several items referred to clinical symptoms, brief descriptions were prepared to ensure respondents had a similar understanding of the content. Participants were asked to choose an option from the Likert scale for the following three questions, depending on their type. In the case of the students, the following questions were used: Q1 - *"How often do/did you experience the following difficulties?"*, Q2 - *"How strong/intense are/were these difficulties for you?"* and Q3 - *"How much trouble/displeasure/damage does/did each of these difficulties cause?"*. In turn, Erasmus+ staff and psychologists/counsellors were asked to indicate how often they observed (for psychologists/counsellors) or dealt with (for Erasmus+ staff) students who had experienced the listed difficulties.

As for aspects that were specific the students' survey questionnaire, students were asked to refer to the situation related to their mobility period (past, present, or upcoming) when answering the questions. Moreover, students were also asked to evaluate their life satisfaction on a 10-point scale.

1.4.1.2 Ethical Approval, Piloting, and Data Collection

Before the implementation of the study, ethical clearance was obtained from the Research Ethics Committee of the University of Brasov (Romania), 5824/16.05.205 and 8228/19.06.2025, the institution responsible for coordinating the ethics procedures within the consortium. The study design, participant information, informed consent forms, and data management plan were reviewed to ensure compliance with the ethical standards in research involving human participants, including the principles of confidentiality, voluntary participation, and data minimisation.

Three tailored informed consent forms were developed for the different participant groups (mobile students, Erasmus+ staff, and psychologists/counsellors supporting mobile students). Each form described the study objectives, procedures, risks and benefits, data-protection measures, and participants' rights (including the right to withdraw at any time without consequences). The informed consent page was placed at the beginning of the online survey, and participants were required to read and explicitly agree before proceeding.

Before launching the survey, the draft questionnaires were piloted at several consortium universities, involving Erasmus+ staff and students who were representative of the target population. The pilot aimed to assess the clarity, relevance, and cultural appropriateness of the statements and questions. Based on the feedback received, minor adjustments were made, for example, grouping issues reported by Erasmus+ staff into clearer categories and shortening the introduction to improve readability. No substantial changes affecting ethical compliance were required after piloting.

Following ethical approval and piloting, the final online survey was created and disseminated. A convenience sampling strategy was used. All mobile students at the partner universities who were either a) preparing for mobility, b) on mobility at that time, or c) had returned within the previous six months were invited to participate. Invitations were also extended to Erasmus+ staff and to psychologists/counsellors who provide psychological support to mobile students.

The survey link and invitation were distributed through the consortium universities' communication channels, their Erasmus+ offices, and, where possible, forwarded to national Erasmus+ agencies across Europe to broaden outreach. Data collection took place in May and June 2025. Throughout the entire process, data

1. In the initial list of 20 difficulties, some were complex, therefore they were split into separate survey items.

protection regulations were strictly followed: no identifiable personal data was collected beyond what was essential for research purposes, all responses were anonymised, and access to the dataset was restricted to authorised members of the research team.

1.4.1.3 Participants

A total of 675 students, 99 staff and 13 psychologists took part in the study, which comprised three main groups: mobility students, Erasmus+ staff, and psychologists/counsellors. The mobility students' group was the largest one. It comprised 675 students from 73 countries, representing 37% of the world's countries and all continents except Australia, and reflecting the diversity of the Erasmus+ mobile student population across the consortium. More specifically, this group included 32 European countries. As for the gender distribution, 29.8% were males, 69.3% females and 0.9% non-binary or other. Regarding the mobility stage, most (43.9%) were in a mobility programme at that time, 41.3% had already completed their mobility, while 14.8% were preparing for the mobility. Among all participants, 70.4% were bachelor's students, 25.2% were master's students, and 4.4% were PhD students. The most prevalent fields of study were arts and humanities (15.7%), social sciences, journalism, and information (12.4%), business, administration, and law (18.8%), engineering, manufacturing, and construction (13.5%), and health and welfare (13.6%). The fact that 17.2% of the students who were on a mobility and 20.4% of the students who had completed a mobility had previously participated in another mobility programme indicates their positive experience with it. Most participants had never sought mental health/counselling services (64.4%), and 91.6% had not received mental health/counselling services at the time of this survey. Only a small number of students (1% before, 2.4% during, and 2.1% after the mobility) had a disability.

The other two groups were represented by 13 psychologists from Romania, Spain, Lithuania, and Turkey, who contributed by offering their professional perspectives on the challenges and support needs of mobile students, and 99 Erasmus+ staff members from eleven countries: Austria, France, Germany, Italy, Lithuania, Portugal, Spain, Switzerland, Romania, Turkey, and Ukraine, who provided valuable insights into institutional practices, student support systems, and mobility-related administrative processes.

1.4.1.4 Findings from the Quantitative Data of the Students' Survey Questionnaires

Despite mobility-related difficulties, students seemed quite satisfied with their lives: 70% of students preparing for the mobility, 83.1% who were on a mobility, and 83.1% of students after a mobility reported life satisfaction of 7-10 on a 10-point scale. Nevertheless, when asked about each of the 33 difficulties included in the questionnaire (their frequency, intensity, and additional harmfulness), quite a large proportion of the mobile students reported experiencing some of them. The complete survey results (i.e., the frequencies of Erasmus+ mobile students who experienced difficulties across each of the 33 items at different mobility stages) are included in Appendices 1.1 to 1.3.

The ranking of the most frequent types of difficulties, the most intense, and the most harmful difficulties (Tables 1-3, simplified version; Appendices 1.1 to 1.3, detailed version), indicates that the five most frequent difficulties across all mobility stages come from three domains (out of seven covered by the survey questionnaire), i.e., mental health, academic difficulties, and somatic health. More specifically, the ranking of the **five most frequent difficulties reported at each mobility stage** (Table 1) showed that stress related to social, academic, or financial pressure was the most common issue among students before and after mobilities, experienced very often or constantly by about half of the participants. In contrast, among students who

Table 1. The Five Most Frequent Difficulties for Each Mobility Stage

Q1: How often do/did you experience the following difficulties?

Rank	Before the mobility			During the mobility			After the mobility		
	Domain	Item	%*	Domain	Item	%	Domain	Item	%
1	Mental health	Stress due to social, academic or financial pressure	50	Mental health	Stress due to social, academic or financial pressure	44	Mental health	Stress due to social, academic or financial pressure	47
2	Academic difficulties	Academic stress	45	Mental health	Anxiety	37	Academic difficulties	Academic stress	42
3	Mental health	Anxiety	38	Academic difficulties	Academic stress	35	Mental health	Anxiety	39
4	Somatic health	Tiredness	36	Somatic health	Tiredness	33	Somatic health	Tiredness	34
5	Mental health / Academic difficulties	Rumination / Cognitive fatigue, difficulty concentrating	25	Academic difficulties	Cognitive fatigue	31	Mental health / Mental health	Rumination / Loneliness	29

Note Provided percentages represent the proportion of mobile students who chose numbers 4 (very often) or 5 (constantly) on the Likert scale when responding to this survey question.*

completed the survey while on mobility, low self-esteem emerged as the most frequently reported difficulty. Academic stress was the second most frequent difficulty among students before and after their mobility, and the fourth among students on mobility, suggesting that many mobile students experienced different forms of stress very often or constantly. Anxiety was ranked third in all mobility stages, experienced very often or constantly by almost 40% of students. Other difficulties, often experienced by many students, were tiredness, rumination, cognitive fatigue, and loneliness.

As for the **five most intensive difficulties** (Table 2 and Appendix 1.2), stress due to social, academic, or financial pressure was ranked first across all three mobility stages, with approximately 40% of students reporting it as strong or extremely strong. Academic stress was ranked second, and anxiety was ranked third and fourth, respectively, in different mobility stages. Again, loneliness, cognitive fatigue, rumination, tiredness, and depression were evaluated as quite intense by around one third of the mobile students who participated in the study.

Table 2. The Five Most Intense Difficulties for Each Mobility Stage

Q2: How strong / intense are / were these difficulties for you?

Rank	Before the mobility			During the mobility			After the mobility		
	Domain	Item	%*	Domain	Item	%	Domain	Item	%
1	Mental health	Stress due to social, academic or financial pressure	40	Mental health	Stress due to social, academic or financial pressure	36	Mental health	Stress due to social, academic or financial pressure	43
2	Academic difficulties	Academic stress	39	Academic difficulties	Academic stress	30	Academic difficulties	Academic stress	38
3	Mental health	Anxiety	33	Mental health	Anxiety	26	Mental health	Loneliness	33
4	Academic difficulties	Cognitive fatigue, difficulty concentrating	29	Academic difficulties	Cognitive fatigue, difficulty concentrating	25	Mental health	Anxiety	31
5	Mental health	Rumination	27	Mental health	Rumination	23	Mental health / Mental health / Somatic health	Depression / Rumination / Tuedness	26

Note Provided percentages represent the proportion of mobile students who chose numbers 4 (strong) or 5 (extremely strong) on the Likert scale when responding to this survey question.*

Table 3 (and Appendix 1.3) indicates that students across all mobility stages reported stress due to social, academic, or financial pressure as the **most harmful difficulty,** with almost one third of the students reporting that it caused quite a lot of additional issues. Academic stress, cognitive fatigue, and rumination were ranked second or third across mobility stages, with anxiety and tiredness closing out the top five lists.

1.4.1.5 Findings from Different Groups of Participants Based on Quantitative Data

This section summarises the main trends identified considering each of the three groups that participated in the quantitative part of the survey questionnaire. It also includes a linear regression analysis of the students' responses, a prediction model of students' mental health difficulties in the different mobility stages, and an analysis of the

Table 3. The Five Most Harmful Difficulties for Each Mobility Stage

Q3: How much trouble / displeasure / damage does / did each of these difficulties cause?

Rank	Before the mobility			During the mobility			After the mobility		
	Domain	Item	%*	Domain	Item	%	Domain	Item	%
1	Mental health	Stress due to social, academic or financial pressure	36	Mental health	Stress due to social, academic or financial pressure	30	Mental health	Stress due to social, academic or financial pressure	32
2	Academic difficulties	Academic stress	33	Academic difficulties	Cognitive fatigue, difficulty concentrating	26	Academic difficulties	Academic stress	32
3	Mental health	Rumination	27	Academic difficulties	Academic stress	25	Academic difficulties	Cognitive fatigue, difficulty concentrating	25
4	Academic difficulties	Cognitive fatigue, difficulty concentrating	26	Mental health	Anxiety	22	Mental health	Anxiety	23
5	Mental health	Anxiety	21	Somatic health	Tiredness	19	Somatic health	Tiredness	22

Note Provided percentages represent the proportion of mobile students who chose numbers 4 (quite a lot) or 5 (extremely) on the Likert scale when responding to this survey question.*

relation between the prevalence of mobile students' difficulties and socio-demographic characteristics and/or cultural factors.

Students' survey results indicated that the most frequent, intense, and harmful difficulties across all mobility stages came from three domains: mental health, academic difficulties, and somatic health. Therefore, these domains should be the primary target when addressing the mental health issues of mobile students. Notably, the mental health domain was predominant in all three categories across all mobility stages, with as much as 50% of students experiencing some mental health difficulties quite frequently, approximately 40% experiencing them quite intensively, and approximately 30% indicating a lot of additional harm. More specifically, emotional difficulties, such as stress (due to pressure and academic affairs), anxiety (also rumination), and depression were predominant difficulties in all categories and mobility stages. Cognitive fatigue and tiredness were also reported as quite frequent, intense, and harmful by many students at different mobility stages. Interestingly, students who were on mobility when answering the survey indicated low self-esteem as the most frequent difficulty they had experienced. The feeling of loneliness was also quite frequent and intense among students after the mobility.

Psychologists/counsellors and Erasmus+ staff prioritised the frequency of mobile students' difficulties in similar ways (Appendices 1.4 and 1.5), emphasising the prevalence of mental health issues (such as stress, anxiety, loneliness, and low self-esteem) and somatic difficulties (including tiredness and sleep disturbances). They also identified behavioural difficulties (e.g., poor sleep hygiene and unhealthy eating) and academic challenges (notably academic stress) as common among mobile students. Additionally, Erasmus+ staff reported frequent socio-cultural and relationship difficulties. Importantly, Erasmus+ staff indicated that nearly all the difficulties listed in the survey were experienced more often during the mobility period than before or after it, except for mental health difficulties, which they perceived as equally frequent before the mobility.

Interaction between difficulties. The linear regression analysis revealed that five domains of the difficulties (in different combinations) play a significant role in predicting mental health difficulties. The estimated models show strong predictive power (between 58% and 71%), indicating that the interaction between the other five domains accounts for approximately two-thirds of the variation in the frequency, severity, and additional harmfulness of mental health difficulties experienced by mobile students at different mobility stages (Table 4).

This information regarding the possible causes

Table 4. Prediction Model of Students% Mental Health Difficulties in Different Mobility Stages

Survey questions	Difficulties before the mobility	Difficulties during the mobility	Difficulties after the mobility
Q1: How often do/did you experience the following difficulties?	65% of the mental health difficulties score predicted by academic and relational difficulties	58% of the mental health difficulties score is predicted by relational, somatic, academic and socio-cultural difficulties.	61% of the mental health difficulties score is predicted by academic, relational, behavioural, socio-cultural and somatic difficulties.
Q2: How strong/ intense are/were these difficulties for you?	71% of the mental health difficulties score predicted academic, relational, somatic and socio-cultural difficulties.	65% of the mental health difficulties score is predicted by relational, somatic, academic and socio-cultural difficulties.	66% of the mental health difficulties score is predicted by academic, relational, somatic, behavioural and socio-cultural difficulties.
Q3: How much trouble/ displeasure/ damage does/ did each of these difficulties cause?	69% of the mental health difficulties score predicted academic, relational and socio-cultural difficulties.	66% of the mental health difficulties score is predicted by relational, academic, somatic, socio-cultural and behavioural difficulties.	67% of the mental health difficulties score is predicted by academic, relational, somatic and socio-cultural difficulties.

(somatic, relational, academic, and cultural difficulties) and effects in the context of difficulties associated with mental health provides us with solid arguments to further investigate this inter-relationship. Regardless of the mobility status, mental health difficulties come into contact with all the other areas described, but with different meanings for each student. Ultimately, this project aims to objectify these meanings to provide information that can be useful for a sense of well-being and of usefulness regardless of the mobility stage.

Our results also revealed that **some socio-demographic characteristics and cultural factors are related to the prevalence of mobile students' difficulties**:

- **Mobility status.** The comparison of the difficulties between the three groups of students who had participated in the survey before, during, or after their mobility (one-way ANOVA) revealed that mental health and social-cultural difficulties were less intense and caused fewer issues in the group of students who were at that time on mobility compared to the other two groups (before and after the mobility). These results suggest that, before their mobility, students should be aware of the need to prepare for it. On the other hand, according to our results, the intensity of difficulties in some domains could decrease once they are on mobility. However, they might increase again to the original level after the mobility.
- **Study level and study years.** Upon returning from their mobility, bachelor's students experience socio-cultural difficulties more intensely than master's students. However, no significant differences between study levels were found before and during the mobility. Students in their final year of study appear to be at higher risk than students in lower years for developing mental health, behavioural, and academic difficulties during their mobility period. However, no significant differences between year levels were found after the mobility.
- **Previous mobility experience.** Students who completed their mobility experience reported lower levels of mental health difficulties compared to students who were on their first mobility.
- **Scholarship.** During the mobility, students without a scholarship appeared to experience higher levels of behavioural and socio-cultural difficulties than those who received one. After the mobility, students with a scholarship showed higher levels of academic difficulties than those without one.
- **Gender differences.** Considering students preparing for the mobility, the only notable gender difference was that female students reported greater perceived academic difficulties than male students. During the mobility period, female students tended to score higher than males across all analysed domains. However, after returning from the mobility, gender differences in socio-cultural difficulties were no longer significant. In terms of academic stress, different patterns emerged by study level: during mobility, female bachelor's students experienced higher academic stress than their male counterparts, whereas at the master's level, male students reported higher academic stress than females. Cognitive stress was consistently perceived as higher among females than among males, across all levels of study. Regarding behavioural difficulties, male and female students reported similar levels during the mobility, although females scored higher in all other areas. Given that both groups reported noticeable behavioural changes during the mobility, this domain warrants particular attention. After the mobility period, males and females again reported similar levels of behavioural and socio-cultural difficulties; however, females continued to score higher in the remaining

domains. Therefore, special attention should be paid to behavioural and socio-cultural changes observed during and after mobilities.

- **Geographical distance.** Mental health difficulties are more frequent among students living either under 1,000 km or over 3,000 km from home compared to those between 1,001–3,000 km. Behavioural difficulties, especially social, cultural, and unhealthy behaviours, also increase among students more than 2,000 or 3,000 km away. Although most Erasmus+ students prefer destinations within a three-hour flight, those who travel farther, particularly 2,000–3,000 km, report feeling social and cultural differences more strongly than students who remain within 1,000 km of home.
- **Students from European and non-European countries**. There are differences between students from Europe and non-European countries. Students from other continents reported higher scores concerning social and cultural difficulties, e.g., perceived discrimination, acculturation stress, and economic issues. Before the mobility, students from other continents seemed to assign significantly higher scores to mental health difficulties compared to European students. However, during and after the mobility, no other significant differences were found.
- **Intercultural aspects.** "Triandis's" model comprises two bipolar dimensions – individualism and collectivism – which provide the basis for analysing and classifying cultures across countries (Briley & Wyer, 2001; Triandis, 2006). Differences were observed between students completing an Erasmus+ mobility and those travelling from cultural backgrounds that differ from the host context (e.g., students coming from cultures characterised by vertical individualism entering more horizontally collectivist environments). These students scored higher on measures of mental health, behavioural difficulties, and relationship difficulties during the mobility period. Students who completed the survey while abroad showed particularly elevated scores when they came from a cultural background different from that of the host country. However, these differences were no longer significant after the mobility. Among students undertaking their first Erasmus+ experience, no cultural background differences were identified before or after the mobility. Nevertheless, during the mobility period, such differences emerged: students with the same cultural background as the host country reported significantly lower levels of mental health, behavioural, and relationship difficulties than those arriving from different cultural contexts.

1.4.1.6 Findings from the Qualitative Part of the Survey Questionnaires

1.4.1.6.1 Design and Analysis Criteria

The open-ended questions part of the survey questionnaire focused on the same main elements as the closed-ended section, giving the participants the opportunity to include and underline the aspects that they considered especially significant. Participants were first asked to describe, in their own words, the main psychological or emotional difficulties that students experience before, during, and after the mobility period (addressed through three separate questions). They were then invited to reflect on the underlying causes or triggers of these difficulties, as well as on the coping mechanisms and resources students frequently used to manage them (addressed through two additional questions). To complement these perspectives, participants were also asked to propose strategies or institutional practices that could help mobile students strengthen their mental health and adjust more effectively to new environments. Finally, the questionnaire explored professionals' experiences and challenges in supporting mobile students and provided space for any additional reflections or

observations. The qualitative data obtained from this part was analysed using thematic analysis. Responses from the three groups were reviewed systematically to identify recurring ideas, patterns, and tendencies. These were organised into themes and subthemes that captured shared meanings across participants and countries. The analysis followed an inductive approach, allowing themes to emerge directly from the data rather than from pre-established categories.

1.4.1.6.2 Main Findings

Across the three open-ended questions in the qualitative section, valid responses were provided by 41.3% of the students for difficulties experienced, 37.9% for perceived causes or triggers, and 53% for coping mechanisms, with the remaining entries consisting of blank or non-answers (e.g., "X", "None", "N/A").

Students' answers to open-ended questions revealed three main tendencies related to students' difficulties. First, social and cultural adjustment difficulties, such as loneliness, homesickness, and superficial relationships, were the most frequently mentioned by students, often aggravated by language and cultural barriers that affected belonging and self-esteem. Second, many students reported emotional distress, mainly anxiety, stress, and burnout, related to adaptation demands, academic pressure, and uncertainty. Finally, contextual stressors such as financial strain, housing challenges, and bureaucratic hurdles, as well as post-mobility sadness, contributed to overall vulnerability. Altogether, students' accounts portray the mobility period as both a source of personal growth and a potential challenge for mental health, highlighting the need for stronger emotional and social support mechanisms. Table 5 shows the list of the ten most frequent difficulties named by the mobile students.

When asked about possible **triggers or risk factors**, students mainly identified them in social integration difficulties, e.g., arriving alone, difficulty making "real" friends, feeling excluded or mismatched with local/other Erasmus+ groups, and a strong attachment to home (homesickness, long-distance ties). Language and culture amplify this (not being understood, different norms), creating early-stage isolation that later improves for some but persists for others. A second cluster points to housing scarcity/quality, bureaucratic opacity (late acceptances, paperwork, visas, unclear guidance), and money stress (grants insufficient, extra costs, job limits). These are framed as institutional triggers rather than personal failings ("left alone to sort it out," "slow/unclear responses," or "support promised but not delivered"). Several students describe overload and self-management strain (crashing schedules, short deadlines, multiple essays), as well as assessment mismatches and teacher/course organisation issues. Triggers include FOMO (Fear of Missing Out) vs. coursework, procrastination, and fear of presenting in a non-native language, often culminating in performance anxiety. A smaller group mentioned pre-existing or reactive vulnerabilities (anxiety, perfectionism, low self-esteem), health/trauma events (injury, illness, bereavement, break-ups), and seasonality/weather. These tend to magnify the other stressors rather than act alone. It is interesting to note that some of the aspects participants identified as triggers ("causes of the difficulties") were also mentioned in the previous question (Table 5) as

Table 5. Most Frequent Difficulties Identified by Students in the Qualitative Part of the Survey Questionnaire

Social integration & loneliness	29.5%
Language barrier/communication	20.1%
Academic/workload & exams	18.7%
Housing/accommodation	15.3%
Financial/economic strain	13.1%
Cultural adaptation/shock	12.3%
Mental health/personal vulnerability	10.4%
Time management/overwhelm	8.6%
Distance from family/homesickness	8.2%
Bureaucracy / administration / lack of support	7.4%

Table 6. Most Frequent Triggers Identified by Students in the Qualitative Part of the Survey Questionnaire

Social integration & loneliness	27.7%
Housing/accommodation	17.7%
Time management & procrastination/ overwhelm	17.7%
Cultural adjustment/shock	13.5%
Bureaucracy/administrative barriers/ visa/OLA/support gaps	11.5%
Distance from family & homesickness	11.5%
Financial strain (costs, grants, jobs)	11.2%
Academic pressure/teachers/ assessment	10.4%
Personal vulnerabilities (anxiety, perfectionism, self-esteem)	9.6%
Language barrier	7.3%

types of difficulties. Thus, they seem to function simultaneously both as standalone difficulties and as triggers for additional problems. Table 6 shows the ten most frequent triggers named by the mobile students in the open-ended questions of the survey questionnaire.

Erasmus+ mobile students also underlined several **mechanisms of coping** with the difficulties mentioned above. They tend to primarily regulate distress through social connection, frequent communication with family, partners, and peers, and shared activities with housemates. The sense of *not being alone* is mentioned frequently and is essential for emotional recovery. Physical activities such as walking, exercise, yoga, and running, as well as mindfulness practices, are used to mitigate anxiety and rumination. Regular movement and breathwork reintroduce routine and improve sleep quality. When emotional symptoms escalate, students engage in formal support such as therapy, counselling, or medication. Planning tools (schedules, to-do lists) and reflective practices (journaling, creative hobbies) enable students to regain agency, organise demands, and preserve a coherent sense of self amid uncertainty. Faith, gratitude, and acceptance (stoicism, focusing on controllables) reflect cognitive-emotional reframing processes that counter perfectionism and fear of missing out, supporting resilience. University-based supports, such as ESN activities, coordinators, mentors, and lecturers, act as relational and informational bridges, promoting inclusion and mitigating disorientation during the adjustment period.

A small subset of students mentioned relying on potentially **harmful coping strategies**, such as avoidance, substance use, or self-harm, behaviours associated with isolation and disruption.

Overall, when answering the open-ended questions, **psychologists and counsellors (n=13) as well as Erasmus+ staff (n=97)** described student mobility as enriching but demanding from a psychological perspective and highlighted the need for ongoing emotional support and coordinated institutional guidance at every stage.

1.4.1.6.3 Conclusions

To sum up, the analysis of the qualitative part of the survey questionnaires shows a **clear psychological trajectory across the mobility process, which involves anticipation, adaptation, and re-adaptation,** in which emotional vulnerability interacts with structural and contextual pressures. Students' well-being depends not only on individual resilience but also on the institutional environments that support or constrain it.

Moreover, there are variations in the **difficulties students report to psychologists across the mobility stages**. According to psychologists, before the mobility, students experience anticipatory anxiety related to fear of the loss of control and awaiting the unknown, low self-confidence, separation from familiar environments, and bureaucratic complexity. They also experience emotional and procedural tension, highlighting the need for early psychological preparation and realistic expectation-setting. During mobility, distress is associated with particular situations

and social integration. It is expressed through loneliness, homesickness, and anxiety about social integration and academic performance. Isolation, in its emotional, social, or communicative aspects, intensified by pressures to adapt culturally, academically, and linguistically, is the most common challenge, underscoring the importance of community-building and institutional scaffolding. After the mobility, students face readjustment and readaptation, often marked by loss, nostalgia, post-mobility sadness, and a sense of disconnection. Reverse culture shock, academic reintegration, and financial strain make this stage psychologically fragile, revealing the need for structured re-entry support.

Interestingly, the above-mentioned narratives reported by students themselves confirm the psychological trajectory identified by psychologists: **anticipation, adaptation, and re-adaptation**, but from a lived, affective standpoint. Their accounts highlight emotional distress, loneliness, and adaptation difficulties as the most important experiences during mobility, in line with the psychologists' emphasis on emotional vulnerability intertwined with contextual pressures. Both groups underscore that anxiety, isolation, and adjustment difficulties are not isolated issues but arise from the interaction between personal fragility and academic, linguistic, or bureaucratic challenges. The students' mention of stress from uncertainty, limited institutional scaffolding, and intercultural barriers aligns with psychologists' identification of structural and relational determinants of mental health, reinforcing that resilience alone is insufficient without supportive environments. Furthermore, the presence of low self-esteem, identity questioning, and re-entry nostalgia in students' responses resonates with psychologists' portrayal of the post-mobility phase as psychologically fragile yet under-supported. In sum, the students' qualitative data substantiate the professionals' view that mobility entails both transformation and vulnerability, requiring continuous emotional, social, and institutional support across all the stages of the mobility experience.

The **main triggers of mental health difficulties** named by the specialists (psychologists/counsellors and Erasmus+ staff) combine internal fragility with external transition stress. Personal insecurities interact with cultural distance and economic disparity, revealing that mobility-related distress arises from the interplay between individual vulnerability and environmental change. In addition, staff attributed most problems to insufficient preparation, low autonomy, and opaque institutional communication, rather than to intrinsic student fragility.

Coping mechanisms depend on social connectedness and a sense of structure. Peer and family support, institutional counselling, and self-confidence help students regulate emotions, but post-mobility coping weakens without follow-up guidance. According to staff, coping follows a pattern: students rely first on social support, then on structure and self-regulation, and finally on professional or institutional help when distress persists.

Similarly, students' narratives align closely with core lenses in clinical psychology, revealing a coping ecology that is primarily relational and behavioural. Social support systems function as the principal protective factor: frequent contact with family, friends, partners, housemates, and peer networks (e.g., ESN/buddies) buffers perceived stress, mitigates loneliness, and accelerates social integration. In parallel, self-regulation skills, including exercise, sleep hygiene, breathwork, mindfulness, journaling, structured routines, and time-management, operate as low-intensity, skills-based interventions that down-regulate physiological arousal and build perceived competence. When stress persists, students escalate to professional services (university counselling, online therapy, psychiatry, and, less commonly, medication), which provide stepped-care continuity. Meaning-making practices (faith/prayer, gratitude, acceptance/stoicism, values-based action) further support cognitive reappraisal

and emotional regulation, sustaining adaptation across all the mobility stages.

Contextual enablers and risks bracket these individual strategies. Environmental and institutional scaffolding, support from coordinators, lecturers, buddy schemes, and improved information access reduce practical barriers, clarify expectations, and promote academic and social inclusion, thereby amplifying the impact of students' own coping efforts. Conversely, a minority report maladaptive responses (alcohol/substance use, self-harm, or complete avoidance), which function as clinically relevant red flags. These patterns map directly onto a screening-brief-intervention-referral pathway: students relying on risk behaviours warrant proactive identification, low-threshold engagement, and timely linkage to formal care. Together, the mapping suggests a coherent, stepped model in which social connectedness and self-regulation form the foundation, institutional supports act as multipliers, and professional services provide escalation capacity, with systematic monitoring for early warning signs.

Professionals recommend an integrated support model based on four pillars: a) pre-departure preparation, b) mentorship and peer networks, c) accessible multilingual counselling, and d) inclusive institutional environments. In addition, staff advocated for preventive, stable measures such as early preparation and responsive, human institutional touch points throughout the mobility cycle.

However, **psychologists and staff face persistent challenges** such as students' reluctance to disclose difficulties and late help-seeking, limited institutional coordination, staff's limited time and expertise, language barriers, and stigma. Many students also suffer from pre-existing mental health issues beyond the scope of available university resources. Additional reflections emphasise prevention, personalisation, and inclusion as priorities. Early emotional profiling, mental health insurance coverage, and culturally sensitive environments are seen as key to promoting resilience and belonging. Staff members also call for normalising mental health discourse and integrating continuous psychological support into mobility programmes, shifting from reactive assistance to proactive, systemic care.

1.4.2 Focus Groups

As mentioned in section 1.4, focus groups were used as a qualitative data-gathering tool to complement the survey findings and explore in greater depth the lived experiences, support systems, and perspectives, as well as to triangulate data.

1.4.2.1 Design

The focus groups were designed as semi-structured interviews with groups of 6-8 participants guided by a facilitator. The interview questions were open-ended to account for participants' cultural differences and were chosen by the project partners after receiving the preliminary survey results. Three main criteria were used to delimit the most frequent or representative types of mental health aspects from the list included in the survey questionnaires: a) items that obtained a percentage that was higher than 10% in two levels of the same question - frequency ('*How often*') and level of severity ('*How much damage*') -, or in at least one of them; b) items that referred to high risk behaviours, regardless of the percentage, which were considered essential by the project team due to their importance and impact on the mobility students' health. In this case, these items were: suicidal tendencies, non-suicidal self-injury, and eating disorders; c) the specific nature of the cultural encounters. Thus, cultural aspects and discrimination were also included, given the mobility's multicultural nature.

Topics were common across all target groups (students, Erasmus+ staff, and psychologists/counsellors) and included items from the following categories: mental health difficulties and well-being; somatic health difficulties; behavioural difficulties and coping mechanisms; academic

stress and performance; social and relationship difficulties; and other mental health concerns. Additionally, interviews allowed participants to include suggestions for improvement. For professionals and staff, topics focused not only on observed difficulties but also on institutional challenges and best practices for supporting mobile students.

1.4.2.2 Data Collection and Participants

Participants were invited based on diversity considerations. The selection criteria ensured representation across gender identities, nationalities, cultural backgrounds, and levels of study. All project partners conducted institutional-level focus groups, resulting in a total of ten groups: five with students and five with psychologists/counsellors and Erasmus+ staff. A standardised protocol was used across all sites, which included recruitment through institutional communication channels and open calls, provision of pre-session informed consent, audio recording, and detailed note-taking based on a semi-structured interview guide and an observation sheet. Thematic analysis was applied to the transcripts, and session summaries were produced. Each session lasted approximately 60-90 minutes and was conducted either online or in a safe, inclusive, and accessible setting. The moderators were qualified as psychologists in organizing and conducting focus groups.

All focus groups adhered strictly to established ethical research principles. Participation was voluntary, and individuals were informed of their right to withdraw at any point without any negative consequences. Informed consent was obtained before participation, and anonymity and confidentiality were protected by anonymising all personal identifiers and restricting access to the data. Sensitive topics, such as mental health, well-being, and discrimination, were approached with particular care to minimise potential distress. Facilitators were briefed on inclusive language, cultural sensitivity, and trauma-informed practices to ensure respectful and supportive interactions. Data were securely stored in accordance with institutional and EU data-protection regulations and were used solely for our research and project.

1.4.2.3 Findings

1.4.2.3.1 Findings from the Students' Focus Groups

Results from students' focus groups (6-8 participants from each partner university) **indicate that students across institutions described Erasmus+ exchange as a highly ambivalent experience**, combining high enthusiasm with positive aspects (e.g., fun, memorable, rewarding, formative) and challenges of adaptation with some negative outcomes (e.g., stress, anxiety, loneliness, moments of uncertainty).

Many students mentioned **difficulties adapting to a new culture**, including language barriers, differences in mentality, diet, daily timetables, and structural differences in academic systems. Integration was often easier within the Erasmus+ community but more challenging with local students, particularly in contexts in which local students were perceived as distant or described as reserved or individualistic. Some subtle barriers were also mentioned, such as closed circles of the local students or resistance to speaking English. On the other hand, Erasmus+ "bubbles" were often mentioned, limiting local integration. Students emphasised that integration infrastructure (e.g., ESN, organised events), international friends, family, and online connections significantly influenced adaptation outcomes. Interestingly, while initial isolation was mentioned almost universally, it usually improved with time. **Other difficulties** mentioned by students were: bureaucratic and administrative barriers (e.g., missing documents,

> *"By the second or third month, I had to use my savings along with help from my family."*

delayed responses, visa or transcript-related delays), financial issues (e.g., delayed grant payments due to insufficiency of Erasmus+ funds relative to high living costs), academic adaptation challenges (e.g., mismatches between expectations and reality, disorganised schedules, differences in teaching styles, and language-of-instruction difficulties), and psychological issues (e.g., feelings of loneliness, pressure to socialise, fear of missing out).

Among **mental health difficulties**, anxiety, homesickness, and loneliness were universal across all universities. No students reported severe cases such as suicide or self-harm; however, panic attacks, depressive episodes, exam-related breakdowns, and trauma-linked anxiety or panic attacks were noted by some students. Effects on **physical health** were also widely reported, for example, sleep disturbances, fatigue, colds, eating problems, occasional weight changes, and disruption from climate or daylight-duration differences. Students also reported some **behavioural changes or unhealthy coping** because of going on mobility, such as eating fast food, sleepless nights, social withdrawal, or an overloaded schedule. **Difficulties adjusting to a new academic environment** were frequently reported; for example, differences in teaching styles, oral vs. written exams, evaluation methods, and language barriers were frequent stressors, often resulting in cognitive fatigue and concentration problems, particularly during exam periods.

Students identified multiple **perceived causes for these difficulties**, including lack of guidance or support from institutions at the outset, bureaucratic inefficiencies, financial strain, cultural or lifestyle differences, academic overload, homesickness, and separation from established support networks, personal vulnerabilities such as pre-existing mental health conditions, inefficient transport, and poor housing. Interestingly, **students reported time as an essential factor in the adjustment process**, revealing a pattern in which increased stress, anxiety, and uncertainty in the early weeks are followed by improvement as friendships and routines develop, only to rise again during the exam period. End-of-stay sadness or nostalgia was also widely reported. **Reintegration difficulties** after returning home, sometimes accompanied by depressive symptoms, were particularly noted by some students.

> *"Before going I was saying 'I'll never do this again'… but I applied for another Erasmus afterwards."*

Students also mentioned **several coping strategies and methods**, helping them to deal with challenges and preserve mental health. Coping relied heavily on peer support, family calls, ESN activities, therapy, or professional psychological support. Helpful personal strategies included physical activity, walking or sports, journalling, gratitude lists, meditation, breathing exercises, re-framing situations, socialising, creating routines, and cooking food.

As for **students' expectations regarding support and improvement**, they expressed a desire for stronger, proactive support, especially during the first weeks of mobility. Peer mentoring and alumni contact lists, structured follow-ups (UK model), well-organised services (Dutch model), the need for greater support from native students in academic matters, a centralised information platform, and more visible psychological services were mentioned most frequently. Moreover, language was identified as a critical factor: the lack of English-speaking staff and weak English among the local students/teaching staff were mentioned as major barriers. For the universities, interviewed **students recommended**: peer mentoring pools, more explicit guidance on visas and academics, improved housing support, more available home university offices, and proactive integration activities. In addition, some students urged the sending institutions to prepare students psychologically and the host institutions to ensure visibility of counselling services and integration with locals. Common **advice to**

future mobile students included: patience in the early stages, maintaining routines and family contact, proactively building support networks, practising self-care through exercise, journalling, and reframing of difficult situations, budgeting, and academic flexibility.

> *"I talked a lot with my friends here, with my parents, with my family, and I think that helped a lot. Also, I had my group of friends there and we did a lot of things together. We were always together and very attentive to each other."*

1.4.2.3.2 Findings from the Psychologists' and Staff's Focus Groups

Results from psychologists' and Erasmus+ staff focus groups (6-8 participants for each partner university) revealed that even if most students ultimately benefit from their mobility, during their time abroad, they commonly face a wide range of significant **challenges that impact their well-being and academic success.** The first weeks or months of the mobility period were consistently identified as the most challenging. During this initial phase, many students reported experiencing significant social and emotional difficulties, including feelings of disorientation, loneliness, and isolation. These experiences often led students to cluster with other international peers, which, although providing immediate support, tended to limit their opportunities for integration into the local community. These feelings are frequently accompanied by mental health issues, including anxiety and depressive symptoms, which can be exacerbated for those with pre-existing conditions, while cultural stigma can create additional barriers to seeking help. Pervasive language barriers present major obstacles, affecting daily life, academic instruction, and access to healthcare. Academically, students face disorganised timetables, unexpected mismatches in the language of instruction, and difficulties with credit transfers and reintegration upon their return. Furthermore, logistical problems are prominent, with stressful housing searches, bureaucracy, and transport issues adding to their burden, alongside other context-specific stressors like visa complications, financial constraints, and experiences of discrimination. Specialists (psychologists/counsellors and Erasmus+ staff) also reported that some students experience anxiety before departure, with improvements if the experience was positive. Others hoped mobility would alleviate pre-existing issues, but stress exacerbated them instead. Staff also noted that cultural factors shape help-seeking behaviours, and that early signs of distress may include social withdrawal or declining performance. Some staff members observed that most students returned more confident, though some became demoralised or interrupted their mobility.

Anxiety, loneliness, and depression are the most frequently reported mental **health difficulties**. According to specialists (psychologists/counsellors and Erasmus+ staff), students also experience pressure from family and academic expectations, as well as eating problems. Some severe cases were also mentioned, including suicide attempts, suicidal ideation, eating disorders, and psychotic episodes, sometimes resulting in hospitalisation. The ways in which each different entity managed these situations were different across the countries and institutions involved: some universities relied on health officers, ambulances, or direct staff intervention; others emphasised the difficulty of managing undisclosed pre-existing conditions or combined administrative flexibility with informal referrals. Some also stressed that early detection was difficult, as students often sought help only once crises escalated. Training and resource needs were evident, including culture-sensitive psychotherapy, clear referral pathways, crisis protocols, and staff training to detect early signs.

Specific details regarding the types of difficulties discussed by either psychologists, counsellors, or staff follow:

- Stress-related **physical symptoms**, such as illnesses, colds, weight loss, fatigue, headaches, loss of appetite and eating issues, and sleep disturbances. **Behavioural changes**, including social withdrawal or avoidance, self-harm, absenteeism, crying, and emotional volatility, substance use (alcohol, drugs, smoking).
- **Academic challenges** were widespread. Staff members emphasised stress in subject choice, unfamiliar teaching methods, timetable clashes, language mismatches, poor information on exams, difficulties with credit transfers, re-entry group placement, law students struggled with final-exam-only models, while humanities students faced language-related barriers, administrative confusion, misaligned semesters, early exams, and denial of English exams despite advertised listings.
- **Integration challenges** were universal, with Erasmus+ students more likely to socialise with one another than with local students. Some staff members noted that international offices often became a surrogate social outlet for isolated students.
- **Cultural differences** also created challenges, including resistance to psychological services in some cultural groups and gender-related discomfort with female psychologists. Subtle discrimination and microaggressions were also reported, alongside the multifactorial nature of adaptation, loneliness, peers, or economic conditions.

As **helpful coping strategies**, specialists mentioned routines, exercise, peer networks, and buddy/alumni schemes. Students sought support mainly from peers, family, or specialists. In some cases, however, help-seeking occurred only after problems escalated, highlighting the difficulty of early detection.

All **universities provide some form of psychological counselling or clinical service**, although access in English is limited or uneven across faculties, regions, and countries. Additional structures include career or international offices and specific training programmes such as Psychological First Aid.

Some examples of effective practices gathered through the focus groups included virtual pre-arrival academic information sessions, ESN-organised integration activities, regular screening questionnaires, alumni mentoring, buddy/mentoring schemes, and encouraging travel in small groups with former Erasmus+ contacts. In some institutions, students continue to support newcomers after graduation, while daily follow-up calls are also trialled, albeit with privacy concerns.

Key recommendations for sending/host institutions include establishing standardised procedures and clear referral pathways, strengthening buddy/mentoring schemes, developing realistic pre-departure guides, increasing visibility of psychological services for early intervention, improving scholarship transparency, ensuring up-to-date academic information and housing support, and enhancing collaboration between sending and host institutions for better student background sharing. Staff across countries also emphasise patience, availability, active listening, continuous training, and effective interdepartmental communication. Some staff members underscore the delicate balance between sufficient and excessive contact, highlighting the need for additional training to identify subtle or hidden risks.

1.5 General Conclusions

- **On a political level, the EU has recognised the importance of mental health among young people, particularly among students in higher education**. As part of its broader strategy, the EU has actively developed policies and initiatives to address mental health challenges, improve access to psychological support, and foster a supportive academic environment for students. However, **an inconsistency in how mental health is addressed across European HEIs was identified** by many sources, resulting in fragmented services and support structures. Moreover, several barriers to accessing mental health services were highlighted in the reviewed literature, including attitudinal barriers (e.g., stigma), language barriers, lack of awareness and knowledge, preferences for alternative sources, economic and structural barriers (e.g., limited availability and access to services), mistrust issues (e.g., concerns about confidentiality), and the influence of family values (e.g., concerns about family reputation). Furthermore, our literature analysis of quantitative and qualitative research articles, reviews, and political documents identified several **gaps in the research literature and other sources** related to mobile students' mental health: a) a lack of knowledge about the problems and specific needs of mobile students; b) existing studies and findings focus mainly on non-European contexts; c) a lack of knowledge about processes and specific outcomes for the different mobility stages (before, during, and after); d) limited attempts to address well-being in the context of mobility, limiting understanding of how negative and positive aspects interact in the context of mobile students' mental health; e) primary focus on the experiences and challenges faced by mobile students with limited knowledge on their practices and agency in adaptation process. Therefore, to effectively tackle mental health challenges in higher education, **a comprehensive, multifaceted strategic approach is necessary, including preventive measures, institutional strategies, and robust** policy frameworks. For such an approach, more research is needed that targets specific issues and needs of mobile students in Europe across all mobility stages, and that expands the focus beyond students' difficulties. Following these notions, the MMM project aims at filling the knowledge gap by mapping the mental health situation of mobile students, that is, their challenges, triggers and risk factors, protective factors and coping strategies, best strategies and solutions to address the mental health of Erasmus+ mobile students.
- The literature review and our findings point to the fact that **many students view international mobility as a fun, memorable, rewarding, formative experience, beneficial for personal**

and professional growth. More than two-thirds of the students who responded to the survey reported being somewhat satisfied with their lives (i.e., scoring 7 or higher on a 10-point life-satisfaction scale). Life-satisfaction scores were higher among students currently on mobility or who had already completed it, compared with those who had not yet begun their mobility period. Nevertheless, the results also show that mobility entails both transformation and vulnerability, requiring students to engage in coping efforts and continuous emotional, social, and institutional support across all stages of the experience. Existing literature and the empirical research conducted revealed that Erasmus+ **mobile students undergo significant changes and challenges related to mobility, which impact several aspects of their lives (especially during the first weeks), and not all students adjust successfully:**

- When asked to name the most important difficulties related to the mobility experience (open-ended questions), social integration and loneliness (29.5%), language barrier (20.1%), academic workload and exams (18.7%), housing (15.3%) and financial strain (13.1%) were reported most often by mobile students.
- The results of the survey questionnaire, asking to evaluate the frequency, intensity, and additional harmfulness of the 33 difficulties identified by the literature review, revealed that the most frequent, intense, and harmful difficulties across all mobility stages came from three domains: mental health, academic difficulties, and somatic health, with mental health domain at the top of all three lists. 50% of the students reported experiencing mental health difficulties (stress due to pressure) quite frequently, approximately 40% quite intensively, and approximately 30% indicated that these difficulties caused them a lot of additional harm. Therefore, these domains should be the primary target when addressing mental health issues of mobile students. More specifically, stress caused by several forms of pressure was ranked as the most frequently reported difficulty across all mobility stages. Other emotional difficulties, such as academic stress, anxiety, rumination, and depression, were among the predominant challenges in all categories and mobility stages. Cognitive fatigue and tiredness were also reported as quite frequent, intense, and harmful by many students at different mobility stages. Interestingly, students who were on mobility at the time of the study reported low self-esteem as the most frequent difficulty. The feeling of loneliness was also quite frequent and intense among students who had completed their mobility period.
- Psychologists prioritised the frequency of mobile students' difficulties in a similar way. They also identified behavioural difficulties (such as poor sleep hygiene and unhealthy eating) and academic challenges (including academic stress) as relatively common among mobile students. In addition, Erasmus+ staff perceived socio-cultural and relationship difficulties as frequent issues within this group. Notably, most Erasmus+ staff indicated that most of the difficulties listed in the survey were experienced predominantly during the mobility period, rather than before or after it, except for mental health difficulties, which were also frequently reported before the mobility.
- Through the focus groups, both mobile students and specialists (psychologists and Erasmus+ staff) identified a wide range of difficulties. In terms of mental health, anxiety, homesickness, loneliness, and depressive tendencies were most frequently reported. Participants also

mentioned more severe cases, such as panic attacks, depressive episodes, exam-related breakdowns, trauma-linked anxiety, suicidal ideation or attempts, eating disorders, and occasional psychotic episodes, some of which required hospitalisation. Physical health effects associated with mobility were also noted, including frequent illnesses or colds, headaches, sleep disturbances, fatigue, eating problems, occasional weight changes, and disruptions linked to climate or photoperiod variation. Several behavioural changes and maladaptive coping strategies were described as well, such as crying episodes, emotional volatility, self-harm, fast-food consumption, sleepless nights, absenteeism, social withdrawal, overloaded schedules, and substance use (alcohol, drugs, tobacco). Frequent difficulties adjusting to new academic environments were highlighted. Students reported stress related to subject selection, timetable clashes, credit transfer issues, differing teaching methods, unfamiliar exam formats (oral vs. written), limited information about assessments, and language barriers. These academic challenges often led to cognitive fatigue and concentration problems, particularly during examination periods.

- Many students and specialists highlighted difficulties adapting to a new culture. Mobile students were often more inclined to socialise with one another than with local students, frequently forming "Erasmus+ bubbles" that limited their integration. Overall, integration with local students was described as particularly challenging in contexts in which local students were perceived as distant, reserved, or individualistic. Subtle barriers, such as closed social circles or reluctance to speak English, were also commonly reported. Findings from the student and specialist focus groups revealed a clear psychological trajectory across the mobility process—anticipation, adaptation, and re-adaptation. Students described a common pattern in which heightened stress, anxiety, and uncertainty during the first weeks gradually eased as friendships formed and routines were established. Tension typically increased again during the exam period. Many also reported end-of-stay sadness or nostalgia, as well as reintegration challenges upon returning home, which in some cases were accompanied by depressive symptoms. These findings, together with the previously mentioned differences in life satisfaction, indicate that students should be prepared for heightened challenges during the initial weeks of their mobility. Nevertheless, the results also suggest that the intensity of certain difficulties may lessen once students settle into the mobility period, although these challenges may rise again to pre-mobility levels after returning home.
- Both the literature review and findings from the empirical study also established that several **risk factors (triggers)** play a role in making the adjustment process more challenging for mobile students:
- According to the literature review, a combination of personal (e.g., academic and future plans, personal traits), environmental (e.g., social connections, cultural and academic differences), and behavioural (e.g., coping strategies, seeking help) factors predict and define how successfully students adapt.
- Our analysis showed that the socio-demographic characteristics of mobile students, such as gender, age, stage and year of studies, scholarships, and previous mobility experience, play a role in the prevalence of the difficulties mentioned above.

- Students' cultural backgrounds and geographical distance also seem to shape their ability to engage with diversity. Some studies show that cultural distance predicts mental health outcomes; a greater cultural distance is associated with higher stress, homesickness, and behavioural changes. Our data suggest that geographical and cultural differences between home and host countries indeed play an essential role in students' adjustment to changes and mobility-related challenges: larger geographical distance is associated with a higher prevalence of difficulties; students from non-European countries experience more difficulties across all mobility stages.
- Our qualitative data show that the main triggers combine internal fragility with external transition stress: personal insecurities interact with cultural distance and economic disparity, showing that mobility-related distress results from the interaction between individual vulnerability and environmental change. Students identified several key risk factors, including a lack of institutional guidance at the beginning of their stay, bureaucratic inefficiencies, financial strain, cultural and lifestyle differences, academic overload, homesickness, separation from established support networks, personal vulnerabilities such as pre-existing mental health conditions, inefficient transport, and inadequate housing. Specialists, however, attributed most difficulties not to students' intrinsic fragility but to external factors—most notably insufficient preparation for mobility, low levels of autonomy among some students, and unclear institutional communication.
- Several **protective factors and effective coping strategies** were found to contribute to better mental health and overall well-being among mobile students.
  - The literature review identified the following protective factors: access to mental health services and academic resources, intercultural environments and attitudes, social support and interaction with peers, favourable academic context, favourable personal study context, study resources, useful personality traits (e.g., cultural and linguistic skills, resilience, spirituality, strong identity, high levels of acting with awareness, self-compassion, psychological flexibility, flexible coping styles).
  - Students reported several strategies they use to cope with the mobility-related challenges. According to our analysis, coping follows a particular pattern: students rely first on social support, then on structure and self-regulation, and finally on professional or institutional help when distress persists. The following strategies were reported:

1. Students regulate distress primarily through social connection, frequent communication with family, partners, and peers, and shared activities with housemates (e.g., cooking food). A sense of not being alone is frequently mentioned, and it is essential for emotional recovery.
2. Physical activity, such as walking, exercise, yoga, and running, is used to mitigate anxiety and rumination. Regular movement and breathwork reintroduce routine and improve sleep quality.
3. Planning tools (schedules, to-do lists, creating routines) and reflective practices (journaling, creative hobbies, gratitude lists, re-framing situations, breathing exercises, meditation and mindfulness practices), which enable students to regain agency, organise demands, and preserve a coherent sense of self amid uncertainty.
4. Faith, gratitude, and acceptance (stoicism, focusing on controllables) reflect cognitive-emotional reframing processes

that counter perfectionism and fear of missing out, supporting resilience.

5. University-based supports, such as ESN activities, coordinators, mentors, buddy/alumni/mentoring schemes, and lecturers, act as relational and informational bridges, promoting inclusion and mitigating disorientation during the adjustment period.
6. When emotional symptoms escalate, students engage formal support such as therapy, counselling, or medication. In some cases, however, help-seeking occurred only after problems escalated, highlighting the difficulty of early detection.
7. Only a small subset of students mentioned relying on potentially harmful coping strategies, such as avoidance, substance use, or self-harm, behaviours associated with isolation and disruption.

   These coping patterns map directly onto a screening-brief-intervention-referral pathway, suggesting a coherent, stepped model in which social connectedness and self-regulation form the foundation, institutional supports act as multipliers, and professional services provide escalation capacity, with systematic monitoring for early warning signs.

- The literature analysis and the empirical data suggest several **strategies and concrete solutions** to tackle the challenges and difficulties faced by mobile students:
  - First, some persistent challenges were identified during the focus groups with specialists, such as students' reluctance to disclose difficulties and late help-seeking, limited institutional coordination, staff's limited time and expertise, language barriers, and stigma. Several mobile students also suffer from pre-existing mental health issues beyond the scope of available university resources. Thus, effective referral algorithms and advocate health insurance should be part of the support model.
  - Several concrete strategies and solutions were identified during the literature review: inclusive environment and community building; institutional mental health policies; strengthening professional support services; collaboration with external organisations; implementation of digital mental health tools; awareness campaigns; prevention and early intervention programmes; promoting healthy behaviours in cultural adjustments; faculty training and support; intercultural training and adaptation programmes; peer support networks; academic support and flexible learning environments; financial and social support systems. Focus groups allowed us to identify effective practices already in place at some HEIs across Europe, such as virtual pre-arrival academic information sessions, ESN-organised integration activities, regular screening questionnaires, daily follow-up calls, alumni mentoring and buddy schemes, and encouraging travel in small groups with Erasmus+ students. Specialists also formulated several specific recommendations for HEIs, such as establishing standardised procedures and clear referral pathways, strengthening buddy/mentoring schemes, developing realistic pre-departure guides, increasing visibility of psychological services for early intervention, improving scholarship transparency, ensuring up-to-date academic information and housing support, and enhancing collaboration between the sending and host institutions for better student background sharing. Staff across countries also emphasised patience, availability, active listening, continuous training, and effective interdepartmental

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communication.

- As for students' expectations regarding support and improvement, they expressed a desire for more substantial, proactive support, especially during the first weeks of the mobility period. Peer mentoring and alumni contact lists, structured follow-ups, well-organised services, the need for greater support from local students in academic matters, a centralised information platform, and more visible psychological services were mentioned most frequently. For HEIs, the students recommended peer mentoring pools, more explicit guidance on visas and academics, improved housing support, more available home university offices, and proactive integration activities. In addition, some students urged sending institutions to prepare students psychologically and host institutions to ensure visibility of counselling services and integration with local students.
- To sum up, according to our findings, an integrated support model based on four pillars can be suggested: a) pre-departure preparation, b) mentorship and peer networks, c) accessible multilingual counselling, and d) inclusive institutional environments. In addition, mental health promotion programmes must address the factors that impact psychosocial adjustment and mental health among international students. There is also a strong need for multicultural self-awareness among mental health professionals and the development of culturally sensitive, comprehensive services tailored to international students. Finally, specialists emphasise prevention, personalisation, and inclusion as priorities and call for normalising mental health discourse and integrating continuous psychological support into mobility programmes, shifting from reactive assistance to proactive, systemic care. Early emotional profiling, mental health insurance coverage, and culturally sensitive environments are seen as key to promoting resilience and belonging.

PART 2
GUIDELINES

2.1 Introduction

The following Guidelines were built based on the summary of findings of the MMM project, reported in Part 1 of this document, as a result of a previous literature analysis and empirical data collection through survey questionnaires and focus groups conducted in three target groups, namely Erasmus+ mobile students, staff, and specialists (psychologists and counsellors). Part 2 aims to provide guidelines for Erasmus+ mobile students, staff at international offices, mental health specialists (psychologists and counsellors), and Higher Education Institutions (HEIs) on the mental health of mobile students.

These guidelines serve as a comprehensive, evidence-based resource designed with three interconnected purposes:

1. **Foundation for educational materials.** These guidelines form the cornerstone for all educational materials, the online platform, workshops, etc., to be developed, ensuring consistency and quality across all project outputs.
2. **Europe-wide dissemination resource.** This document is designed for distribution across European HEIs to key stakeholders, including:
    - Mobile students (incoming and outgoing).
    - Psychologists and counsellors.
    - International Relations offices and mobility coordinators.
    - HEIs administrators and policymakers.
3. **Strategic planning of mental health support.** These guidelines provide HEIs with practical frameworks for developing institutional strategies to prevent mental health issues among Erasmus+ mobile students, moving beyond reactive approaches to proactive, systemic support.

The MMM project guidelines serve to understand, identify, and prevent challenges of the Erasmus+ mobile students' mental health. Specifically, they have four specific objectives. First, these guidelines aim to provide insights into the specific mental health difficulties faced by mobile students, including triggers/risk factors, protective factors, and coping mechanisms. Second, they help to identify existing gaps in support services. Third, they offer strategic directions for prevention, early intervention, and support. Finally, they emphasise proactive approaches that create supportive environments before crises emerge.

Ultimately, the guidelines proposed prioritise a practical, action-oriented approach. They suggest frameworks that can be adapted to the institutional context to develop a strategy and make it accessible to professionals across multiple roles in HEIs. Additionally, by providing evidence-based insights, the MMM guidelines contribute to a broader vision: a European higher education area in which **students' mobility is not only academically enriching but also psychologically supportive**. Through collective effort, HEIs can ensure that mobile students thrive academically, socially, and emotionally during their international experiences.

The following sections provide detailed guidance on understanding, identifying, and preventing mental health issues among Erasmus+ mobile students, with specific directions tailored to different stakeholder groups within HEIs.

2.2 Guidelines for Students, Specialists, and Higher Education Institutions Regarding Mobile Students' Mental Health

Overall, the MMM project identifies mobility as a sequence of psychologically sensitive transitions that require preventive and management actions tailored to each stage. Targeted interventions before, during, and after the mobility are essential to improve students' well-being and overall mobility experiences. This section summarises the key findings that underpin these conclusions and outlines their practical implications for students, support staff, and institutions.

Key Findings:

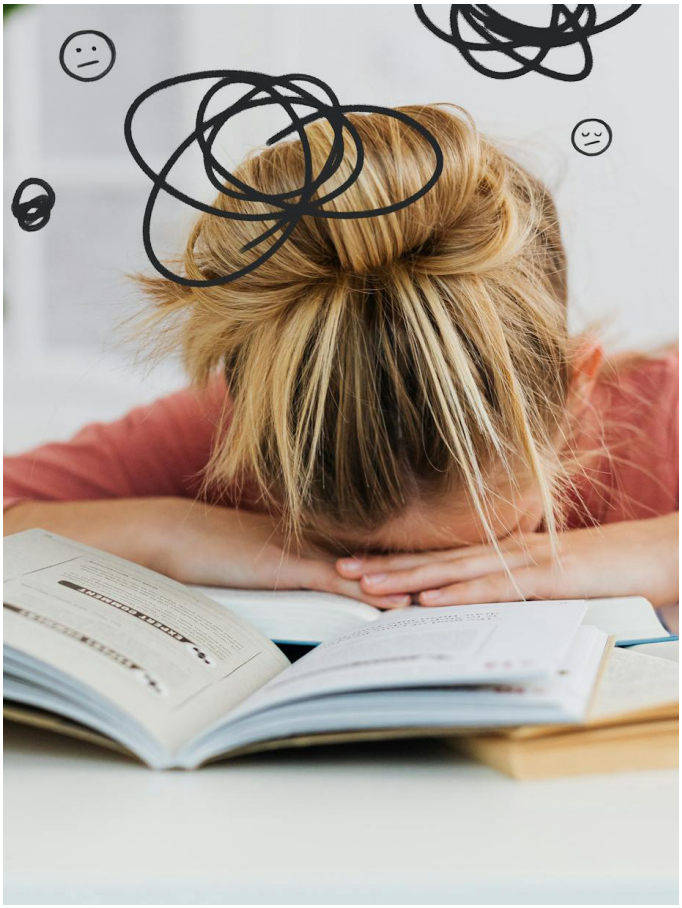
- **Mobile students experience multiple and intense difficulties** across all stages of mobility, especially in the domains of mental health, academic demands, and somatic well-being. Stress, anxiety, tiredness, rumination, cognitive fatigue, and loneliness were consistently identified by students, psychologists, and Erasmus+ staff as the most frequent and intense difficulties.
- **Additional common difficulties** include social integration problems, academic challenges, language barriers, and unhealthy behaviours.
- **These difficulties are closely linked to a range of triggers**, such as:
  - Social integration problems, exclusion, cultural and language barriers, homesickness.
  - Poor or scarce housing.
  - Bureaucratic delays or unclear procedures.
  - Financial strain.
  - Academic overload, assessment mismatches, and fear of presenting in a non-native language.
  - Personal vulnerabilities (e.g., anxiety, perfectionism, low self-esteem), traumatic events, and seasonality.
- **Stress related to social, academic, or financial pressure** was identified across all mobility stages (before, during, after) as the most harmful difficulty.
- **Gender differences** were observed: women experienced more difficulties across all stages and higher cognitive stress.
- **Non-European and culturally distant students** reported greater social and cultural challenges, including discrimination,

acculturation stress, intensified loneliness, and economic difficulties.

- **Socio-cultural difficulties vary by mobility stage**, tending to be more intense before departure and after return, and somewhat less intense during the stay abroad.
- **Students and specialists reported a wide range of coping mechanisms**, including social support (family, friends, housemates, ESN), physical activity, mindfulness, journalling, creative hobbies, planning tools, routines, and—when needed—professional psychological support. Specialists highlighted the value of routines, exercise, peer networks, and buddy/alumni schemes, while noting that early detection of difficulties remains a challenge.

Implications and Recommended Actions:

- **Prioritise early identification**, using psychological self-assessment tools that can help students detect emotional, academic, or social difficulties before they escalate.
- **Give special attention to stress management,** as stress related to social, academic, or financial pressure is the most harmful difficulty across all mobility stages.
- **Promote self-awareness and early help-seeking**, especially for women, who experience higher levels of difficulty. Students should be encouraged to:
  - Monitor their emotional well-being.
  - Respond to early signs of stress or anxiety.
  - Contact university psychologists or support services promptly.
  - Consult international coordinators when stress arises from administrative issues.
- **Support non-European and culturally distant students** by:
  - Normalising culture-shock and acculturation symptoms.
  - Connecting them with others who share similar experiences.
  - Encouraging cultural preparation (local norms, communication styles, academic expectations).
  - Clarifying financial expectations (scholarships, cost of living, extra expenses).
  - Promoting early use of university support, especially when experiencing severe anxiety or depressive thoughts.



- **Establish support networks at each mobility stage** (before the mobility, during the mobility, and after the mobility) to match the changing nature of socio-cultural and emotional difficulties. Coping strategies and guidance should be adapted to the specific needs of each stage.
- **Integrate effective coping strategies into support programmes**, such as social support systems, routines, exercise, peer networks, mindfulness tools, and buddy/alumni schemes.

2.2.1 Guidelines for Mobile Students (Incoming and Outgoing)

2.2.1.1 Main Difficulties

Before the mobility

- Recognise that emotional difficulties (stress, anxiety, tiredness, rumination, cognitive fatigue and loneliness) are normal responses to upcoming mobility.
- Recognise and understand that mental health difficulties before the mobility are common and may be higher than the actual difficulties during the mobility period. You should also expect difficulties upon returning (reverse culture shock).
- Prepare students psychologically for mobility: learn and practice stress and anxiety management techniques (e.g., breathing exercises, mindfulness, progressive muscle relaxation, etc.) and develop a personal stress management coping strategies toolkit. Also, prepare by creating realistic plans for budgeting, academic load, and social expectations.
- Contact former mobile students to normalise feelings about the upcoming change. Seek psychological help early if difficulties become overwhelming.
- Contact the International Office to clarify academic requirements, financial support, opportunities, etc.

During the mobility

- Be aware that low self-esteem is common during the mobility due to unfamiliar environments and cultural changes, among other aspects.
- Tiredness and cognitive fatigue are reported by many mobile students, therefore prioritise sleep and breaks. Establish daily routines that include anxiety and stress reduction activities.
- Meet up with friends/family regularly to overcome homesickness and/or join student groups or activities to reduce loneliness.
- Contact academic advisors for help when studying requirements become unclear or difficult to manage.
- Recognise early signs of anxiety or stress and seek professional psychological help early if difficulties become overwhelming. Do not hesitate to contact counselling services, especially, if anxiety, rumination, or cognitive fatigue become persistent.

After the mobility

- Returning home can cause renewed academic and social pressure; therefore, it takes time to adjust.
- Loneliness after returning is common, you need to re-establish routines and keep in contact with friends from the mobility to ease the transition, especially for bachelor students, as the results revealed that this group experiences socio-cultural difficulties more intensely after mobility.
- Seek opportunities to integrate experiences (e.g., presentations, mentoring other students in/pre-mobility, etc.).

2.2.1.2 Main Triggers and Risk Factors

- Keep in mind that there are several triggers or risk factors that can affect your mental health. To reduce them make sure you participate in several activities, strengthen personal resources through personal development, and seek help and information.
- Make sure you balance your study periods with your leisure time. For that you should set clear boundaries between study and rest and take breaks while studying to reduce fatigue and stress.

2.2.1.3 Protective Factors and Coping Strategies

- Strengthen social support by actively maintaining contact with family and friends, especially at the beginning of the mobility period. Also, engage in joint activities and participate in buddy programmes and other integration activities to reduce loneliness and find new friends.
- Incorporate physical activity and sports into daily routine, as regular activities (walking, yoga, running, or other sports) to help reduce anxiety and improve sleep. Regular breathing exercises and mindfulness practices also support emotional stability.
- Use planning and self-reflection methods, such as to-do lists, weekly plans, and structured daily schedule tools, to maintain a sense of control. Journalling and creative activities are also effective.
- Seek help earlier, not only in a crisis: contact therapists, psychologists, doctors when emotional symptoms begin to interfere with daily life, do not wait until they become difficult to manage. Before the mobility, you should familiarise yourself with the university's psychological support system, especially if you receive such support before the mobility, too.
- Use cognitive reframing strategies. Practice gratitude and acceptance and focus on what you can control. Reduce perfectionism, low self-esteem and fear of missing out.
- Prepare for mobility realistically, i.e., get familiarised with the country's culture, administrative requirements, accommodation conditions, academic requirements of the host institution, and participate in pre-arrival or pre-mobility events organised by the university (host and/or sending).

2.2.2 Guidelines for Psychologists and Counsellors

2.2.2.1 Main Difficulties

Preparation

- Support services should apply a three-stage mental health support model: interventions to address issues related to difficulties before the mobility, during the mobility, and after the mobility, recognising that more attention needs to be paid before and after the mobility (allocate more resources).
- Specialists should develop and use mobility-specific mental health protocols, integrating different types of mobility-related difficulties (mental health, somatic, behavioural, academic, relationship, social, and cultural) into their assessment frameworks and/or service protocols.
- Service providers should prepare plans for interventions, acknowledging that emotional difficulties, such as stress, anxiety, and loneliness, occur at high rates. Services should, therefore, reflect and respond to these prevalence levels.
- Students from very distant countries (physically and culturally) should be considered as a higher risk group. The possible level of discrimination and isolation must be assessed.

Expansion of services

- As psychologists and staff emphasised, services should ensure culturally sensitive psychological support and accessible multilingual counselling that match the needs of mobile students. It is also essential to avoid misinterpretations (e.g., students' behaviour in a horizontal collectivist culture should not be interpreted as closedness).
- Focus on the topic of "reverse cultural shock" by counselling students on the psychological dynamics of returning home (e.g., disorientation, misfit of expectations, and identity changes) and helping them normalise their experiences and reduce anxiety.
- It is crucial to ensure collaborative monitoring systems. Cooperation between psychologists and International Relations Offices allows them to receive timely information on at-risk students or those reporting significant emotional challenges abroad. In fact, psychologists and staff reported that they face persistent challenges such as students' reluctance to disclose difficulties and late help-seeking.
- Prioritise anxiety and stress management as core competencies in providing services for mobile students.
- Screen all mobile students for anxiety, stress, and rumination at intake, because early emotional profiling was reported as one of the keys to promoting resilience and belonging.

Preventive interventions

- Offer pre-mobility workshops on emotional preparation, anxiety, and stress management (e.g., breathing techniques, cognitive restructuring, etc.) and provide psychoeducation on the difference between ordinary adjustment to stress and clinical symptoms.
- Develop specialised group interventions for common difficulties (anxiety management, homesickness, or loneliness support groups, among others) or emotional support groups for students from culturally similar or contrasting regions. A sense of community reduces loneliness. Also, reintegration groups, especially for bachelor students, allow them to share their experiences and not feel alone. As reported, bachelor's students experience more intense socio-cultural difficulties after the mobility (e.g., return shock, reintegration problems, cultural disorientation, and disruption of social relations).
- In cooperation with other specialists, develop online resources accessible at all times (e.g., videos, topics, podcasts, guided meditations, self-help modules, etc.) by proposing content for these materials.

2.2.2.2 Main Triggers and Risk Factors

- The most frequent triggers named by mobile students are loneliness, intercultural barriers, social anxiety, and cognitive load, among other aspects should be considered. Students must be encouraged to participate in activities to reduce loneliness as well as develop time management strategies to help reduce cognitive load.
- Discuss with students stress and strategies related to long-distance relationships.

2.2.2.3 Protective Factors and Coping Strategies

- Integrate the used coping strategies of mobility students into the support, including topics such as social support, routine building, and physical activity, and also support reflection, mindfulness, and breathing techniques.
- Encourage self-regulation and structured planning by teaching time management, goal setting, and setting priorities. Offer individualised action plans to help maintain psychological well-being.
- Collaborate with international relations staff to ensure that students are provided with clear referral guidelines between institutions.
- Participate in training and improve professional qualifications on intercultural challenges to better identify risk factors of mobile students.
- Develop culturally sensitive interventions that consider cultural differences in help-seeking, stigma, or family roles, and use methods that support students' identity stability during times of change.

2.2.3 Guidelines for International Relations Offices and Mobility Coordinators

2.2.3.1 Main Difficulties

Before the mobility

- Integrate mental health preparation into pre-departure orientation sessions, particularly for students undertaking mobility for the first time, as survey results show that first-time participants report greater mental health difficulties than those with previous mobility experience. Integrate intercultural-preparedness training and tailor interventions to students' level of study, as bachelor's students typically have less intercultural experience and, therefore, require more psychoeducation in this area. Provide students with differentiated information for each mobility stage, acknowledging that challenges peak before and after the mobility.
- Create peer mentoring schemes/programmes and share testimonials from former mobility students about managing anxiety and stress. Provide realistic expectations about the emotional challenges of mobilities.
- Prepare specific guides for mobility students from non-European countries: social norms, communication etiquette, cultural differences, basic legal information, discrimination prevention, and postvention.
- Provide a draft with the current housing and living costs in order to help students plan the financial aspects of the mobility. Being informed means being prepared and reduces the stress.
- Offer insurance that covers mental health services if the existing insurance does not cover them (especially for students from non-EU countries).
- Initiate and distribute resources and programmes for stress and anxiety management to mobile students.

During the mobility

- Maintain contact with counselling services, academic advisors, and peer-support programmes to create a coordinated support system for students who experience difficulties.
- Ensure continuous communication and support services throughout the mobility cycle to avoid gaps in the transition from one stage to another. Contact students at high-risk periods (i.e., at the beginning of the mobility period, especially during the first weeks, and before their return). Maintain clear communication and respond quickly to reduce anxiety due to uncertainty.
- Ensure that orientation activities, cultural events, networking systems, and other events are systematically embedded into mobility programmes to reduce homesickness and loneliness. Organise social integration activities, especially at the beginning of the mobility period.
- Provide information about local mental health services in accessible formats (e.g., by collaborating with the host institution or offering remote psychological consultations from the sending organisation).
- Provide immediate support when students experience racism or other types of discrimination. Clearly communicate the incident reporting procedure and guarantees of anonymity

After the mobility

- Before returning from the mobility, the home university should provide clear information about reintegration (especially for bachelor's students) and prepare short guides about what to expect upon return: emotional reactions, relationship changes, academic requirements, cultural reintegration shock, etc.
- Ensure that all returned students have access to reintegration resources such as reflective sessions, peer support networks, etc., given that emotional difficulties increase after returning.
- Organise post-mobility activities or offer re-entry programmes addressing reverse culture shock and readjustment stress.

- Incorporate structured feedback after the mobility and reflection processes to assess emotional well-being and identify stress or anxiety, because mobile students often experience repeated changes at HEIs or living environments. Assessment helps tailor support to ease these transitions.
- Create platforms for returned students to share experiences and stay connected or provide other opportunities to share mobility experiences with other students; this strengthens identity and gives meaning.
- Provide mentoring for returning students. More intensive mentoring is recommended for undergraduate students than for master's students.

2.2.3.2 Main Triggers and Risk Factors

- As staff attributed most problems to insufficient preparation, low autonomy, and opaque institutional communication rather than intrinsic student fragility, it is essential to encourage regular communication between students, teachers, staff and mobility coordinators.
- A buddy system with clear commitments (regular meetings and social tasks), mixed groups with local students rather than just Erasmus+ "bubbles", and other similar measures could help reduce feelings of isolation as well as social integration & loneliness triggers.
- To reduce housing and accommodation triggers, sign agreements with reliable housing providers, guarantee accommodation for at least the first week of the mobility period, provide realistic price limits, and prevent fraud.
- Time management and procrastination/ overwhelm triggers can be addressed by coordinating course schedules (so that everything does not happen at once) and clearly communicating deadlines and requirements to mobility students.
- Bureaucracy, administrative difficulties, and visa-related triggers could be reduced by transparent processes, deadlines, and responsibilities (e.g., a single contact person for all the questions and clear step-by-step guides).
- Many risk factors frequently overlap (e.g., financial strain, loneliness, language barriers, and high stress), which means that a comprehensive, integrated approach is required. As a result, complex, multi-layered solutions are more effective than isolated, individual interventions.

2.2.3.3 Protective Factors and Coping Strategies

- Strengthen buddy, mentoring, and alumni schemes (e.g., ensure that every incoming student has a buddy contact). Involve alumni as information bridges, especially in the pre-arrival stage. Encourage group trips or activities with former Erasmus+ students.
- Create realistic pre-departure guides with clear academic, cultural, and practical information on accommodation, scholarships, documents, and studies. Make sure you organise pre-arrival sessions to reduce uncertainty, because clarity reduces anxiety and creates a sense of security.
- Strengthen regular and varied integrative activities (e.g., sports, cultural or academic activities).
- Collect systematic feedback from non-European students on discrimination and barriers to cultural adaptation.
- Improve cooperation between sending and host institutions by sharing student needs, creating standard support provisions and procedural maps.
- Learn to recognise subtle signs of risk by organising training on hidden risks, anxiety, social withdrawal, behavioural changes, etc.

2.2.4 Guidelines for Higher Education Institutions Administrators and Policymakers

Institutional policy:

- Develop and implement an integrated mental health promotion strategy that includes preventive measures, institutional interventions, and clear policies. Mental health aspects should be integrated, recognising that anxiety and stress are constant challenges across all mobility stages.
- Evaluate and improve social policies by integrating students' mental health provisions into HEIs' strategic documents. Policies should support accessibility and inclusivity to ensure that all mobile students have equal access to mental health support, accounting for linguistic, cultural, financial, and other barriers.
- Promote and ensure systemic support at the institutional level by strengthening international relations, student support services, and faculty and administration collaboration. Include mental health support as a criterion in partner institution selection.
- Increase the visibility of psychological services. Ensure easy access to psychologists and counsellors. Actively communicate about support options before, during, and after the mobility. Adopt unified procedures/ protocols across departments for identifying and responding to mobility-related psychological difficulties.

Resource allocation:

- Allocate resources for comprehensive and psychologically supportive mobility to ensure funding and staffing for counselling services, peer support initiatives, mental health monitoring, and preventive interventions.
- Invest in staff training and support by providing ongoing professional development for teachers and administrative personnel on mobility-related mental health challenges. Training should include intercultural communication, intercultural psychology, recognition of risk signs, active listening, psychological crisis management, and specialised programmes such as Psychological First Aid. Psychological knowledge and intercultural competence training for staff would help reduce triggers and enable faster responses to the difficulties faced by mobile students.
- Creating culturally friendly HEIs spaces, as spaces where students can meet other students who have had similar experiences, would help reduce homesickness.
- Develop standardised procedures and clear referral systems: develop referral guidelines for mobile students and ensure fast response to psychological problems and crises. Develop a crisis management protocol for mobile students, especially those who are far from home.
- In general, increase the availability of psychological support at HEIs and improve the availability of psychological support in English.

References

Briley, D. A., & Wyer, R. S., Jr. (2001). Transitory determinants of values and decisions: The utility (or nonutility) of individualism and collectivism in understanding cultural differences. Social Cognition, 19(3), 197–227.
https://doi.org/10.1521/soco.19.3.197.21474

Deuchar, A. (2022). The problem with international students' 'experiences' and the promise of their practices: Reanimating research about international students in higher education. British Educational Research Journal, 48, 504–518.
https://doi.org/10.1002/berj.3779

Greenspoon, P. J., & Saklofske, D. H. (2001). Toward an integration of subjective well-being and psychopathology. Social Indicators Research, 54, 81–108.
https://doi.org/10.1023/A:1007219227883

Keyes, C. L. M. (2003). Complete mental health: An agenda for the 21st century. In C. L. M. Keyes & J. Haidt (Eds.), Flourishing: Positive psychology and the life well-lived (pp. 293–312). American Psychological Association.
https://doi.org/10.1037/10594-013

Magalhães, E. (2024). Dual-factor Models of Mental Health: A Systematic Review of Empirical Evidence. Psychosocial Intervention, 33(2), 89 - 102.
https://doi.org/10.5093/pi2024a6

Mesidor, J. K., & Sly, K. F. (2016). Factors that contribute to the adjustment of international students. Journal of International Students, 6(1), 262–282.
https://doi.org/10.32674/jis.v6i1.569

Roy, A., Newman, A., Ellenberger, T., & Pyman, A. (2018). Outcomes of international student mobility programs: A systematic review and agenda for future research. Studies in Higher Education, 44(9), 1630–1644.
https://doi.org/10.1080/03075079.2018.1458222

Suldo, S. M., & Shaffer, E. J. (2008). Looking beyond psychopathology: The dual-factor model of mental health in youth. School Psychology Review, 37, 52–68.
https://www.researchgate.net/publication/228656864

Triandis, H. C. (2006). Cultural Intelligence in Organizations. Group & Organization Management, 31(1), 20-26.
https://doi.org/10.1177/1059601105275253

Xie, L., & Xu, Y. (2024). A systematic review on the factors affecting Chinese international students' mental health. International Journal of the Advancement of Counselling, 46, 343–368.
https://doi.org/10.1007/s10447-024-09542-7

Appendices

Appendix 1.1 Students Experiencing Different Frequency of Difficulties Across Different Mobility Stages

Q1: "How often do/did you experience the following difficulties?"

Domains of the difficulties	Items	Before the mobility (n=100)			During the mobility (n=296)			After the mobility (n=279)		
		Not at all or rarely	Sometimes	Very often or constantly	Not at all or rarely	Sometimes	Very often or constantly	Not at all or rarely	Sometimes	Very often or constantly
Mental health	Anxiety	22%	40%	38%	29%	34%	37%	27%	34%	39%
	Panic attack	83%	13%	4%	89%	7%	4%	83%	12%	9%
	Depression	59%	23%	18%	64%	22%	14%	58%	24%	18%
	Suicidal tendencies	92%	7%	1%	94%	3%	2%	92%	4%	4%
	Rumination	47%	25%	28%	49%	22%	19%	50%	21%	29%
	Stress due to social, academic or financial pressure	22%	28%	50%	24%	32%	44%	24%	29%	47%
	Loneliness	59%	17%	24%	48%	26%	26%	43%	27%	29%
	Homesickness	62%	22%	16%	56%	27%	17%	53%	25%	22%
	Helplessness	57%	21%	22%	70%	17%	13%	63%	21%	16%
	Low self-esteem	58%	23%	19%	60%	18%	22%	25%	18%	19%
	Low quality of life	68%	18%	14%	78%	17%	6%	69%	19%	9%
	Low well-being	65%	25%	10%	71%	19%	10%	66%	23%	11%

Domains of the difficulties	Items	Before the mobility (n=100)			During the mobility (n=296)			After the mobility (n=279)		
Somatic health	Tiredness	28%	36%	36%	32%	34%	33%	31%	35%	34%
	Sleep disturbances	62%	22%	16%	55%	26%	19%	60%	20%	20%
	Headaches	68%	20%	12%	70%	20%	10%	69%	18%	13%
	Food digestion problems	75%	17%	8%	78%	11%	11%	75%	15%	10%
	Eating disorders	74%	11%	15%	81%	13%	7%	81%	9%	9%
	Non-suicidal self-injury	94%	3%	3%	96%	2%	2%	95%	2%	3%
Behaviour	Low physical activity	66%	22%	12%	61%	24%	16%	57%	24%	18%
	Unhealthy eating	55%	29%	16%	47%	27%	16%	55%	25%	20%
	Poor sleep hygiene	77%	11%	12%	77%	16%	11%	76%	14%	11%
	Sexual risk behaviour	99%	0%	1%	84%	5%	1%	93%	6%	1%
	Binge drinking	96%	3%	1%	82%	10%	8%	80%	9%	11%
Academic	Academic stress	25%	30%	45%	31%	35%	35%	28%	30%	42%
	Cognitive fatigue, difficulty concentrating	47%	25%	28%	42%	27%	31%	47%	25%	28%
Relationship	Interpersonal relationship issues	70%	19%	11%	53%	22%	15%	68%	19%	13%
	Isolation	68%	24%	8%	66%	17%	16%	68%	15%	17%
Social and cultural	Perceived discrimination	79%	11%	10%	86%	11%	4%	85%	9%	6%
	Acculturation stress	87%	11%	2%	81%	13%	6%	79%	13%	8%
	Economic issues	50%	29%	21%	65%	23%	12%	63%	23%	13%

Domains of the difficulties	Items	Before the mobility (n=100)			During the mobility (n=296)			After the mobility (n=279)		
Abuse, violence	Verbal or non-verbal abuse	92%	5%	3%	95%	4%	1%	94%	4%	2%
	Bullying or cyberbullying	95%	3%	2%	98%	1.7%	0.3%	98%	1%	1%
	Sexual violence	97%	1%	2%	98%	2%	0%	98%	1%	1%

Appendix 1.2 Students Experiencing Different Intensity of Difficulties Across Various Mobility Stages

Q2: "How strong/intense are/were these difficulties for you?"

Domains of the difficulties	Items	Before the mobility (n=100)			During the mobility (n=296)			After the mobility (n=279)		
		Not at all or slightly	Sometimes	Strong or extremely strong	Not at all or slightly	Sometimes	Strong or extremely strong	Not at all or slightly	Sometimes	Strong or extremely strong
Mental health	Anxiety	26%	41%	33%	34%	41%	26%	30%	39%	31%
	Panic attack	80%%	17%	13%	74%	16%	10%	63%	22%	15%
	Depression	56%	25%	19%	62%	18%	21%	52%	23%	26%
	Suicidal tendencies	91%	5%	4%	93%	4%	3%	91%	5%	4%
	Rumination	51%	22%	27%	54%	23%	23%	50%	24%	26%
	Stress due to social, academic or financial pressure	24%	36%	40%	30%	34%	36%	29%	28%	43%
	Loneliness	53%	21%	25%	55%	23%	22%	46%	22%	33%
	Homesickness	62%	20%	18%	64%	23%	14%	57%	23%	20%
	Helplessness	56%	25%	19%	68%	17%	15%	55%	17%	18%
	Low self-esteem	59%	19%	22%	62%	19%	19%	59%	24%	17%
	Low quality of life	67%	15%	18%	81%	15%	4%	73%	15%	12%
	Low well-being	65%	22%	13%	745	17%	10%	69%	18%	13%

Domains of the difficulties	Items	Before the mobility (n=100)			During the mobility (n=296)			After the mobility (n=279)		
Somatic health	Tiredness	39%	35%	26%	45%	33%	22%	41%	33%	26%
	Sleep disturbances	63%	22%	15%	51%	22%	16%	60%	20%	20%
	Headaches	71%	15%	14%	72%	20%	8%	69%	17%	14%
	Food digestion problems	78%	14%	8%	80%	10%	11%	77%	12%	11%
	Eating disorders	78%	8%	14%	81%	14%	5%	84%	5%	11%
	Non-suicidal self-injury	93%	2%	5%	95%	2%	3%	96%	2%	2%
Behaviour	Low physical activity	73%	12%	15%	70%	15%	15%	66%	18%	17%
	Unhealthy eating	71%	17%	12%	72%	18%	10%	62%	22%	16%
	Poor sleep hygiene	80%	11%	9%	77%	16%	7%	79%	12%	9%
	Sexual risk behaviour	96%	2%	2%	96%	3%	1%	93%	4%	3%
	Binge drinking	95%	3%	2%	88%	6%	5%	83%	9%	8%
Academic	Academic stress	32%	29%	39%	39%	31%	30%	32%	30%	38%
	Cognitive fatigue, difficulty concentrating	53%	18%	29%	49%	26%	25%	52%	23%	25%
Relationship	Interpersonal relationship issues	70%	18%	12%	66%	17%	17%	69%	18%	13%
	Isolation	76%	14%	10%	72%	17%	11%	70%	13%	17%
Social and cultural	Perceived discrimination	78%	11%	11%	87%	7%	5%	84%	8%	8%
	Acculturation stress	87%	11%	2%	81%	13%	6%	79%	13%	8%
	Economic issues	49%	29%	22%	70%	18%	12%	65%	22%	13%

Domains of the difficulties	Items	Before the mobility (n=100)			During the mobility (n=296)			After the mobility (n=279)		
Abuse, violence	Verbal or non-verbal abuse	87%	6%	7%	92%	5%	3%	92%	4%	4%
	Bullying or cyberbullying	91%	5%	4%	97%	2%	1%	97%	2%	1%
	Sexual violence	97%	1%	2%	98%	2%	0%	98%	1%	1%

Appendix 1.3 Students with Additional Harmfulness Due to Difficulties Across Different Mobility Stages

Q3: How much trouble/displeasure/damage does/did each of these difficulties cause?"

Domains of the difficulties	Items	Before the mobility (n=100)			During the mobility (n=296)			After the mobility (n=279)		
		Not at all or a little	Sometimes	Quite a lot or extremely	Not at all or a little	Sometimes	Quite a lot or extremely	Not at all or a little	Sometimes	Quite a lot or extremely
Mental health	Anxiety	42%	37%	21%	51%	27%	22%	41%	34%	23%
	Panic attack	69%	22%	9%	75%	16%	9%	65%	19%	16%
	Depression	61%	20%	19%	66%	17%	17%	57%	24%	19%
	Suicidal tendencies	89%	6%	5%	95%	2%	3%	92%	4%	4%
	Rumination	57%	16%	27%	62%	20%	18%	53%	27%	20%
	Stress due to social, academic or financial pressure	36%	28%	36%	39%	31%	30%	38%	29%	32%
	Loneliness	58%	24%	18%	62%	21%	16%	53%	25%	21%
	Homesickness	70%	20%	10%	75%	14%	11%	67%	17%	15%
	Helplessness	65%	19%	16%	73%	15%	12%	70%	16%	14%
	Low self-esteem	65%	17%	18%	66%	19%	15%	65%	19%	16%
	Low quality of life	66%	19%	15%	81%	15%	4%	77%	13%	10%
	Low well-being	72%	19%	9%	76%	16%	8%	73%	15%	12%

Domains of the difficulties	Items	Before the mobility (n=100)			During the mobility (n=296)			After the mobility (n=279)		
Somatic health	Tiredness	44%	36%	20%	54%	27%	19%	51%	27%	22%
	Sleep disturbances	65%	19%	16%	68%	18%	14%	62%	20%	18%
	Headaches	75%	11%	14%	74%	16%	10%	70%	17%	13%
	Food digestion problems	78%	16%	6%	81%	9%	11%	79%	12%	9%
	Eating disorders	79%	7%	14%	83%	11%	6%	84%	7%	9%
	Non-suicidal self-injury	94%	2%	4%	96%	2%	2%	96%	2%	2%
Behaviour	Low physical activity	77%	8%	15%	71%	16%	13%	68%	18%	14%
	Unhealthy eating	71%	17%	12%	74%	14%	12%	68%	16%	16%
	Poor sleep hygiene	83%	9%	8%	79%	13%	8%	78%	11%	10%
	Sexual risk behaviour	97%	3%	0%	97%	2%	1%	94%	5%	1%
	Binge drinking	95%	4%	1%	91%	5%	4%	87%	7%	6%
Academic	Academic stress	37%	30%	33%	45%	30%	25%	38%	30%	32%
	Cognitive fatigue, difficulty concentrating	56%	18%	26%	52%	22%	26%	54%	21%	25%
Relationship	Interpersonal relationship issues	75%	14%	11%	68%	16%	16%	70%	16%	14%
	Isolation	81%	11%	8%	74%	16%	10%	72%	14%	14%
Social and cultural	Perceived discrimination	82%	9%	9%	88%	6%	6%	86%	7%	6%
	Acculturation stress	91%	7%	2%	86%	10%	4%	84%	10%	6%
	Economic issues	60%	21%	19%	70%	19%	11%	67%	18%	14%

Domains of the difficulties	Items	Before the mobility (n=100)			During the mobility (n=296)			After the mobility (n=279)		
Abuse, violence	Verbal or non-verbal abuse	88%	6%	6%	93%	4%	3%	93%	3%	4%
	Bullying or cyberbullying	94%	3%	3%	97%	2%	1%	97%	2%	1%
	Sexual violence	97%	2%	1%	96%	2%	2%	98%	1%	1%

Appendix 1.4 Most Frequent Difficulties from the Psychologists' Perspective

Rank	Domains of the difficulties	Items	Never or rarely	Sometimes	Very often or constantly
I	Mental health	Stress due to social, academic or financial pressure	7.7%	23.1%	69.3%
II		Anxiety	0%	38.5%	61.5%
III		Loneliness	15.4%	23.1%	61.5%
IV		Low self-esteem	23.1%	30.8%	46.2%
V		Rumination	30.9%	38.5%	38.5%
VI		Homesickness	30.8%	38.5%	30.8%
I	Somatic difficulties	Tiredness	23.1%	30.8%	46.2%
II		Sleep disturbances	23.1%	53.8%	23.1%
III		Low physical activity	38.5%	46.2%	15.4%
IV		Headaches	46.2%	46.2%	7.7%
V		Food digestion problems	61.5%	23.1%	15.4%
VI		Eating disorders	69.3%	23.1%	7.7%
VII		Non-suicidal self-injury	69.3%	23.1%	7.7%

Rank	Domains of the difficulties	Items	Never or rarely	Sometimes	Very often or constantly
I	Behavioural difficulties	Poor sleep hygiene	46.2%	15.4%	38.5%
II		Unhealthy eating	38.5%	30.8%	30.8%
I	Academic difficulties	Academic stress	30.4%	38.5%	30.8%
II		Cognitive fatigue	46.2%	46.2%	7.7%
I	Relationship difficulties	Interpersonal relationship issues	46.2%	53.8%	-
II		Isolation	53.9%	46.2%	-
I	Social and cultural differences	Economic issues	53.9%	38.5%	7.7%

Appendix 1.5 Most Frequent Difficulties Observed by the Erasmus+ Staff and Coordinators

Rank	Domain	Never or rarely	Sometimes	Very often or constantly	Before	During	After
1	Academic difficulties	24.8%	54.6%	20.6%	16%	78.4%	23.7%
4	Social and cultural difficulties	37.4%	32%	20.6%	3.1%	85.6%	5.2%
2	Relationship difficulties	45.3%	43.3%	11.3%	3.1%	83.5%	16.5%
3	Mental health	54.6%	35.1%	10.3%	46.4%	69.1%	6.2%
5	Somatic health	66%	29.9%	4.1%	26.8%	70.1%	2.1%

Mobile Minds in Motion

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