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EMERGING SERVICES FOR EMERGING ADULTS. CHALLENGES AND LESSONS FROM BULGARIA'S FIRST UNIVERSITY CENTER FOR COUNSELLING AND RESEARCH

Camellia Hancheva
Sofia University "St. Kliment Ohridski" (Bulgaria)
Daniel Bosilkov
University of Veliko Turnovo "St. Cyril and St. Methdodius" (Bulgaria)

Abstract. The present article examines the establishment, functioning, and development of the University Center for Psychological Counselling and Research within the broader context of contemporary student mental health challenges. Drawing on descriptive service data, clinical experience, and international and European policy frameworks, the paper explores the typology and frequency of counselling requests, client characteristics, and the counselling model adopted by the Center. The majority of service users are self-referred students in emerging adulthood, presenting predominantly with affective distress, low academic motivation, self-esteem difficulties, interpersonal problems, and sleep- and eating-related concerns. The Center's counselling approach integrates structured, time-limited, and evidence-based protocols adapted to the local socio-cultural context, informed by established models of brief intervention. The COVID-19 pandemic is examined as a defining zeitgeist that shaped both the demand for psychological support and the rapid integration of online counselling modalities. Findings are discussed in relation to current trends in university mental health services and European Union priorities emphasizing prevention, accessibility, digital innovation, and equity. The article concludes by outlining implications for the development of university counselling centers in Bulgaria, underscoring their role as essential institutional structures supporting student well-being, academic success, and long-term psychosocial development.

Keywords: university counsellin; student mental health; emerging adulthood; COVID-19 zeitgeist; case formulation; supervision and intervision

Introduction

University counselling centers emerged in the early twentieth century as part of broader student services focused on academic advising, socially-emotional maturity,

and vocational guidance, shaped by the mental hygiene movement and early psychological testing (LaFollette, 2009). Following World War II and the expansion of higher education under the G.I. Bill, universities increasingly institutionalized counselling services to address students' psychological adjustment, trauma, and personal development. From the 1960s onward, these services underwent further professionalization and diversification, responding to social change, identity-related concerns, and the growing demand for psychotherapy and mental health support within higher education (Hodges, 2016). Today, university counselling services are widely recognized as vital for student well-being, academic persistence, and personal development.

Despite this international trajectory, university-based psychological services remain unevenly developed across regions. In Bulgaria, as in other post-socialist and transitional contexts, institutional support for student mental health has historically been limited, constrained by financial resources, organizational inertia, and persistent cultural stigmas surrounding psychological distress. Against this background, the establishment of Bulgaria's first University Center for Psychological Counselling and Research represents a significant institutional and cultural milestone. This paper presents an in-depth analysis of the Center's first five years of operation, examining its development, challenges, and evolving role in responding to the mental health needs of emerging adults within a complex socio-cultural context (Christova, 2007; Hancheva & Karabelyova, 2024).

The Center was founded in response to a growing demand for accessible psychological support within the university community, particularly around concerns characteristic of emerging adulthood, such as academic stress, identity formation, relational difficulties, social anxiety, and career uncertainty (Arnett, 2014; Christova & Djorgova, 2019). From the very beginning, the Center's mission extended beyond individual counselling to include psychoeducational initiatives, faculty training, and research on student mental health. At the same time, the process of building this pioneering service was marked by significant obstacles, including resistance to institutional change, scarcity of resources, and the challenge of adapting Western-informed counselling models to local cultural meanings, expectations, and systemic realities.

A condensed metaphorical representation of the Bulgarian socio-cultural context can be found in the film *The World Is Big and Salvation Lurks Around the Corner* (dir. S. Komandarev, 2008). The film captures tensions between "Western influence" and local strivings, intergenerational transmission of resilience, identity integration during emerging adulthood, and the sustaining power of intergenerational solidarity. Particularly resonant for the present work is the film's central metaphor of the game – both as backgammon and as the game of life – evoking not only strategy and chance, but also playfulness, spontaneity, and creativity as vital human capacities. These ideas strongly inform the vision of the Center, which emphasizes

that psychological resources and adaptive capacities are not merely repaired but actively revealed, cultivated, and nurtured within relational contexts.

The establishment of the first University Center for Psychological Counselling and Research in Bulgaria thus aimed to create a safe and supportive environment in which students, university staff, and their relatives could explore personal difficulties, develop effective coping strategies, and enhance their overall quality of life. Within the academic context, the Center seeks to provide comprehensive, culturally sensitive, and accessible psychological services, grounded in an understanding of counselling as both a therapeutic and a developmental process.

The mission adopted by the Center foregrounds personal development, psychological resilience, and flexibility, alongside academic and professional achievement. It is rooted in the belief that psychological counselling supports individuals in assuming responsibility for the course of their lives, working through challenges, building meaningful relationships, and realizing their potential. Central to this mission is a broader societal objective: contributing to a shift in attitudes toward mental health difficulties, fostering a culture in which seeking psychological help is not stigmatized but recognized as a sign of maturity, self-honesty, advanced self-reflection, and the capacity to trust another person in moments of vulnerability. The university is thus envisioned as a space in which mental well-being is actively valued and systematically supported.

From this perspective, investments in the mental health and psychological development of young people represent a crucial form of human capital in contemporary society.

"May You Live in Interesting Times": The COVID-19 Pandemic as a Contemporary Zeitgeist

The early years of the Center's development coincided with what may be described as a defining zeitgeist of the contemporary era: the COVID-19 pandemic. Major historical events leave enduring imprints on collective experience and social organization and are often conceptualized through the notion of zeitgeist, or the "spirit of the time." As a heuristic concept, zeitgeist refers to patterns of meaningful practices that characterize a particular historical period, connect different domains of social life, and extend across social groups and geographical contexts (Krause, 2019).

The COVID-19 pandemic – sometimes metaphorically captured by the so-called "Chinese curse" of living in "interesting times" (Badola et al., 2021) – was marked by a pervasive sense of global crisis, shared vulnerability, and rapid, externally imposed adaptation. Lockdowns, physical distancing measures, and public health regulations profoundly reshaped everyday life, disrupting educational, professional, and relational structures. Even after the gradual lifting of restrictions, the period following the pandemic has been widely described as a "new normal," characterized by altered work practices, transformed patterns of social interaction, re-evaluated

values, and a persistent sense of uncertainty regarding future stability (Hancheva, 2024; Selvam et al., 2024).

The psychological consequences of this period were substantial. According to the World Health Organization, the global prevalence of anxiety and depressive disorders increased by approximately 25% during the pandemic (Kupcova et al., 2023). A growing body of research documents a wide range of psychological effects, including heightened fear, generalized anxiety, depressive symptoms, loneliness associated with social isolation, and the exacerbation of pre-existing mental health conditions (Alqahtani et al., 2022; Ivbijaro et al., 2020; Best et al., 2023). Behavioral changes – such as disrupted sleep patterns, altered eating habits, reduced physical activity, and increased screen time – further reflected the depth and persistence of the pandemic's impact on individual and collective functioning.

University students were among the populations most profoundly affected by these developments. International research consistently indicates elevated levels of stress, psychological distress, anxiety, and depression among students during the COVID-19 crisis, alongside exceptionally high rates of insomnia, obsessive–compulsive symptoms, and suicidal ideation (Zarowski et al., 2024). Empirical data from Bulgaria confirm similar trends within the local student population, underscoring the relevance of these global findings for the national context (Hristova & Karastoyanov, 2021). For students in the developmental phase of emerging adulthood, the pandemic intensified existing challenges related to identity formation, autonomy, relational stability, and future orientation.

The role of mental health professionals in addressing the psychosocial consequences of pandemics and large-scale societal disruptions had been discussed even prior to COVID-19. Established intervention frameworks and professional guidelines already outlined ways in which psychological organizations could contribute to mitigating long-term adverse effects of such crises (Cooper & Ratele, 2014; Barbarin et al., 2021). Within the specific conditions of the COVID-19 zeitgeist, these frameworks gained renewed urgency, shaping professional responses that emphasized the necessity of timely, accessible, and active psychological support. At the local level, this response materialized in the establishment of the University Center for Psychological Counselling and Research at Sofia University "St. Kliment Ohridski."

From the outset, professionals working at the Center recognized that interventions limited to bereavement support or the cognitive reframing of stressors – while undoubtedly valuable – would reach only a restricted segment of those in need if delivered exclusively through traditional face-to-face formats. The pandemic context thus imposed a rapid confrontation with the limitations of established service models and required a rethinking of how psychological support could be organized, accessed, and sustained under conditions of uncertainty and restriction.

An additional objective of the Center during this period was to address broader psychosocial dynamics associated with the pandemic, including fatigue, misinformation, and public skepticism, while simultaneously promoting acceptance of evidence-based public health measures (Gutiérrez et al., 2021). In this sense, psychological intervention extended beyond individual symptom relief to encompass psychoeducational and societal functions, positioning the Center as both a clinical and a community-oriented institution.

Challenges and opportunities of digitalization of relational processes

The restrictions imposed by physical distancing further complicated the provision of psychological support. Paradoxically, however, the COVID-19 crisis accelerated the development and normalization of a modality that had previously evolved only gradually – online counselling. Defined as therapeutic intervention conducted in cyberspace between trained professionals and clients through digital communication technologies (Richards & Viganó, 2013), online counselling rapidly became not only a preferred option but, in many cases, the only viable form of psychological support during the pandemic. A substantial body of empirical evidence now supports the feasibility and effectiveness of digital mental health interventions, including their positive impact on anxiety and depressive symptoms among university students (Navarro et al., 2019; Madrid-Cagigal et al., 2025).

These developments created the conditions for a fundamental shift in how psychological services within higher education are conceptualized—setting the stage for the next challenge: integrating digital forms of care in ways that are attuned to the developmental, relational, and experiential realities of a generation of digitally native emerging adults (Wyatt, 2022).

The COVID-19 pandemic thus functioned not only as a crisis but as a moment of challenge that exposed and accelerated ongoing contemporary processes of digitalization in psychological care. For a generation of digitally native students, whose relational worlds are already deeply embedded in online environments, the rapid transition to digitally mediated counselling did not simply represent a technical adjustment but a transformation of the therapeutic frame itself. Digital platforms became the primary sites where help-seeking, emotional disclosure, and relational attunement could occur, reshaping expectations of accessibility, immediacy, and continuity of support. At the same time, this shift challenged traditional assumptions about presence, embodiment, and therapeutic boundaries, requiring counselling services to integrate digital modalities in ways that preserved relational depth while responding to the lived realities of contemporary student life. For the University Center for Psychological Counselling and Research, the task was not merely to transfer existing practices online, but to actively reconfigure services so that digital environments could function as psychologically meaningful spaces—capable of fostering alliance, containment, and developmental support for emerging adults navigating uncertainty in both virtual and offline worlds.

Prerequisites and Core Principles of Psychological Counselling for University Students

Even if the profound impact of the COVID-19 pandemic is momentarily set aside, there are already strong and well-established grounds for the provision of psychological counselling and support within university settings. From a developmental perspective, the majority of university students fall within the life stage of emerging adulthood, a period characterized by heightened psychological complexity, instability, and vulnerability (Arnett, 2014; Christova, 2007). This developmental phase is marked by ongoing identity exploration and frequent role transitions, which place substantial demands on psychological resources.

During emerging adulthood, key developmental tasks originating in adolescence often remain unresolved, including the consolidation of a coherent personal identity encompassing professional orientation, values, ideals, and belief systems. At the same time, individuals are confronted with the developmental challenges of early adulthood, such as establishing intimate relationships, achieving autonomy, and making consequential educational and vocational decisions (Hancheva & Karabeliova, 2024). The coexistence of unresolved adolescent tasks and emerging adult responsibilities creates a heightened risk for psychological distress, emotional dysregulation, and maladaptive coping.

Within this context, psychological counselling serves a crucial developmental and preventive function. Counselling provides a structured, supportive environment in which emerging adults can explore identity-related concerns, manage stress and uncertainty, and develop adaptive coping strategies. Empirical evidence demonstrates that psychological counselling contributes to the prevention and management of anxiety, depressive symptoms, and adjustment difficulties, while simultaneously fostering self-esteem, resilience, and psychological flexibility (Crugnola et al., 2021; Nice et al., 2024). Importantly, counselling supports not only symptom reduction but also the acquisition of essential life skills that facilitate a more stable and integrated transition into adulthood.

The necessity of accessible psychological counselling services for university students is further underscored by epidemiological data. According to the World Health Organization, approximately 35% of first-year university students worldwide screen positive for at least one mental disorder (Auerbach et al., 2018). Although the regulatory framework governing the University Center for Psychological Counselling and Research specifies that students presenting with clear psychiatric conditions should be referred to specialized psychiatric or psychotherapeutic services, such conditions are not always identifiable during initial screening. Consequently, university counselling centers frequently encounter students with undiagnosed, emerging, or subclinical psychiatric difficulties.

In practice, this reality necessitates the provision of psychological support to students presenting with complex and overlapping clinical profiles. Even when

operating within a predominantly crisis-oriented model, the Center aims to offer a safe, containing, and non-stigmatizing environment in which distress, anxiety, and depressive symptoms can be acknowledged and regulated. Such interventions are intended not only to alleviate immediate psychological suffering but also to enhance academic functioning, interpersonal capacities, and long-term adaptive potential (Caldarelli et al., 2024).

A particularly critical dimension of student mental health concerns relates to suicidality. Meta-analytic data indicate that over 20% of university students report suicidal ideation, while approximately 16% report at least one suicide attempt (Mortier et al., 2018; Alabi, 2022). These figures underscore the severity and prevalence of suicidal risk within student populations. National data from Bulgaria reveal comparable patterns, with approximately 22% of adolescents reporting suicidal ideation and 7% endorsing current suicidal thoughts (Kalchev, 2011). Further evidence comes from an original two-stage study conducted by the team of the University Center for Psychological Counselling and Research, involving 1,201 participants aged 18 – 55 years ($M = 24.2$, $SD = 6.8$) from over 30 Bulgarian universities. The findings indicated that 17.2% of respondents had contemplated suicide, more than 10% reported planning suicide, engaging in self-harm, or participating in high-risk behaviors, and 7% reported one or more suicide attempts.

Taken together, the developmental vulnerabilities inherent in emerging adulthood, the high prevalence of psychological distress and mental health disorders, and the alarming rates of suicidal ideation and behavior among students provide compelling justification for the integration of structured psychological counselling services within higher education institutions. These needs have been further intensified by the long-term psychological consequences of the COVID-19 pandemic, including sustained elevations in stress, anxiety, perceived instability, and declines in subjective well-being (Zarowski et al., 2024).

Within this complex clinical and developmental landscape, university counselling services must be guided by a set of core principles that ensure ethical, effective, and responsive care. Central among these is the principle of confidentiality, which establishes trust and safety within the therapeutic relationship, subject only to clearly defined ethical and legal exceptions. Accessibility constitutes another foundational principle, requiring that services be affordable, inclusive, and responsive to the diverse needs of the student population, including international students, students with disabilities, and individuals from varied cultural and socioeconomic backgrounds.

Respect for diversity and inclusion is integral to ethical practice, necessitating cultural sensitivity and reflexivity on the part of counselors. After COVID-19 another overwhelming socio-political processes (Ukranian refugee waves, incl. special quota of university students) presented an emergency and new

challenge for the Center (detailed description in Hancheva & Karabelyova, 2024). Counselling services are guided by a student-centered approach, which prioritizes the unique experiences, goals, and resources of each individual, fostering agency and active participation in the therapeutic process. Evidence-based practice remains a core standard, ensuring that interventions are grounded in scientifically validated methods and adapted to the specific challenges faced by university students.

Ethical integrity, professional competence, and adherence to established professional codes underpin all aspects of counselling practice. In addition, university counselling services increasingly adopt a holistic perspective, recognizing the interdependence of psychological well-being with academic performance, physical health, social relationships, and institutional context. Crisis intervention capabilities are essential, particularly in light of the elevated prevalence of suicidal ideation and acute distress within student populations.

Finally, contemporary university counselling services extend beyond individual intervention to include prevention, outreach, and psychoeducation. Through workshops, awareness campaigns, and collaboration with other university structures, counselling centers contribute to a broader culture of mental health promotion. Continuous evaluation, feedback, and interdisciplinary collaboration further ensure that services remain responsive to evolving student needs.

Within this framework, psychological counselling in the university context emerges not as an auxiliary service, but as an essential institutional function—one that supports individual development, safeguards well-being, and enhances the human capital of emerging adults navigating an increasingly complex and uncertain world.

Development of a Structured Counselling Protocol: Adaptation of Established Models to the Local Context

In response to the developmental, clinical, and institutional challenges outlined above, the University Center for Psychological Counselling and Research developed a structured counselling protocol aligned with established practices in psychological counselling and student support services, while simultaneously adapting these practices to the specific socio-cultural and organizational realities of the Bulgarian university context. The protocol was informed by contemporary models of university counselling, particularly brief and staged intervention frameworks, but was intentionally modified to ensure cultural sensitivity, institutional feasibility, and ethical accessibility (Cerolini et al., 2023; Rababa et al., 2022).

The counselling process adopted by the Center is structured, time-limited, and goal-oriented, reflecting both international best practices and the practical constraints of a public university setting. Similar to the Cardiff Model of university

counselling, which centers on a staged therapeutic consultation followed by brief follow-up and short-term counselling when necessary, the Center's protocol emphasizes clarity of structure, equality of access, and efficient use of limited resources (Cowley, & Groves, 2016). However, unlike a direct transfer of this model, the protocol was adapted to accommodate local expectations regarding the counselling relationship, patterns of help-seeking, and the relatively low familiarity with psychological services within the broader Bulgarian cultural context.

The Cardiff Model's emphasis on a single extended therapeutic consultation, typically lasting 90 minutes and incorporating Solution-Focused Brief Therapy (SFBT) techniques, served as an important conceptual reference point. In this model, counselors work collaboratively with clients to identify strengths, resources, and concrete strategies for change, with the explicit assumption that meaningful change may occur even within a single session (Berg & De Shazer, 1993). A brief follow-up appointment several weeks later allows for evaluation of progress and determination of the need for further support, with additional sessions offered only when clinically indicated. This approach reflects both economic realities and a commitment to equitable access to services.

Building on these principles, the Center adopted a similarly staged and time-limited framework but expanded its clinical flexibility. While solution-focused techniques are frequently employed – particularly during initial consultations – the protocol allows counselors to draw on their core theoretical orientations, including psychodynamic, systemic, and integrative approaches, when brief ongoing counselling is required. This modification reflects both the heterogeneity of student presentations and the clinical judgment that certain developmental, relational, or trauma-related difficulties cannot be adequately addressed through a purely solution-focused lens.

A central organizing element of the Center's protocol is the structured clinical interview, which remains the primary tool for establishing a therapeutic alliance, gathering comprehensive client information, assessing mental state, and formulating intervention goals. Consistent with both classical and contemporary counselling theory, the interview is understood as a structured yet flexible professional encounter that enables nuanced understanding of the client's subjective experience while supporting movement toward psychological growth and resilience (Osborn et al., 2023). Particular attention is paid to the student's developmental context, relational environment, and academic pressures, which are frequently intertwined with presenting symptoms.

The use of a structured protocol serves several essential functions. First, it promotes evidence-based practice by providing empirically grounded guidelines for assessment and intervention selection, while avoiding rigid standardization that would undermine clinical responsiveness (Kendall & Frank, 2018). Second, it reduces the cognitive and emotional burden on practitioners working in high-demand settings, supporting consistency and clinical containment. Third, it enhances the

quality and reliability of supervision by offering a transparent and systematic record of the counselling process, including clinical reasoning, emotional responses, and decision-making trajectories (McIntyre, 2002).

To this end, the Center developed a locally tailored protocol format designed to support systematic case formulation and reflective practice. The protocol is divided into three interrelated sections: (a) pre-consultation information, including referral context and initial hypotheses; (b) information from the consultation session, encompassing client narratives, observed dynamics, and preliminary formulations; and (c) post-consultation reflections, which document clinical impressions, emotional counter-responses, ethical considerations, and planned interventions (see Table 1). This tripartite structure ensures that the protocol functions not merely as administrative documentation, but as an active clinical and supervisory tool.

In summary, the counselling protocol implemented at the University Center for Psychological Counselling and Research represents a deliberate synthesis of internationally recognized models of brief university counselling – such as the Cardiff Model – and locally grounded adaptations responsive to socio-cultural norms, institutional constraints, and student needs in Bulgaria. By balancing structure with flexibility, and efficiency with relational depth, the protocol aims to provide accessible, ethically sound, and developmentally informed psychological support for emerging adults within higher education.

Case Formulation Protocol

Section	Content
Before the Consultation Session	
Client's Name	
Date of Birth / Age	
Place of Residence	
Profession / Specialty	
Initial Request	
Date of First Consultation	

Section	Content
Hypotheses / Goals Before the Session	
Information from the Consultation Session	
Demographic Information	Ethnic/racial background; religious orientation; relationship status; children; education; employment status; previous experience with therapy/counselling, others
Current Problems and Their Onset	Main complaints and the client's ideas about their origin; history of the problems and previous treatment; reasons for seeking therapy at this time
Personal History	Place of birth; primary caregivers; number of children in the family and birth order; relocations; parents and siblings (history and relationship with the client); presence of family pathology
Infancy and Early Childhood	Whether the child was wanted; history of the name; developmental milestones; early problems; separation from parents; nightmares; earliest memories
Latency Period	Separation from parents; school problems; illnesses; losses; cruelty toward animals/people; peer relationships; experienced violence; school adjustment; early vocational plans
Adolescence / Youth	Sexual exploration and maturation; academic and social functioning; self-destructive behaviors (substance use, self-harm, etc.); suicidal ideation or attempts; illnesses; relocations; choice of field of study; satisfaction; relationships; work
Adulthood	Vocational orientation; relationship status; satisfaction; hobbies; talents; pleasures; areas of pride and fulfillment; ambitions in 5, 10, or more years
After the Consultation Session	
Client's Attitude Toward the Consultation / Consultant	Initial attitudes; changes over time
Consultant's Attitude Toward the Client	Initial impressions; changes during the session (if any); attitude at the end of the session
Important Moments During the Interview	Surprising disclosures; sudden mood shifts; avoidance of topics or people; reactions to interpretations and comments
Significant Symptoms	Key symptoms and clinically relevant features from the client's history

Section	Content
Conceptualization of the Conflict(s)	Predisposing factors; precipitating factors; maintaining factors
Post-Session Hypotheses	
Additional Impressions of the Consultant	Sensations, thoughts, countertransference, and reflections
Client's Strengths and Vulnerabilities	
Brief Case Formulation (Vignette)	Concise narrative summary of the client's situation
Prognosis	

In the *Before the Consultation Session* section of the protocol, the consultant is required to complete basic client information, including name, date of birth, profession or field of study, and the initial request that prompted the client to seek counselling. Based on this limited yet essential information, the consultant formulates several preliminary hypotheses regarding the client's concerns and defines initial goals for the first session.

The formulation of preliminary hypotheses plays a critical role in the counselling process, as it functions as a conceptual roadmap that guides intervention selection, supports progress monitoring, and promotes a focused, objective, and evidence-based understanding of the client's difficulties (Jacinto et al., 2018). Rather than collecting information in an unstructured manner, a working hypothesis allows the counselor to direct the initial interview toward targeted questions that can confirm or disconfirm initial assumptions about the nature and origins of the client's problems (Burger et al., 2022).

Typically, the formulation of at least three preliminary hypotheses is conceptualized as providing the client with multiple interpretative "openings" rather than a fixed diagnostic position. It is essential that counselors maintain awareness that all preliminary hypotheses may later prove inaccurate – an attitude aligned with the therapeutic stance of "not knowing" and the professional capacity to tolerate uncertainty, sometimes described as the "pleasure of being wrong" (Anderson & Goolishian, 1992).

During the consultation process, the counselor systematically gathers information across several core domains of the client's life: demographic characteristics, current problems and their onset, personal history, and developmental history from infancy through adulthood. The protocol is intentionally designed to allow flexibility, enabling counselors to adapt its use according to their theoretical orientation or professional paradigm (e.g., psychodynamic, behavioral, client-centered).

Demographic data typically include information such as name, gender, ethnic and racial background, religious orientation, relationship and parental status, educational attainment, employment status, and previous experience with psychotherapy, counselling, or other forms of psychological or psychosocial support. The collection of demographic information is a critical component of counselling practice, as it enables counselors to understand clients' unique social and cultural contexts and to provide individualized, equitable, and culturally responsive care, moving beyond standardized, one-size-fits-all approaches (Moreira et al., 2023).

Following the collection of demographic data, the counselor proceeds to the collaborative "construction of the client" (Buttny, 1996) by focusing on the client's current difficulties and their onset, often introduced through the question, *"What brings you here today?"* At this stage, the counselor explores the client's primary complaints and their own understanding of the origins of these difficulties. This moment provides an important opportunity to compare the client's in-session narrative with the initial request submitted via the online platform. Such comparisons often reveal discrepancies, as initial requests tend to be brief, surface-level descriptions (e.g., "I am stressed" or "I have relationship problems"). The first session allows for exploratory dialogue that clarifies the nature, scope, and complexity of the presenting concerns. Clients frequently present with an immediately distressing symptom, while the counselling process facilitates connections between this symptom and deeper underlying issues, personal history, and recurring behavioral or relational patterns – the so-called "actual problem" (Kleiven et al., 2020).

One of the most critical questions addressed during the initial session concerns the reasons for seeking psychological support at the present moment. While the COVID-19 zeitgeist has often acted as a triggering context, university students seek counselling for a wide range of reasons. Research indicates that students commonly request psychological support when facing overwhelming academic stress, social challenges (e.g., loneliness or relationship difficulties), and emotional distress such as persistent sadness, anxiety, or loss of interest. Help-seeking is frequently delayed until symptoms significantly impair daily functioning, sleep, appetite, or lead to thoughts of self-harm. Common triggers include academic pressure, financial difficulties, homesickness, relationship conflicts, and challenges associated with newly acquired independence (Hyseni Duraku et al., 2023).

Exploration of the client's personal history aims to develop a deeper contextual understanding of their life circumstances, including place of birth and upbringing, number of siblings and birth order, and information about parents, grandparents, and other significant relatives. This exploration typically includes both objective data (e.g., whether family members are alive, their age, health status, and occupation) and subjective data, such as perceived personality traits and the client's experience of relational dynamics (McWilliams, 2011). The client's subjective narrative of their

family system is particularly valuable, as it provides insight into relational patterns, belief systems, and multigenerational influences relevant to case formulation and potential intervention (Nichols & Schwartz, 2007).

A particularly important aspect of personal history assessment involves identifying the presence of family pathology, not limited solely to psychiatric diagnoses. Many mental health conditions, including depression, bipolar disorder, and anxiety disorders, have a hereditary component (Saroca & Sargent, 2022). Knowledge of family mental and medical history allows counselors to consider potential genetic vulnerabilities and formulate more nuanced hypotheses. At the same time, contextualizing family history enables clients to better understand their own dysfunctional patterns within a broader systemic and intergenerational framework.

Attention to developmental history – from infancy through adulthood – further enriches case formulation. Information regarding early experiences such as whether the child was wanted, the origin of the client's name, early separations, transition difficulties, losses, or exposure to violence may offer valuable insights, even though such topics are sensitive and should be approached with clinical judgment and discretion.

Adolescence represents a particularly critical developmental period. During this stage, individuals may experience academic difficulties, challenges in social integration, self-destructive behaviors (e.g., substance use or self-harm), and processes of sexual exploration and maturation. For many individuals, adolescence is also the first period in which suicidal ideation or attempts emerge. Although some of these experiences may be developmentally normative, adolescents are especially vulnerable to perceiving problems as overwhelming and to adopting "all-or-nothing" solutions (Stoep et al., 2009). Understanding which experiences were perceived as most distressing and how the individual coped provides essential information regarding coping strategies, resilience, and potential triggers for maladaptive behavior.

Considering the challenges inherent in emerging adulthood, counselors are encouraged to explore domains directly related to adult functioning, including vocational orientation, relationship status, areas of pride and fulfillment, as well as ambitions and aspirations. A key developmental perspective in university counselling involves identifying how current difficulties may be linked to earlier traumatic experiences. For example, research indicates that individuals who experienced bullying or victimization during childhood often exhibit poorer psychological health in emerging adulthood, including heightened rates of depression, anxiety, social avoidance, identity disturbances, and suicidal ideation (Lidberg et al., 2022).

An essential component of psychological support provided by the Center involves the counselor's work following the session. Post-session elaborative

activity – often conducted between sessions – plays a vital role in the therapeutic process. Countertransference, in particular, is a central factor in this reflective work. Empirical findings suggest that higher intensity of countertransference experiences is associated with increased time spent by therapists in post-session reflection and elaboration (Bei et al., 2025). This underscores the notion that post-session work is frequently driven by powerful and inevitable emotional responses inherent in therapeutic encounters (Tishby, 2022).

In the *After the Consultation Session* section of the protocol, counselors are encouraged to document reflections on their own experiences, including initial impressions, shifts during the session, and attitudes at the session's conclusion, as well as observations of the client's reactions. This includes noting surprising disclosures, sudden mood changes, avoidance of specific topics or individuals, and responses to interpretations or interventions. Additional reflections – such as bodily sensations, emotional responses, and emerging thoughts – are documented to support awareness and understanding of countertransference processes.

Counselors are further encouraged to identify the client's strengths and vulnerabilities and to formulate a preliminary prognosis. The overarching goal of the protocol is to facilitate a coherent case formulation, conceptualized as a "map" that explains the origins, triggers, and maintaining factors of the client's difficulties, supports shared understanding between counselor and client, guides intervention planning, and enhances therapeutic outcomes (Gazzillo et al., 2021).

Counselling is not limited to direct clinical action. Supervision constitutes a fundamental professional process through which experienced supervisors guide counselors to ensure client welfare, ethical practice, and professional development. Through case review, skills evaluation, and reflective dialogue, supervision enhances counselors' competence, self-awareness, and adherence to best practices (Kabir, 2017).

In addition to supervision, the University Center for Psychological Counselling and Research at Sofia University provides structured opportunities for intervision. Intervision is a peer-led reflective practice in which professionals meet in a confidential and supportive environment to discuss cases, broaden perspectives, and promote professional growth. Research highlights several key functions of intervision, including enhanced self-reflection, expanded professional perspectives, development of specific competencies, and reinforcement of ethical and safe practice (Staempfli & Fairtlough, 2019; Jorissen et al., 2024).

Typology and Frequency of Counselling Requests

An important dimension in evaluating the functioning, relevance, and clinical orientation of the University Center for Psychological Counselling and Research concerns the typology and frequency of counselling requests. Systematic analysis of incoming requests offers valuable insight into the psychological needs of the

university population, the prevailing stressors embedded within the academic environment, and the broader developmental and socio-cultural dynamics shaping students' experiences.

The Center operates primarily on the basis of self-referral, indicating a population that actively recognizes psychological distress or developmental challenges and seeks professional support within the academic context. The vast majority of service users are students (95%), while a smaller proportion (5%) consists of university staff, including administrative personnel and academic lecturers. This distribution underscores the central role of the Center in supporting student mental health, while also highlighting its broader function as a psychological resource within the university community.

The age profile of student clients reveals a pronounced concentration in the developmental phase of emerging adulthood. Specifically, 15.4% of clients are aged 18 – 19 years, 68.3% fall within the 20 – 24 age range, and 2.4% are aged 25 – 29 years, resulting in approximately 86% of student clients being classified as emerging adults. As already mentioned, this life stage is widely associated with heightened psychological vulnerability, ongoing identity exploration, relational instability, and increased academic and vocational pressure – factors that are clearly reflected in the content of counselling requests, confirming croscultural validity of characteristics of the newly formulated developmental stage (Arnett, 2014).

Across both structured intake data and clinical presentations, the most frequent category of counselling requests pertains to *emotional distress*. Affective difficulties, including low mood, heightened negative affect, emotional exhaustion, and difficulties with emotional regulation, are reported by 75% of clients. These concerns are often linked to academic overload, performance anxiety, fear of failure, and challenges in managing competing demands. Closely related to this domain are *motivational difficulties*, with 64.3% of students reporting low academic motivation, frequently accompanied by procrastination, concentration problems, and exam-related anxiety.

A second prominent cluster of presenting concerns involves *self-related and relational difficulties*. Low self-esteem is endorsed by 58.5% of clients, indicating pervasive struggles with self-worth, self-evaluation, and perceived competence. Communication difficulties are reported by 42.6% of students, suggesting challenges in interpersonal functioning, emotional expression, and conflict negotiation. These relational difficulties often extend to romantic relationships, breakups, unreciprocated attachment, conflicts with peers, and strained family relationships. Feelings of loneliness and social isolation are frequently embedded within these narratives, particularly during transitional periods such as the beginning of the academic year.

Concerns related to *daily functioning and self-regulation* are also prominent. Sleep problems are reported by 30.7% of clients, reflecting disruptions in circadian

rhythms that are commonly associated with academic stress, emotional distress, and increased screen time. Eating-related concerns are present in 21% of cases, highlighting difficulties with body image, emotional regulation through food, and self-control – issues that often intersect with broader affective and self-esteem problems.

Beyond the pre-formulated intake categories, open-ended responses reveal a wide and heterogeneous range of subjective concerns. Students frequently articulate difficulties related to parental relationships and family dynamics, intimate partnerships, friendships, experiences of loss, anxiety, depressive symptoms, and dissatisfaction with body image. These narratives emphasize that students often frame their distress in relational, situational, and meaning-oriented terms rather than through diagnostic labels. As such, the counselling center functions not merely as a site for symptom reduction, but as a space for working through developmental, relational, and existential challenges characteristic of emerging adulthood.

Although less frequent, the Center also receives requests involving *more severe psychological difficulties*, including symptoms suggestive of mood and anxiety disorders, trauma-related distress, self-harming behaviors, and suicidal ideation. In such cases, the counselling process typically includes crisis-oriented interventions, careful risk assessment, and coordination with external psychiatric or psychotherapeutic services when clinically indicated. Importantly, a subset of these cases is not identifiable during initial screening, underscoring the necessity of ongoing clinical vigilance throughout the counselling process.

Analysis of request frequency over time reveals notable fluctuations, with peaks occurring during periods of heightened academic stress (e.g., examination sessions), transitional phases (particularly the beginning of the academic year), and broader societal crises. The COVID-19 pandemic was associated not only with an increase in the overall volume of counselling requests, but also with a qualitative shift in their content, characterized by intensified anxiety, loneliness, uncertainty, and concerns related to health, loss, and future stability.

A noteworthy characteristic of the client population is that 12.2% of all clients are students of psychology. This overrepresentation may reflect higher mental health literacy, reduced stigma related to help-seeking, and increased self-reflexivity within this group. At the same time, it introduces specific clinical considerations related to professional identity formation, expectations toward the counselling process, and potential complexities in alliance dynamics.

Taken together, the typology and frequency of counselling requests highlight the multifaceted and dynamic nature of psychological needs within the university population. The findings point to a predominantly young, self-referred group navigating the developmental challenges of emerging adulthood within an academically demanding environment. Their presenting concerns cluster around

affective distress, motivational difficulties, self-esteem issues, and relational challenges, while also encompassing acute psychological risk in a subset of cases. These patterns underscore the necessity of a flexible, developmentally informed, and integrative counselling framework capable of addressing a broad spectrum of concerns – from normative developmental struggles to crisis-level interventions – within contemporary university settings.

Discussion

The present study examined the functioning of the University Center for Psychological Counselling and Research within a broader international, European, and socio-cultural context. The findings demonstrate that the Center addresses a wide and developmentally salient range of psychological concerns, predominantly among students in emerging adulthood, and operates in an environment characterized by increasing mental health needs, academic pressures, and societal uncertainty. These results are consistent with international trends indicating a steady rise in anxiety, depressive symptoms, trauma-related distress, and relational difficulties among university students over the past two decades.

The observed predominance of affective distress, motivational difficulties, and self-esteem problems among clients aligns with contemporary models of student mental health that conceptualize psychological symptoms as embedded within developmental transitions and academic demands. In this sense, the Center's focus on structured, time-limited, and developmentally informed counselling appears particularly appropriate. The use of standardized yet flexible counselling protocols supports evidence-based practice while allowing clinicians to respond to the heterogeneity of students' presenting concerns, thereby balancing clinical rigor with contextual sensitivity.

The experience of the COVID-19 pandemic further contextualizes these findings. The rapid transition to online counselling mirrored global developments in university mental health services and highlighted both the potential and the limitations of digital modalities. Consistent with emerging empirical evidence, remote counselling expanded access to psychological support and reduced certain barriers to help-seeking. At the same time, challenges related to therapeutic alliance, ethical considerations, and practitioner well-being underscored the need for carefully regulated and professionally supported digital service delivery. These findings suggest that hybrid counselling models, combining in-person and online formats, may represent a sustainable and effective direction for university counselling centers.

The results of this study also resonate strongly with contemporary European Union priorities regarding youth mental health. EU policies increasingly emphasize prevention, early intervention, digital resilience, equity of access, and evidence-based service provision. The alignment between the Center's practices and these

strategic directions underscores the relevance of university counselling centers as key institutional actors in addressing youth mental health at both national and European levels.

Several limitations should be acknowledged. The data are derived from a single university context, which may limit generalizability to other institutions with different organizational structures or student populations. In addition, the reliance on self-reported presenting concerns may underestimate the prevalence of more severe psychopathology, which often emerges only during the counselling process. Future research should incorporate longitudinal designs, multi-center comparisons, and outcome-based evaluations to further assess the effectiveness and sustainability of different counselling models within higher education.

Conclusion

The present study highlights the critical role of university counselling centers as integral components of contemporary higher education systems. The experience of the University Center for Psychological Counselling and Research at Sofia University demonstrates that student mental health services must be structured, accessible, developmentally informed, and adaptable to changing social conditions. Psychological counselling within universities should be conceptualized not as a supplementary service, but as a core institutional responsibility closely linked to academic success, student retention, and long-term psychosocial functioning.

Based on the findings and their broader contextualization, several conclusions can be drawn:

– First, the establishment and development of university counselling centers in Bulgaria require clear regulatory frameworks that ensure ethical practice, continuity of care, and professional accountability, while preserving sufficient flexibility to address diverse student needs.

– Second, early identification and preventive interventions should be prioritized, alongside robust referral pathways for students presenting with complex or severe psychological difficulties.

– Third, digital and online counselling modalities should be integrated as permanent components of service provision, supported by ongoing training, supervision, and evaluation.

Equally important is the sustained investment in supervision and intervision structures, which are essential for maintaining clinical quality, supporting counselor well-being, and preventing professional burnout. Finally, the broader institutional and cultural context must not be overlooked. Universities have a unique opportunity to contribute to the destigmatization of mental health difficulties and to promote a culture in which help-seeking is normalized and valued.

In conclusion, strengthening university counselling centers represents not only a response to rising mental health needs, but also a strategic investment in human

capital and social resilience. Within the Bulgarian context, such development aligns with European policy priorities and holds significant potential for improving both individual student outcomes and the broader societal well-being.

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REFERENCES

Alabi, A. A. (2022). Suicide attempts among students of higher education, Nelson Mandela Bay Municipality, South Africa. *South African Family Practice*, *64*(1), e1 – e7. https://doi.org/10.4102/safp.v64i1.5609.

Alqahtani, J. S., Almamary, A. S., Alghamdi, S. M., Komies, S., Althobiani, M., Aldhahir, A. M., & Naser, A. Y. (2022). Effect of the COVID-19 pandemic on psychological aspects. In: *COVID-19 and the Sustainable Development Goals* (pp. 235 – 258). https://doi.org/10.1016/B978-0-323-91307-2.00007-9.

Anderson, H., & Goolishian, H. (1992). The client is the expert: A not-knowing approach to therapy. In: S. McNamee & K. J. Gergen (Eds.), *Therapy as social construction* (pp. 25 – 39). Sage.

Arnett, J. J. (2014). *Emerging adulthood: The winding road from the late teens through the twenties* (2nd ed.). Oxford University Press.

Auerbach, R. P., Mortier, P., Bruffaerts, R., Alonso, J., Benjet, C., Cuijpers, P., Demyttenaere, K., Ebert, D. D., Green, J. G., Hasking, P., et al. (2018). WHO World Mental Health Surveys International College Student Project: Prevalence and distribution of mental disorders. *Journal of Abnormal Psychology*, *127*(7), 623 – 638, DOI: 10.1037/abn0000362.

Barbarin, O., Khoury, B., Klicperova-Baker, M., Gutiérrez, G., Thompson, A., Padakannaya, P., & Crowe, S. (2021). Psychological science and COVID-19: An agenda for social action. *American Journal of Orthopsychiatry*, *91*(3), 412 – 422. https://doi.org/10.1037/ort0000549.

Bei, F., Negri, A., Dell'Arciprete, G., & Rocco, D. (2025). Countertransference inside and outside sessions: The impact of countertransference on the therapist's post-session elaboration. *Psychodynamic Psychiatry*, *53*(2), 215 – 234. https://doi.org/10.1521/pdps.2025.53.2.215

Berg, I. K., & de Shazer, S. (1993). Making numbers talk: Language in therapy. In: S. Friedman (Ed.). *The new language of change: Constructive collaboration in psychotherapy* (pp. 5 – 25). Guilford Press.

Best, R., Strough, J., & Bruine de Bruin, W. (2023). Age differences in psychological distress during the COVID-19 pandemic: March 2020 – June 2021. *Frontiers in Psychology*, 14 , 1101353. https://doi.org/10.3389/fpsyg.2023.1101353.

Burger, J., Epskamp, S., van der Veen, D. C., Dablander, F., Schoevers, R. A., Fried, E. I., & Riese, H. (2022). A clinical PREM-ISE for personalized models: Toward a formal integration of case formulations and statistical networks. *Journal of Psychopathology and Clinical Science*, *131*(8), 906 – 916. https://doi.org/10.1037/abn0000779

Buttny, R. (1996). Clients' and therapist's joint construction of the clients' problems. *Research on Language and Social Interaction*, *29*(2), 125 – 153.

Caldarelli, G., Pizzini, B., Cosenza, M., & Troncone, A. (2024). The prevalence of mental health conditions and effectiveness of psychological interventions among university students in Italy: A systematic literature review. *Psychiatry Research*, *342*, 116208. https://doi.org/10.1016/j.psychres.2024.116208.

Cerolini, S., Zagaria, A., Franchini, C., Maniaci, V. G., Fortunato, A., Petrocchi, C., Speranza, A. M., & Lombardo, C. (2023). Psychological counselling among university students worldwide: A systematic review. *European Journal of Investigation in Health, Psychology and Education*, *13*(9), 1831 – 1849. https://doi.org/10.3390/ejihpe13090133.

Cooper, S., & Ratele, K. (2014). *Psychology serving humanity*. Psychology Press.

Cowley, J., & Groves, V. (2016). The Cardiff model of short-term engagement. In: D. Mair (Ed.). *Short-term counselling in higher education* (pp. 108 – 126). Routledge.

Crugnola, R., Bottini, M., Madeddu, F., Preti, E., & Ierardi, E. (2021). Psychological distress and attachment styles in emerging adult students attending and not attending a university counselling service. *Health Psychology Open*, *8*(1). https://doi.org/10.1177/20551029211016120.

Gazzillo, F., Dimaggio, G., & Curtis, J. T. (2021). Case formulation and treatment planning: How to take care of relationship and symptoms together. *Journal of Psychotherapy Integration*, *31*(2), 115 – 128. https://doi.org/10.1037/int0000185.

Gutiérrez, G., et al. (2021). A global perspective on psychologists' and their organizations' response to a world crisis. *Interamerican Journal of Psychology*, *55*(2), e1713. https://doi.org/10.30849/ripijp.v55i2.1713.

Hodges, S. J. (2016). College counselling: Past, present, and future. In: *The college and university counselling manual*. Springer.

Hyseni Duraku, Z., Davis, H., & Hamiti, E. (2023). Mental health, study skills, social support, and barriers to seeking psychological help among university students. *Frontiers in Public Health*, 11 , 1220614.

Ivbijaro, G., Brooks, C., Kolkiewicz, L., Sunkel, C., & Long, A. (2020). Psy-

chological impact and psychosocial consequences of the COVID-19 pandemic. *Indian Journal of Psychiatry*, *62*(Suppl 3), S395 – S403. https://doi.org/10.4103/psychiatry.IndianJPsychiatry_1031_20.

Jacinto, S. B., Lewis, C. C., Braga, J. N., & Scott, K. A. (2018). A conceptual model for generating and validating in-session clinical judgments. *Psychotherapy Research*, *28*(1), 91 – 105. https://doi.org/10.1080/10503307.2016.1169329.

Jorissen, A., van de Kant, K., Ikiz, H., van den Eertwegh, V., van Mook, W., & de Rijk, A. (2024). The importance of creating the right conditions for group intervision sessions among medical residents. *BMC Medical Education*, *24*(1), 375. https://doi.org/10.1186/s12909-024-05342-0.

Kabir, S. (2017). Supervision in counselling. In: S. Kabir (Ed.). *Essentials of counselling* (pp. 21 – 34).

Kendall, P. C., & Frank, H. E. (2018). Implementing evidence-based treatment protocols: Flexibility within fidelity. *Clinical Psychology*, *25*(4), e12271. https://doi.org/10.1111/cpsp.12271.

Kleiven, G. S., Hjeltnes, A., Råbu, M., & Moltu, C. (2020). Opening up: Clients' inner struggles in the initial phase of therapy. *Frontiers in Psychology*, *11*, 591146.

Krause, M. (2019). What is zeitgeist? Examining period-specific cultural patterns. *Poetics*. https://doi.org/10.1016/j.poetic.2019.02.003.

Kupcova, I., Danisovic, L., Klein, M., & Harsanyi, S. (2023). Effects of the COVID-19 pandemic on mental health, anxiety, and depression. *BMC Psychology*, *11*(1), 108. https://doi.org/10.1186/s40359-023-01130-5.

Lafollette, A. M. (2009). The evolution of university counselling. *Graduate Journal of Counselling Psychology*, *1*(2).

Lidberg, J., Berne, S., & Frisén, A. (2022). Challenges in emerging adulthood related to the impact of childhood bullying victimization. *Emerging Adulthood*, *11*(2), 346 – 364.

Madrid-Cagigal, A., Kealy, C., Potts, C., Mulvenna, M. D., Byrne, M., Barry, M. M., & Donohoe, G. (2025). Digital mental health interventions for university students: A systematic review and meta-analysis. *Early Intervention in Psychiatry*, *19*(3), e70017.

McIntyre, J. S. (2002). Usefulness and limitations of treatment guidelines in psychiatry. *World Psychiatry*, *1*(3), 186 – 189.

McWilliams, N. (2011). *Psychoanalytic diagnosis* (2nd ed.). Guilford Press.

Moreira, J. D., Haack, K., White, V., Bates, M. L., Gopal, D. M., & Roepke, T. A. (2023). Importance of survey demographic questions to foster inclusion. *American Journal of Physiology*, *324*(6), H856 – H862.

Mortier, P., Cuijpers, P., Kiekens, G., Auerbach, R. P., Demyttenaere, K., Green, J. G., & Bruffaerts, R. (2018). The prevalence of suicidal thoughts and behaviours among college students: A meta-analysis. *Psychological Medicine*, *48*(4) , 554 – 565.

Navarro, P., Bamblin, M., Sheffield, J., & Edirippulige, S. (2019). Exploring young people's perceptions of the effectiveness of text-based online counselling. *JMIR Mental Health*, *6*(7).

Nichols, M. P., & Schwartz, R. C. (2007). *The essentials of family therapy* (3rd ed.). Pearson.

Osborn, C. L., Tola, A., Strauss, M., Rosenblat, T., Schmaltz, M., & Cash, R. E. (2023). Characteristics of effective interviewing. *Athens Journal of Social Sciences*, *10*(4), 295 – 312.

Richards, D., & Vigano, N. (2013). Online counselling: A narrative and critical review. *Journal of Clinical Psychology*, *69*(9), 994 – 1011.

Saroca, K., & Sargent, J. (2022). Understanding families as essential in psychiatric practice. *Focus*, *20*(2), 204 – 209.

Selvam, K. P., Kosalram, K., & Chinnaiyan, S. (2024). Post-COVID pandemic: The new normal and aftermath. *Journal of Family Medicine and Primary Care*, *13*(10), 4308 – 4314.

Staempfli, A., & Fairtlough, A. (2019). Intervision and professional development. *British Journal of Social Work*, *49*(5), 1254 – 1273.

Stoep, A. V., McCauley, E., Flynn, C., & Stone, A. (2009). Thoughts of death and suicide in early adolescence. *Suicide and Life-Threatening Behavior*, *39*(6), 599 – 613.

Tishby, O. (2022). Countertransference—Introduction to a special section. *Psychotherapy Research*, *32*(1), 1 – 2.

Wyatt, C. (2022). *Experiences of online counselling in higher education: A digital native perspective* (Doctoral dissertation, University of Manchester).

Zarowski, B., Giokaris, D., & Green, O. (2024). Effects of the COVID-19 pandemic on university students' mental health: A literature review. *Cureus*, *16*(2), e54032.

✉ **Dr. Camellia Hancheva, Assoc. Prof.**
ORCID iD: 0000-0003-0121-1750
Sofia University "St. Kliment Ohridski"
Faculty of Philosophy
E-mail: hancheva@phls.uni-sofia.bg

✉ **Daniel Bosilkov**
ORCID iD: 0009-0004-0041-1552
Faculty of Philosophy
University of Veliko Turnovo "St. Cyril and St. Methdodius"
E-mail: d.bosilkov@ts.uni-vt.bg