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Mental health among children and youngsters in Kosovo

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Abstract

Background: Child and adolescent mental health remains under-researched and insufficiently addressed in many developing countries, including Kosovo, highlighting the need to consider the influence of social and cultural dynamics.
Objective: The current study investigated the mental health of children and adolescents, taking into account the social and cultural factors that may influence their well-being.
Methods: A mixed-methods design, equally weighted, was employed. The quantitative study included 318 participants. Data were collected using a demographic questionnaire and the Strengths and Difficulties Questionnaire. The qualitative study included 36 participants, who were interviewed using semi-structured interviews.
Results: The findings showed that 38.7% of participants scored emotional problems above the normal range. In the same range, but with different % is also conduct problems 84.6%, hyperactivity 73.6% and peer problems 93.2%. Qualitative findings highlighted difficulties in identifying the early signs of psychological problems and emphasized the important role of families, teachers, and peers in helping children and adolescents cope with psychological difficulties.
Conclusion: The findings indicate a clear need to increase public awareness of psychological problems, as well as to strengthen professional mental health services. Furthermore, there is a need to create supportive environments within families and schools that encourage open discussion of psychosocial difficulties and promote early identification and intervention.

Keywords: Children and adolescents' mental health; Psychosocial difficulties; Psychosocial advantages

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1. Introduction

Kosovo has faced numerous political and social upheavals. The lasting effects of conflict, combined with ongoing socio-economic challenges, have significant implications for the mental health of young people. In addition, various issues within psychological services, such as underdeveloped psychosocial support systems, as well as stigma, discrimination, and prejudice, further contribute to the worsening of psychological problems among children and adolescents. This study aims to synthesize existing research on the prevalence, risk factors, and interventions related to mental health problems among children and adolescents worldwide and in Kosovo.

According to the World Health Organization,[1] 1 in 7 adolescents (aged 10–19) experience a mental health disorder globally. Anxiety, depression, and behavioral problems are among the most common conditions in this age group. The World Health Organization also highlights that suicide is the third leading cause of death among adolescents. Findings indicate that failure to address mental health problems during childhood and adolescence often leads to their continuation into adulthood, negatively affecting both physical and mental health and limiting the possibility of a healthy adult life.

A 2023 study found that 20.3% of adolescents worldwide have a diagnosed mental health disorder. Furthermore, between 2016 and 2023, the prevalence of diagnosed mental health conditions among adolescents increased from 15% to 20.3%.[2]

Several studies highlight a high prevalence of posttraumatic stress disorder (PTSD) among children and adolescents in Kosovo, as a direct consequence of exposure to war and ethnic violence that the country experienced in its past. For example, a study by Cardozo[3] found that a considerable proportion of Kosovar Albanian adolescents exhibited symptoms of PTSD, anxiety, and depression following the 1999 conflict. Moreover, a longitudinal study by Allwood[4] also reported persistent PTSD symptoms in children exposed to war-related trauma, indicating long-term impacts on mental health.

Regarding depression and anxiety, findings indicate high levels of depressive and anxiety disorders among Kosovar adolescents, which were associated with the degree of exposure to war-related events in the past.[5] Morina and Ford[6] also found that war-related trauma, combined with post-war adversities such as poverty and displacement, significantly contributed to the prevalence of anxiety and depressive symptoms. Depressive disorders, including various forms of major depressive disorder, affect approximately 3.2% of children aged 3–17.[7] Symptoms include persistent sadness and low mood, loss of interest in activities, changes in appetite or sleep, fatigue, difficulty concentrating, negative thoughts, and suicidal ideation. Some findings show that anxiety disorders are among the most common mental health problems in children and adolescents. Approximately 7% of children aged 3–17 have been diagnosed with an anxiety disorder.[8] These disorders include generalized anxiety disorder, social anxiety disorder, and separation anxiety disorder.

Regarding behavioral problems, including aggression and conduct disorders, these are common behaviors among children and adolescents in post-war Kosovo. A study in Kosovo noted a high level of emotional and behavioral problems among Kosovo children and adolescents. This was more prevalent among children living in urban areas and those whose parents had lower levels of education.[9] In this regard, 3.5% of children aged 3–17 experience difficulties of this nature.[8] These disorders include disruptive behavior, defiance, and antisocial activities. Moreover, attention-deficit/hyperactivity disorder (ADHD) is characterized by persistent patterns of inattention, hyperactivity, and impulsivity. It affects approximately 9.4% of children aged 2–17 years.[10] ADHD can significantly impair academic performance and social relationships.

1.1. Risk factors

Direct exposure to violence, the loss of family members, and displacement are significant risk factors that increase the likelihood of mental health problems among Kosovar youth.[11] Moreover, the cumulative effect of multiple traumatic experiences, both past and present, as reported in a previous study,[12] further exacerbates the risk of developing severe psychological disorders. Also, experiencing physical, emotional, or sexual abuse substantially increases the risk of developing mental health problems.[13]

Parents' mental health problems, domestic violence, and divorce can significantly affect children's mental well-being.[10] Another risk factor for psychological well-being is bullying, peer rejection, and social isolation. These are major factors contributing to mental health problems among children and adolescents.[14] In this regard, the use of social media may lead to depression and anxiety and also predicts poor mental health.[15]

Poverty, unemployment, and limited access to quality education and healthcare are widespread issues in Kosovo that contribute to psychological distress among children and adolescents.[16,17] Social instability and economic hardship continue to hinder the recovery and development of young people in the region.[18] Poverty and housing insecurity create psychological problems among children.[19]

The development of mental health problems in children and adolescents is influenced by a combination of genetic, biological, environmental, and social factors. A family history of mental health disorders increases the risk of psychological problems in children.[20] Conditions such as autism spectrum disorder and ADHD have strong genetic components.[21] In addition, chronic medical conditions, such as diabetes and epilepsy, may contribute to the development of mental health problems.[20]

Another significant factor is the family. The family role appears to be crucial in children's psychological development. Studies by Qouta *et al.*[22] suggest that parents' mental health, family cohesion, and parenting practices have a significant influence on children's mental well-

being in post-conflict settings. These findings further highlight the importance of family support in promoting and maintaining the mental health and psychological well-being of children and adolescents.

Considering that the mental health of children and adolescents is influenced by multiple domains and systems within their lives, Bronfenbrenner's Ecological Systems Theory appears to provide one of the most comprehensive frameworks for understanding the risk factors associated with mental health problems among children and adolescents. This theory does not conceptualize children's psychological development as separate or isolated; rather, it views development as the result of dynamic and reciprocal interactions across multiple levels of influence.

These levels include individual, familial, parental, peer, and school-related factors within the microsystem; interactions and relationships between the family, school, and community within the mesosystem; broader contextual factors such as economic conditions, parental employment, and access to social and healthcare services within the exosystem; and cultural values, discrimination, social norms, conflict, and broader sociopolitical conditions within the macrosystem. Finally, the chronosystem captures the influence of events and changes over time, including war, displacement, loss, and cumulative or multiple traumatic experiences.

From this perspective, children's and adolescents' mental health is understood as the outcome of complex interactions between individual characteristics and the multiple social, familial, economic, cultural, and historical environments in which they develop. Therefore, the ecological perspective provides a particularly relevant theoretical framework for understanding the multifaceted nature of mental health risks among children and adolescents, especially in post-conflict and socially vulnerable contexts.[23]

1.2. Supportive factors: Psychosocial interventions, community and family support

In Kosovo, support for mental health problems is provided through both the public and private sectors. Various non-governmental organizations (NGOs) and international agencies have implemented psychosocial programs aimed at addressing the mental health needs of children and adolescents. For example, the International Organization for Migration has facilitated community-based interventions to support trauma recovery.[24] In addition, school-based mental health programs have been shown to be effective in providing psychological support and reducing symptoms of PTSD and depression among students.[25]

Community support and social support networks also play a vital role in the recovery process. Initiatives that strengthen community connections and provide family counseling have demonstrated positive outcomes in improving mental health.[26] Likewise, family-based interventions, including parent training and family therapy, have proven effective in addressing behavioral problems and promoting children's and adolescents' emotional well-being.[27] In this regard, efforts to integrate mental health services into primary healthcare and educational systems are essential for ensuring sustainable mental healthcare in Kosovo. Furthermore, policies aimed at improving access to mental health services and strengthening the training of mental health professionals are fundamental to the development of effective and accessible mental health care.[28]

Addressing psychological problems among children and adolescents requires intervention and vigilance across multiple areas of their lives, taking into account the different systems that influence their development. In this regard, Bronfenbrenner's theory supports the importance of interventions across different domains and systems in order to protect, maintain, and improve children's and adolescents' psychological well-being.[23]

This study contributes to a deeper understanding of the factors associated with mental health and mental health problems among children and adolescents. It examines individual, familial, social, economic, and environmental factors, thereby addressing the determinants of children's and adolescents' mental health from a holistic perspective.

The study addresses existing gaps in the multidimensional understanding of mental health, particularly given the limited body of research examining the mental health of children and adolescents in Kosovo. Furthermore, the study provides both statistical evidence and an in-depth understanding of individuals' real-life experiences of mental health and psychological difficulties. By integrating quantitative evidence with a deeper exploration of lived experiences, the study provides a reliable empirical basis for informing supportive policies, intervention programs, and preventive strategies tailored to the mental health needs of children and adolescents.

There is a significant gap in research at the regional level regarding the mental health of children and adolescents, particularly in relation to psychological problems, risk factors, and protective factors associated with mental health. Furthermore, there is a notable lack of studies addressing this topic through a mixed-methods approach that incorporates data from children, adolescents, parents, and mental health professionals.

The participants in the present study address the topic from different perspectives and provide insights into dimensions that have been insufficiently explored in previous research. By integrating the perspectives of children and adolescents, parents, and mental health professionals, this study aims to provide a more comprehensive understanding of psychological problems, risk and protective factors, and the factors that contribute to resilience and mental well-being among children and adolescents.

A multidimensional approach to children's and adolescents' mental health provides a deeper understanding of psychological problems and the factors associated with them. It also offers more comprehensive information regarding preventive strategies and the promotion of mental health among children and adolescents, while contributing to the strengthening of resilience and protective factors related to mental health.

This study also contributes to early identification of psychological problems among children and adolescents. Early identification can support the development and implementation of effective preventive and intervention strategies in mental health.

Bronfenbrenner's theory provides a multidimensional perspective on the mental health of children and adolescents by considering it within the interaction between individuals and different social and environmental contexts. This approach enables a broader understanding of how family, school, peers, community, and wider social factors influence the psychological development and well-being of children and adolescents.

2. Methodology

This study used a mixed-methods approach, equally weighted, combining qualitative and quantitative (cross-sectional) research methods. These methodologies are particularly relevant for exploring psychological problems in children and adolescents, as they allow identification of prevalence rates, risk factors, and preventive and protective factors.

A mixed-methods methodology was used, considering the complexity of the topic and the research problem. The research objectives demonstrate the need to understand participants' experiences, examine the information in depth and detail, and explore the topic comprehensively in order to understand its complexity.

The qualitative component enables an in-depth exploration of participants' experiences, perceptions, meanings, and interpretations of the research topics. This level of understanding could not be fully achieved through a standardized questionnaire alone. Qualitative research therefore provides an opportunity to explore the subjective and contextual dimensions of the phenomenon and to identify aspects that may not be anticipated in advance.

On the other hand, the quantitative component provides precise numerical information, including percentages, distributions, levels, and measurable differences among participants or groups. Quantitative data therefore complement the qualitative findings by providing a broader and more systematic picture of the phenomenon under investigation.

The findings from the two methodological approaches complement one another and allow meaningful comparisons between the results. In this way, a mixed-methods design enables the research questions to be addressed from different perspectives and across different dimensions of the same research problem. Therefore, the mixed-methods design was selected to provide a more comprehensive and nuanced understanding of the phenomenon by integrating both qualitative depth and quantitative evidence.

Based on these considerations, we formulated the following hypotheses for the present study:

(i) H1: Participants in the study will demonstrate a moderate level of emotional problems.
(ii) H2: Participants in the study will demonstrate an above-average level of conduct problems.
(iii) H3: Participants in the study will demonstrate an above-average level of hyperactivity.
(iv) H4: Participants in the study will demonstrate an above-average level of peer-related difficulties.

2.1. Participants

Data were collected through a questionnaire from 350 respondents for quantitative research and 36 for qualitative research. In the quantitative investigation, participants were parents of children and adolescents. After filtering the data, the sample size was reduced to 318 participants. As per the qualitative research, the sample cohort consisted of 13 children and adolescents, 15 parents, and eight experts in the field of psychology, living in Kosovo, and Parents or professionals with relevant experience in children's mental health. No one else was present during the interviews.

The participants in the study are from different regions of Kosovo. The participants were selected purposively (purposive sampling) to ensure diversity in economic, educational, social, gender, and age characteristics. This ensured that the participants were as representative as possible and that the results were reliable for drawing objective conclusions.

In qualitative research, data collection was conducted through semi-structured interviews. Participants were selected purposively to achieve diverse representation in terms of economic, educational, social, gender, age, and other relevant characteristics. This increases the likelihood that the participants are as representative as possible, and that the findings are more credible in addressing the research questions and achieving the study objectives.

The interviews included professionals from the following fields: psychologists, psychiatrists, and mental health experts who are actively working in their professions (8 interviews). Parents who have children and adolescents aged 10–23 years were also interviewed (15 interviews). In addition, children and adolescents aged 10 to 23 years were interviewed (13 interviews). In total, seven refused to take part in interviews; reasons (according to respondents) were: not interested, no time. The average interview time was 35 minutes.

Table 1 presents the characteristics of the participants. The findings show that 56% of the participants are female, while 53.8% live in urban areas. In terms of education level, 44.97% of respondents have completed secondary school. Regarding monthly income, two groups dominate with equal percentages: 36.2% of the participants report a monthly income between €301 and €700, and another 36.2% report a monthly income between €701 and €1,000. As for exposure to unpleasant or potentially traumatic situations, 79.2% of the participants reported not having witnessed any such events in the past 10 years, while 20.4% reported having been exposed to such situations, and 0.3% did not provide a response.

As per the qualitative research, Table 1 shows that 66.67% are female, 86.11% are living in urban areas, 41.67% of the participants had completed a Bachelor's degree, 36.11% of the participants declare that they have monthly incomes from €301 to €700 per month, and 63.89% did not experience any traumatic situations.

The G*Power analysis indicated a statistical power level of 94.8%, above the conventional threshold of 80%. Data screening was conducted in cases where incomplete data were identified, where participants did not meet the study's eligibility criteria, where questionnaires were completed in an unusually short amount of time, and where errors in data entry were detected.

2.2. Instruments

For data collection using a quantitative methodology, the following instruments were used:

- Demographic questionnaire: Through this questionnaire, various demographic data were collected, including gender, age, social and economic status, education level, and different past difficulties, etc.

Table 1. Demographic features of the quantitative and qualitative research participants

Demographic variable	Quantitative research participants (*n* = 318)	Qualitative research participants (*n* = 36)
Age (years), mean ± standard deviation	43.86 ± 10.38	39.06 ± 20.38
Gender		
Male	105 (33)	12 (33.33)
Female	178 (56)	24 (66.67)
No data	35 (11)	–
Total	318 (100)	36 (100)
Residence		
Rural	144 (45.3)	5 (13.89)
Urban	171 (53.8)	31 (86.11)
No data	3 (0.9)	–
Total	318 (100)	36 (100)
Education		
No	2 (0.63)	–
Primary school	44 (13.84)	7 (19.44)
Secondary school	143 (44.97)	6 (16.67)
Bachelor	85 (26.73)	15 (41.67)
Master	35 (11.01)	8 (22.22)
PhD	9 (2.83)	–
Total	318 (100)	36 (100)
Monthly incomes (€)		
0–300	15 (4.7)	1 (2.78)
301–700	115 (36.2)	13 (36.11)
701–1000	115 (36.2)	10 (27.78)
>1,000	64 (20.1)	12(33.33)
Other	9 (2.8)	–
Total	318 (100)	36 (100)
Witness to trauma		
Yes	65 (20.4)	11 (30.56)
No	252 (79.2)	23 (63.89)
No data	1 (0.3)	2 (5.56)
Total	318 (100)	36 (100)

- Strengths and Difficulties Questionnaire[29]: This questionnaire measures the psychological strengths and difficulties of children and adolescents. It has been translated and adapted to the Kosovar language and context.

The questionnaire was translated into Albanian by a competent translator and subsequently reviewed by the authors. The authors focused on the conceptual meaning of the items, linguistic clarity, psychological terminology, and cultural appropriateness, and assessed whether the items retained the same meaning as in the original version. Following the completion of this process, an initial pilot test was conducted with 47 participants. Subsequently, the internal consistency of the questionnaire was assessed using Cronbach's alpha, which yielded a value of 0.950, indicating excellent internal consistency.

As per qualitative research, the semi-structured interview was designed around broad, open-ended questions, allowing participants to explore and express their own perspectives on the mental health problems and resources available for children and adolescents.

The interviews were designed to gather information regarding the factors influencing psychological problems, the signs and indicators used to identify psychological difficulties, and the most common psychological problems among adolescents and young people. The interviews also explored protective factors contributing to mental health and the ways in which children and adolescents cope with psychological difficulties when experiencing mental health problems.

Furthermore, the interview participants provided their perspectives on the resources currently available to support the mental health of children and adolescents, the infrastructure and capacity of institutions providing psychological support to children and adolescents, and the changes needed to improve psychological services for children and adolescents.

The interviews were conducted after the data collection team had received training in qualitative research methods, with a particular focus on conducting semi-structured interviews. The interviewers were qualified students who had acquired the necessary competencies through this training to carry out the interviews effectively. They were third-year Bachelor of Psychology students and first-year Master's in Clinical Psychology students. They had completed a qualitative research course. They comprised six BSc Psychology students (five female and one male) and eight MSc Clinical Psychology students (six female and two male). The students had completed a course in qualitative research methodology as part of their studies.

2.3. Procedure

Potential participants were initially contacted and invited to take part in the study. After they agreed, either by telephone or through direct communication, they were informed about the nature and objectives of the research. Participants were assured that their information would be kept confidential and anonymous if they chose to participate. They were also informed that participation was entirely voluntary and that they could withdraw from the study at any time without consequences, regardless of whether they had completed all questionnaire items.

Because some participants were under 18 years of age, we requested permission from their parents, explained the research, and ensured participant anonymity. After the parents' approval, the child or adolescent was also contacted, and we explained the research and its goals, anonymity, and the possibility for him to discontinue the research at any time if he does not wish to continue participating in the research.

After obtaining informed consent, a mutually convenient time and location for data collection were arranged. Data collection was primarily conducted in participants' homes, offices (for mental health only), or other quiet, private settings where interruptions and external interference were minimized, allowing participants to complete the questionnaire comfortably and without distraction.

Participants completed the questionnaire independently. During the process, the researcher or the person administering the questionnaire remained available to clarify any questionnaire items or answer study-related questions as needed.

In line with qualitative research, prospective participants were contacted in advance, either in person or by telephone, to explain the nature and objectives of the study, as well as the importance of their contribution to the research. Following their agreement to participate, a mutually convenient time and location for the interview were arranged.

The first 10 minutes were used for introductions and for establishing rapport between the interviewer and the interviewee. During this time, detailed information about the study was also provided, where applicable. Participants were also informed about the interviewer's professional background and education. The interviewer's professional background, experience, and name and surname were provided.

With the participants' informed consent, all interviews were audio-recorded. Subsequently, verbatim transcripts were prepared to facilitate data analysis.

The interview transcripts were prepared by BSc and MSc students in Psychology and Clinical Psychology. Pauses occurring during the interviews were indicated using three dots (...). In cases where specific emotional expressions were observed during the interviews, these were described in parentheses using a brief emotional descriptor, such as "smiling" or "crying." Instances involving changes in voice volume or speaking pace were also documented in parentheses, together with the corresponding timestamp. The audio recordings were high quality, allowing accurate identification and documentation of the aforementioned verbal and paraverbal elements.

2.4. Qualitative data analyses

The qualitative analysis method was thematic analysis. The extraction of codes and themes followed the steps proposed by Braun and Clarke.[30] The researchers initially began with the first phase, familiarization with the data and interview transcripts. This phase occurred before the coding process began. The researchers carefully read the interview transcripts to become familiar with their content, emerging topics, and overall patterns.

The second phase involved developing a coding scheme consisting of codes, categories, and subcategories. This was a flexible stage of the research process, during which the researchers remained open to modifying, removing, or adding codes as the analysis progressed.

The third phase was characterized by the identification and assignment of codes. The researchers reviewed the transcripts, evaluated the codes, and identified sections relevant to particular codes, categories, and subcategories.

The fourth phase involved refining and revising the codes. During this phase, we examined the codes for potential overlap and identified irrelevant codes. We paid particular attention to whether the codes accurately reflected the data and interview content.

The fifth phase involved organizing the codes into broader categories. Finally, the sixth phase focused on interpreting the codes and themes by synthesizing the data, identifying relationships and connections among themes, and developing an overall interpretation of the findings.

During data collection, we simultaneously began data analysis. As the interviews progressed, data saturation was considered to have been reached when no new information emerged; specifically, the analysis of subsequent interviews did not result in the generation of new themes or codes. The qualitative data were independently coded by two researchers. The researchers reviewed the interview transcripts, identified initial codes, and subsequently compared and discussed their coding to reach consensus on the final codes, categories, and themes.

The coding tree was developed during data analysis. The codes were generated from the interview data and systematically organized into broader main themes. The main themes identified were: (i) factors influencing psychological problems; (ii) identification of psychological problems; (iii) the most common psychological problems; (iv) protective factors for mental health; (v) coping with psychological problems; (vi) resources supporting the mental health of children and adolescents; (vii) infrastructure required to support children and adolescents experiencing psychological problems; and (viii) necessary changes and future improvements.

3. Results

We present the findings by first reporting the quantitative results, including overall findings and comparative analyses across groups. Descriptive analyses were conducted to examine the frequency and percentage distributions of the levels of the following variables: emotional problems, conduct problems, hyperactivity, peer problems, and prosocial behavior. In addition, independent-samples *t*-tests were conducted to examine differences in these variables according to gender, place of residence, and exposure to traumatic experiences.

The qualitative findings will then be presented through an analysis of the interview data, organized into relevant themes that emerged from the participants' responses. These themes will be aligned with the aims and objectives of the study to provide a comprehensive understanding of the research questions.

3.1. Results of the quantitative research

Table 2 shows that 61.3% of the participants scored within the average range for emotional problems, whereas 38.7% scored above the average threshold (slightly raised, high, very high), indicating elevated levels of emotional difficulties.

Regarding conduct problems, only 15.4% of participants were within the average range, while 84.6% scored above the average threshold (slightly raised, high, very high), suggesting a high prevalence of conduct-related difficulties.

For hyperactivity, 26.4% of the participants fell within the average range, whereas 73.6% scored above the established threshold (slightly raised, high, very high), indicating elevated levels of hyperactivity symptoms.

With respect to peer relationship problems, 6.9% of participants were within the average range, while 93.2% scored above the average threshold (slightly raised, high, very high), suggesting that peer-related difficulties were

highly prevalent among the participants.

Finally, regarding prosocial behavior, 56.6% of participants scored within the average range, whereas 43.4% scored outside the average range (slightly raised, high, very high), indicating lower-than-expected levels of prosocial behavior among a substantial proportion of the participants.

Table 2. Number and % of emotional symptoms, peer relationship problems, hyperactivity/inattention, conduct problems, prosocial behavior

Strengths and Difficulties Questionnaire Categories	Number	%
Emotional problem		
Close to average	195	61.3
Slightly raised (/slightly lowered)	46	14.5
High (/low)	55	17.3
Very high (very low)	22	6.9
Total	318	100
Conduct problems		
Close to average	49	15.4
Slightly raised (/slightly lowered)	83	26.1
High (/low)	109	34.3
Very high (very low)	77	24.2
Total	318	100
Hyperactivity		
Close to average	84	26.4
Slightly raised (/slightly lowered)	136	42.8
High (/low)	53	16.7
Very high (very low)	45	14.2
Total	318	100
Peer problems		
Close to average	22	6.9
Slightly raised (/slightly lowered)	7	2.2
High (/low)	30	9.4
Very high (very low)	259	81.4
Total	318	100
Prosocial		
Close to average	180	56.6
Slightly raised (/slightly lowered)	44	13.8
High (/low)	48	15.1
Very high (very low)	46	14.5
Total	318	100

Table 3 shows that there were no statistically significant differences between male and female participants on any of the study variables.

Table 3. Differences between gender, residence, and trauma experiences among variables: emotional symptoms, peer relationship problems, hyperactivity/inattention, conduct problems, prosocial behavior

Variable (gender, residence, trauma)	Group	Cohens *d*	Mean
Gender			
Emotional problems		−0.56	
	Male		2.69
	Female		3.25
Conduct problems		0.25	
	Male		3.41
	Female		3.17
Hyperactivity		0.39	
	Male		5.54
	Female		5.16
Peer problems		−0.10	
	Male		4.96
	Female		5.04
Prosocial		0.59	
	Male		7.53
	Female		7.14
Residence			
Emotional problems		0.91	
	Rural		3.34*
	Urban		2.44
Conduct problems		0.04	
	Rural		3.20
	Urban		3.16
Hyperactivity		0.97	
	Rural		5.82**
	Urban		4.87
Peer problems		0.35	
	Rural		4.89
	Urban		5.17
Prosocial		−0.06	
	Rural		7.39
	Urban		7.46
Trauma experiences			

(*Cont'd...*)

Table 3. (*Continued*)

Variable (gender, residence, trauma)	Group	Cohens *d*	Mean
Emotional problems		1.60	
	Yes		4.17**
	No		2.55
Conduct problems		0.44	
	Yes		3.55*
	No		3.11
Hyperactivity		0.26	
	Yes		5.09
	No		5.34
Peer problems		−0.26	
	Yes		4.86
	No		5.07
Prosocial		−0.20	
	Yes		7.23
	No		7.46

Notes: *$p < 0.05$; **$p < 0.01$.

Regarding place of residence (urban vs. rural), statistically significant differences were found for emotional problems and hyperactivity. Participants living in rural areas reported higher levels of emotional problems (mean = 3.34, $p < 0.05$) and hyperactivity (mean = 5.82, $p < 0.01$) compared with those living in urban areas.

With respect to participants' exposure to adverse or unpleasant life experiences, statistically significant differences were also observed. Participants who reported having experienced adverse life events scored significantly higher on emotional problems (mean = 4.17, $p < 0.01$) and conduct problems (mean = 3.55, $p < 0.05$) than those who did not report such experiences.

Nevertheless, the levels of emotional problems and hyperactivity for both genders fall within the average range according to the questionnaire scoring criteria when parents are the respondents. In contrast, conduct problems and prosocial behavior are at a slightly raised level. Peer problems are at a high level among males and at a very high level among females.

Regarding rural and urban areas, the levels of emotional problems and hyperactivity are within the average range among participants living in both rural and urban areas. However, conduct problems are at a slightly raised level in both groups. Peer problems are at a high level among participants living in rural areas, whereas they are at a very high level among those living in urban areas. Prosocial behavior is at a slightly raised level in both the rural and urban groups.

Similarly, among participants who have experienced traumatic situations, emotional problems are at a slightly raised level, whereas among participants without traumatic experiences, emotional problems are within the average range. Conduct problems are at a slightly raised level in both groups, and the same applies to the prosocial behavior component. Hyperactivity is within the average range in both groups. However, peer problems are at a high level among participants who have experienced different traumatic situations, whereas the group without traumatic experiences shows a very high level of peer problems.

3.4. Results of qualitative research

3.4.1. Factors that have an influence on psychological problems & Identification of the psychological problems

According to Table 4, particularly according to mental health experts, the psychological and social well-being of children and adolescents is highly important for their overall development. It directly affects their ability to perform educational and school-related tasks, to make decisions for themselves, and to build and maintain healthy relationships with others, especially with their peers. Experts emphasized that childhood and adolescence are characterized by different developmental stages in various aspects such as physical, hormonal, and social development, all of which have an influence on the psychological life of children and adolescents. They also highlighted that factors such as school pressure, bullying, social media, and high academic expectations contribute to the deterioration of their mental health. Mental health experts identified several factors affecting the mental health of children and adolescents, including school stress, peer pressure, family problems such as violence and lack of emotional support, traumatic experiences such as the loss of a parent, excessive and uncontrolled use of technology, and poverty.

The lack of an environment that provides love, comfort, understanding, and attention, as well as the presence of physical and verbal violence, are also major contributing factors to psychological problems in children and adolescents.

According to mental health experts, children and adolescents with psychological problems can be identified in several ways, starting from their ability or inability to manage their emotions, lack of positive relationships, and inability to cope with everyday challenges, as well as

difficulties in thinking and judgment. They also mentioned visible, persistent changes in behavior, emotions, and social functioning that interfere with a child's or adolescent's daily functioning. Experts highlighted isolation, withdrawal, poor school performance, loss of interest, low self-esteem, and destructive behaviors as signs of psychological problems.

Furthermore, signs of mental health obstacles include behaviors such as shouting, raising their voice, skipping classes, disliking school, lying about grades, lack of cooperation with parents and teachers regarding schoolwork or personal problems, as well as being victims of bullying.

3.4.2. Common psychological problems

Mental health experts stated that the most common psychological problems among children and adolescents are those related to identity and social relationships, followed by eating problems, rebellious behavior, aggression, bullying, and family violence. At the diagnostic level, they mentioned anxiety, depression, behavioral disorders, emotional problems, ADHD, eating disorders, and body image disorders.

3.4.3. Protective factors of mental health and coping with psychological problems (children and adolescents)

Among the protective factors of children and adolescents' mental health, experts emphasized strong family and peer support, skills in managing stress and emotions, social support in schools and communities, child engagement, positive role models, a sense of safety, and knowing where to seek help.

Experts also mentioned the importance of promoting mental health and providing opportunities for young people to openly discuss their problems. Moreover, experts mention physical and social activities, education and increasing awareness in schools and communities, combating stigma, creating a culture that supports mental health, as well as unconditional love and support from the family.

Findings from mental health experts show several ways in which adolescents and children cope with mental health problems. Experts emphasize that in such cases, the most common and quickest source of support is the family, mainly parents and teachers.

However, if the family and school environment is not supportive for expressing psychological concerns, children may seek support from friends or isolate themselves and avoid seeking help altogether. Mental health experts also highlight NGOs and other organizations as additional support structures where children and adolescents seek help for psychological problems.

3.4.4. Resources and infrastructure of institutions available for psychological support for children and adolescents

Mental health experts stated that children and adolescents with psychological problems can seek help from school psychological services, private psychotherapists, various support groups, NGOs, as well as public health services and mental health centers.

They emphasized that this largely depends on the nature of the psychological problem the child or adolescent is experiencing. Mental health experts stated that the infrastructure of psychological services is still under development. A positive development is online or telephone helplines for individuals with psychological difficulties.

Experts also highlighted a significant lack of infrastructure resources in psychological services, including assessment tests and standardized instruments, lack of budget and funding for modern infrastructure, shortage of professionals and training opportunities, and unequal distribution of services, with deficits in rural areas.

They also emphasized that housing, school, and institutional infrastructure are not always adequate for supporting the mental health of children and adolescents.

3.4.5. Changes needed to improve psychological services

Mental health experts emphasized the need for continuous training, as psychological problems evolve over time and change dynamically. Another important aspect is raising public awareness about mental health, strengthening institutional capacities, and improving services in public and private institutions and NGOs. They also highlighted the need for educational programs for children about mental health, as well as the need for group and family counseling and therapy.

3.4.6. Psychological problems and identification of the psychological issues (interviews with children and adolescents)

In Table 5, children and adolescents stated that identifying psychological difficulties is often based on a person's appearance and self-care. Those who did not take care of themselves or showed signs of anxiety, depression, and other psychological problems are considered at risk.

They also provided examples based on their personal

Table 4. Mental health experts' interview outcomes

Themes	Interviews quotes
Factors that have an impact on psychological problems	"High pressure from school and parents; teasing and bullying at school or on social media; family conflicts and lack of emotional support; poverty and lack of basic resources; and exposure to trauma or violence."
	"Lack of emotional support is a major factor… the absence of love, comfort, understanding, and attention; family conflicts; an unsafe home environment with verbal and physical violence; children feeling abandoned; different forms of abuse; poverty, including inadequate education, poor hygiene, impact of technology and smartphones, and unsuitable living conditions."
Identification of the psychological problems	"A child and adolescent are psychologically healthy when they are able to manage their emotions, develop positive relationships, and cope with the challenges they encounter in their daily lives."
	"Psychological problems emerge when there are noticeable and persistent changes in behavior, emotions, or social abilities that interfere with everyday functioning, such as social isolation, low self-esteem, or destructive behaviors."
	"When a child shows empathy, has a positive attitude, and appears happy, these are signs of good mental health. In contrast, poor school performance, loss of interest, and withdrawing into oneself may indicate psychological problems."
Common psychological problems	"Problems related to identity and social relationships. Eating disorders and domestic violence are also major concerns that frequently occur among younger age groups."
	"Anxiety and depression; conduct disorders, such as aggression or extreme rebelliousness; bullying and its emotional consequences; attention and hyperactivity disorders; and eating disorders related to body image."
	"Rapid changes in a child's or adolescent's daily activities, frequent shouting or raising their voice, declining grades, dislike of school, skipping classes, lying about grades, lack of cooperation with parents, unwillingness to discuss problems with parents or teachers, bullying others, and withdrawing into themselves are all warning signs of possible psychological difficulties."
Protective factors for mental health	"It is very important for children to feel safe and to know that they have someone they can turn to whenever they feel unprotected or insecure."
	"A very important aspect is promoting mental health education from an early age. Raising awareness and providing opportunities for young people to talk about their feelings and emotions can contribute to healthier emotions and society."
	"Emotional support from family and friends; a safe and stable home and school environment; mental health education and the development of emotional regulation skills; physical activity; and participation in social activities."
	"I believe it is essential to implement awareness programs in schools and communities to reduce stigma and promote a culture that supports the mental health of all children and adolescents."
	"Social support, especially parental support, is fundamental. Children should grow up in a safe environment free from abuse and violence. Love, family warmth, and unconditional love for children are the key."
Coping with Psychological Problems (children and adolescents)	"Support from parents and teachers is essential for creating a safe and supportive environment. For younger children, especially in primary school, active observation by both teachers and parents is very important. For older students, from grades 6 to 9, it is essential to provide a safe environment where they feel comfortable sharing their concerns and the difficulties they are experiencing."
	"As a school psychologist, I continuously work to reduce stigma by organizing activities that address not only mental disorders but also everyday issues such as emotion management, stress management, and exam anxiety. However, there is still considerable stigma surrounding mental health, which affects how adolescents and their families perceive psychological problems."
	"Often, children and adolescents first turn to their parents or teachers for help. However, not all do so because of fear of stigma. Some rely on their friends, while others isolate themselves or do not seek help at all."
	"Unfortunately, if the family does not provide support, children usually do not seek help from their parents or from the school. I believe that many of them do not choose to talk to their family and often seek help only when more serious problems occur."

(*Cont'd...*)

Table 4. (***Continued***)

Themes	Interviews quotes
Resources available for psychological support for children and adolescents	"Each school in the municipality has a school psychologist, making professional support more readily available. In addition, children and adolescents may seek help from private psychotherapists, support groups, NGOs that provide mental health services, and both public and private healthcare institutions, depending on the nature and severity of their psychological difficulties."
	"Children and adolescents can consult school psychologists; access services provided by mental health centers; receive counseling through NGOs; and participate in community support groups."
	"It depends on the type of psychological problem. There are different therapeutic services available, most of them provided privately, including individual therapy, group therapy, and family therapy to assess whether family functioning is healthy. There are also therapists specialized in working with children and adolescents, as well as supportive group interventions."
Infrastructure of institutions for psychological support for children and adolescents	"The infrastructure of psychological service institutions is still in development. Fortunately, in recent times it has improved and gained momentum, not fully satisfactory, but still positive. I hope this continues to improve as quickly as possible. There has been progress in access to available resources, including helplines and different forms of support where children can seek help via phone calls if they are not feeling well. This is a clear improvement, but more work is still needed."
	"There are visible difficulties. As mentioned earlier, the role of the psychologist is often underestimated and not seen as essential, which leads to a lack of resources, especially considering that most standardized assessment tools must be paid for. Many professionals, including myself as a school psychologist, often cannot carry out standardized assessments precisely due to these limitations. Funding shortages create many challenges, but despite this, mutual collaboration, including between institutions, has had a positive impact on addressing these cases."
	"Infrastructure is often insufficient in many places. There is a lack of trained professionals and an uneven distribution of services, especially in rural areas."
	"Institutions often face a lack of funding, equipment, and trained staff. There is also a lack of awareness and prioritization of mental health at the national level."
	"Infrastructure plays a major role in the psychological well-being of children. First, schools and their preparedness are important; schools in rural areas with infrastructural limitations can pose a challenge for the psychological well-being of children and adolescents. There is also a lack of recreational spaces such as libraries and access to them, parks for physical activities, as well as poor housing and living conditions."
Change needed to improve psychological services	"I believe it is beneficial to continuously invest in oneself through various trainings, considering the ongoing progress in people and mental disorders, as symptoms change over time. Therefore, it is very important to stay up to date, and the only way to do so is by reading more, attending trainings, and using the most recent scientific research."
	"Yes, both personally and within public institutions, the private sector, and NGOs. There is a need for expanding education and training for mental health professionals, strengthening institutional capacities for working with children and adolescents, and creating educational programs for families about the importance of mental health."
	"More adequate training and education are needed. There should be high-quality training, as some important topics are not sufficiently elaborated, such as group and family counseling, which are lacking in Kosovo. There is definitely much work to be done, including training abroad for topics that are still underdeveloped in Kosovo."

Abbreviation: NGOs: Non-governmental organizations.

experiences with friends who had psychological difficulties, mentioning symptoms such as anxiety, rigid behavior, and lack of self-confidence. Good relationships with others were seen as an indicator of good mental health. Feelings of worthlessness, lack of motivation, and difficulties in daily functioning were also mentioned.

According to children and adolescents, psychological problems occur when there are negative thoughts about one's environment, social withdrawal, irritability, arrogance, school difficulties, sadness, aggression, and lack of interest in previously enjoyable activities.

Children and adolescents mentioned that the most prominent psychological problems are anxiety, depression, family problems, bullying, aggression, suicide, eating disorders, and school-related stress.

Table 5. Children and adolescents interviews outcomes

Themes	Interviews quotes
Identification of the psychological problems	"I think a person with good psychological health is someone who takes very good care of themselves and also takes care of their mental health. To me, this is what a person with good psychological health looks like."
	"When a person does not take care of themselves and their psychological health, when there are signs of anxiety, depression, or other psychological illnesses."
	"I once had a friend who had problems with anxiety; she had an anxiety disorder, and it was very difficult for her to go out, to be with people, and it seemed to make things very difficult for her because she could not talk to anyone."
	"When someone lives alone, isolates themselves, and their behavior changes."
	"I have had friends who had family problems, and those issues turned into some kind of emotional distress or anxiety. The way they were treated in their family affected them, making them behave very rigidly, as I mentioned earlier, and they had low self-confidence. They expressed this in a way that made it understandable that they had problems."
	"Usually, a person with good psychological health has stable emotions, can handle daily stress, and maintains healthy relationships with others. On the other hand, someone with psychological problems often feels sadness, anxiety, or has difficulty functioning normally in everyday life."
	"I had a friend who went through a period of depression where she felt worthless and unmotivated to do even the things she used to enjoy"
Identification of the psychological problems	"A child is psychologically healthy when they do not have distorted or harmful thoughts. On the other hand, when a child has mental health problems, I think they often develop negative or distorted thoughts about the people and environment around them."
	"I think adolescents show psychological problems when they withdraw into themselves, stop responding, become arrogant, or engage in problematic behaviors simply to attract attention."
	"A psychologically healthy child or adolescent is calm, able to express their feelings, and capable of coping with difficulties. However, when they experience psychological problems, they may become withdrawn, irritable, have difficulties at school, or feel constantly stressed."
	"A child or adolescent is psychologically healthy when they are able to express their emotions, maintain emotional stability, and cope with challenges. If they are frequently sad, socially withdrawn, aggressive, or lose interest in activities they previously enjoyed, they may be experiencing a psychological problem."
Common psychological problems	"The most common problems are anxiety, depression, family problems, and bullying. These seem to contribute significantly to the development and worsening of psychological difficulties."
	"I think children who display aggressive behavior are showing poorer psychological well-being because the trauma they experience within their families is reflected in aggressive behavior both in their daily lives and in their interactions with friends."
	"The most concerning situation is when a child or adolescent reaches the point of having very negative thoughts that progress into suicidal thoughts. They begin thinking about ways to escape their situation and their everyday life, and I believe this represents one of the most severe manifestations of psychological distress."
	"The most common problems are anxiety, depression, eating disorders, and high levels of school-related stress."
	"Anxiety, depression, bullying, and eating disorders."
Factors that have an impact on psychological problems	"I think family problems and experiences of bullying have a major impact on a person's psychological well-being. These kinds of difficulties make life much harder, especially for children, who are often not able to understand or process their emotions, which in turn negatively affects their mental health."
	"For me, family problems and bullying would certainly cause psychological difficulties, especially experiences of harassment and similar situations."
	"I think pressure has a significant impact, both on people who already have psychological problems and on those who do not. The way people around them treat them, and the pressure they experience, can worsen their psychological condition."

(*Cont'd...*)

Table 5. (*Continued*)

Themes	Interviews quotes
	"Similarly, a lack of family support and a lack of self-confidence can contribute to psychological problems. Trying something and failing may lead me to doubt myself, and I believe this could negatively affect my mental health."
	"I believe that the lack of family support, bullying, school-related problems, feelings of loneliness, and the use of social media all have a significant impact on mental health."
	"I think that feelings of rejection or losing a loved one would affect me the most. I believe these experiences would place a heavy emotional burden on me."
	"In my opinion, school-related problems, bullying, and family trauma all contribute to psychological difficulties. Personally, high pressure from my family could also have a negative impact on my mental health."
Protective factors	"I think what protects me the most is that I have a very good social circle and a very supportive and healthy family. I believe this has played a major role in protecting my mental well-being."
	"What has protected me is the way I was raised in my family—the way they spoke to me, treated me, and guided me. Their advice and support have protected me from many problems."
	"What protects me is the support I receive from my family, relatives, and friends, being able to talk openly about my feelings, and finding healthy ways to relax, such as listening to music or reading."
	"Support from friends, music, art, and the ability to express emotions freely are important protective factors."
Resources available for psychological support for children and adolescents	"If one of my friends had psychological problems, I would first want to help them myself by offering advice and talking with them. However, if that did not help, I would definitely suggest that they see a psychologist and talk about their problems."
	"The first place to seek help is the family. However, if that is not possible, I believe there are many psychologists who can provide the best possible support for children and adolescents in such situations."
	"I know there are many ways to get help. There are mental health helplines that you can call, and every school has a psychologist. There are many opportunities—you can visit a psychologist, talk to a friend, or speak with someone you trust. I think there are different ways to address a psychological problem."
	"First, I would talk to a member of my family, such as one of my sisters. However, if the problem were serious, I would seek help from a psychologist."
	"There are psychologists, support groups, conversations with people who are close to us, and other platforms that can provide support."

3.4.7. Risk and protective factors and mental health support resources for children and adolescents

Adolescents and children identified bullying, family problems, everyday difficulties that children and adolescents may not understand, lack of family support, low self-confidence, school problems, social media use, feelings of rejection, loss of a loved one, and high parental pressure as key influencing factors.

Children and adolescents stated that protective factors include a good social circle, a healthy family, family education, parental guidance, peer support, having someone to talk to, music, reading, and art.

When asked where they seek help, adolescents mentioned several sources such as friends and, if that does not help, psychologists. Others mentioned family as the first point of contact, followed by psychologists. Some also mentioned telephone helplines, school psychologists, talking to friends, and support groups.

3.4.8. Psychological problems, identification and influencing factors

Table 6 shows that parents in their interviews emphasized their concern that identifying signs of psychological problems is difficult. Therefore, they stressed that there is an urgent need for greater awareness of psychological problems and psychological difficulties. They mentioned that they should have close cooperation with teachers,

Table 6. Parents' interviews outcomes

Themes	Interviews quotes
Identification of the psychological problems	"Mental health is a very serious issue among adolescents, but it is not well understood by everyone, including teachers and parents. There needs to be greater awareness about mental health, even though teachers often say that it is something invisible and not their responsibility, etc."
	"Such problems are not taken seriously in schools and in places where children go. There needs to be more work and engagement, even though it is still a relatively new field in Kosovo."
	"Mental health problems can appear in different forms such as anxiety, depression, behavioral disorders, or social difficulties, and it is very important that they are addressed at early stages."
Identification of the psychological problems	"When there are problems with behavior and emotions…"
Identification of the psychological problems	"Learning difficulties, autism, ADHD, Down syndrome; among adolescents, behavioral and emotional problems are more common."
	"As I mentioned earlier, the most common and concerning problems, especially in schools for children and adolescents, include anxiety, depression, and behavioral disorders."
Factors that have an impact on psychological problems	"It is always the family and the lack of support from school, family, etc.…"
	"There is a lot of stigma; parents who are more educated are even more hesitant to take their child to a psychologist, as if they judge it."
	"Stigmatization prevents individuals from seeking help and from dealing with the problems they are facing. Therefore, it is very important that we work more in this direction."
Resources available for psychological support for children and adolescents	"The first ones who should identify the problem are the teacher and the family, and then it is referred elsewhere depending on the issue."
	"Some believe they should not express themselves, while others turn to a psychologist or a class teacher… some undergo tests and questionnaires through which they are identified, and then further steps are taken."
	"A child or adolescent should seek help from a professional such as a psychologist or psychotherapist."
Protective factors and infrastructure	"There are many, for example, cooperation between family and school, consultations with the school psychologist…"
	"The infrastructure is not the best possible, with the hope that it will improve."
	"Many things are missing, resources are lacking; it is a relatively new field, even though for a long time it has been said that it is a new field."
	"I would like to improve it because there is room for improvement."

but they pointed out teachers' negligence regarding the signs of psychological problems in children, noting that teachers often say, "This is not my job." It appears that parents spoke more about such issues, criticizing schools as institutions that should be more engaged and active. Some parents stated that psychological problems can be identified when anxiety, depression, behavioral disorders, and social difficulties are observed. Parents emphasized the importance of addressing such problems early, at the initial stage.

Parents also stated that children have psychological problems when difficulties are observed in their behavior and emotions. Parents mentioned that the most common psychological problems among children and adolescents are autism, ADHD, Down syndrome, behavioral and emotional problems, anxiety, and depression. As

influencing factors, they mentioned the lack of family and school support, as well as stigmatization. As protective factors, they mentioned cooperation between family and school, the school psychologist, and consultations with them.

3.4.9. Psychological support services and infrastructure for children and adolescents

In their interviews, parents emphasized that children seek psychological support from their class teacher and psychologist and, in some cases, are assessed through tests and questionnaires, as well as by psychiatrists.

These interviews highlight significant gaps in psychological services for children and adolescents, particularly in the availability of resources and trained professionals, reflecting the underdeveloped nature of this field.

4. Discussion

The quantitative findings highlight conduct problems in children and adolescents, with 84.6% scoring above the average level. Hyperactivity is reported at 73.6% above the average level, while 93.2% show above-average levels in peer-related problems. Emotional problems appear to be at an acceptable average level for 61.3% of participants; however, 38.7% remain above the acceptable average threshold. Prosocial behavior is reported at an acceptable average level for 56.6% of participants, but it remains concerning that 43.4% show below-average levels of prosocial behavior or social skills.

Findings from other studies support these results. ADHD in children and adolescents is estimated at up to 30%, while behavioral problems range from 3%–21%.[31] An analysis from 1990 to 2019 found a significant increase in behavioral problems and other psychological difficulties among children and adolescents, such as anxiety, depression, and eating disorders.[32] Another finding indicates that one in five young people in Europe experience psychological problems, including ADHD and behavioral disorders.[33]

4.1. Detection and identification of psychological problems

Regarding the detection or identification of psychological problems, perspectives vary; however, identifying them is generally difficult, with attention mainly focused on observable signs, although these are also professionally relevant. Adolescents and children tend to describe signs that actually resemble symptoms of already advanced psychological problems. Likewise, physical appearance and lack of socialization are identified as the main distinguishing indicators of someone with psychological problems, according to the results from adolescents and children participating in this study. Parents also emphasize that this is quite difficult, attributing the responsibility to teachers and schools. However, parents also mention clear signs and symptoms as indicators of psychological problems, meaning that problems are already in an advanced stage when they are noticed.

Here, we explore some findings from different international studies in relation to these results. Moses[34] found that parents were more sensitive to impulsive behaviors or to higher levels of aggression in their children. This study also identified psychotic-like symptoms as observable indicators of psychological problems from the parents' perspective; however, it found that parents had difficulty recognizing or interpreting so-called "internalizing" symptoms. It appears that psychological problems need to affect the more visible aspects of personality—behavior-before parents are able to identify that their child is experiencing emotional or psychological difficulties and seek support.

Other studies also suggest that parents may be less aware or less vigilant, and therefore less able to perceive and identify psychological symptoms in their children.[35] Our study also observed a need for increased parental awareness regarding their ability to detect psychological difficulties in their children. This difficulty appears even greater when parents are not closely connected with their children. In such cases, a lack of communication between parents and children significantly complicates parents' ability to identify psychological difficulties.

A similar finding is reported in a study conducted in Norway, where children and adolescents with emotional problems were found to have less communication with their parents. This resulted in reduced closeness as well as reduced parental awareness in detecting changes in their children's mental health.[36] However, another study focused on comparing parents' perceptions of the support they provide to their children with children's perceptions of the support they receive. That study found that 76.9% of parents believed they provided sufficient social and emotional support to their children, whereas only 27.5% of children agreed. This discrepancy was associated with psychological difficulties in children, as well as challenges in coping with such problems.[37]

Furthermore, the qualitative findings from mental health experts indicate the following signs of psychological problems in children: difficulties in emotion regulation, lack of positive relationships, cognitive and judgmental difficulties, inability to cope with challenges, noticeable negative changes in behavior, emotions and social skills,

social withdrawal, poor academic performance, low self-esteem, and lack of cooperation with parents and teachers.

Regarding international research findings, it is emphasized that the use of various assessment instruments-particularly those focusing on emotional and behavioral evaluation-is key to identifying psychological problems in children and adolescents.[38,39] However, experts in Kosovo do not always view psychological assessment as a collaborative process among parents, teachers, and adolescents. Considering the complexity of psychological problems, effective assessment requires integrated information from multiple sources, including health professionals, parents, and adolescents themselves.[39]

4.2. Types of psychological problems

The findings of the study show that the most prominent psychological problems among children and adolescents are: eating problems, identity-related issues, rebellion, aggression, bullying, domestic violence, anxiety, depression, behavioral disorders, ADHD, emotional problems, and body image issues. In addition to these, the parents who participated in the study also mentioned Down syndrome and autism. Children and adolescents participating in the study also added school stress, interpreting academic workload as a psychological problem, and they also mentioned suicide.

It appears that all three participating groups in the study show a mixture in how they view psychological problems, often grouping certain psychological conditions under the broader category of psychological problems. The American Psychiatric Association[40] stated that anxiety is one of the most common problems among children and adolescents. Depression is also frequently mentioned,[41] along with aggressive behaviors or conduct disorders,[42] ADHD,[31] autism,[43] eating disorders,[44] and suicide.[45]

4.3. Factors influencing the increase of psychological problems in children and adolescents

Mental health experts, parents, children, and adolescents as participants in the study highlighted several factors that contribute to the emergence of psychological problems. These include: school stress, peer pressure, family problems and violence, lack of support, various traumas, technology and its uncontrolled use, poverty, and violence. Children and adolescents also mentioned bullying, school-related problems, high parental pressure, and feelings of rejection. Parents further added stigmatization.

Different studies have emphasized that cyberbullying, social media use, and a lack of healthy activities contribute to complications in the mental health of children and adolescents. Another study found that bullying was a mediating factor in psychological problems among adolescents.[46] Other influencing factors in the increase of psychological problems among children and adolescents include an unstable family environment,[47] bullying,[48] excessive or high use of social media,[49] and negative or traumatic childhood experiences.[50] Another finding by Ohtani *et al.*[51] showed that parents who believed their children were experiencing depression actually contributed to an increase in depressive symptoms in their children.

4.4. Protective factors and mental health resources for children and adolescents

Findings from mental health experts in Kosovo show that protective factors for the mental health of adolescents and children include: support from family and friends, the ability to manage stress, support from schools and the community, children's engagement in various activities, positive role models for children and adolescents, a sense of safety, providing opportunities for young people to speak openly about their problems, physical and social activities, raising awareness, a supportive culture toward children's and adolescents' difficulties, school psychological services, NGOs, and public and private services. Children and adolescents also added factors such as prior preparation and education within the family and for themselves, music, art, reading, having someone they can talk to openly, and helplines. Parents mentioned cooperation between schools and school psychologists.

Some international research findings also identified a wide range of protective factors, some of which are consistent with our findings. One study highlights a sense of safety,[52] healthy social relationships,[53] empathy, problem-solving skills, and emotional regulation as key abilities that support children and adolescents in mental health.[54] Supportive schools,[55] as well as sports, arts, and social activities,[56] are also identified as important protective factors.

4.5. Coping with psychological problems

Mental health experts mentioned that young people, specifically adolescents and children, have several sources they turn to when facing psychological problems. According to them, they first seek help from family and relatives, most commonly their parents, and then from teachers. However, if these sources are not supportive, they may turn to friends or enter a period of isolation. In some cases, they may also begin abusing psychoactive substances. Experts also mentioned NGOs as supporting institutions for children with psychological problems. Adolescents, on the other hand, mentioned friends as their first point of contact, followed by a psychologist, while some mentioned family first and then a psychologist, as well as helplines and

support groups. Parents mostly mentioned class teachers and psychologists as first points of contact, but overall they emphasized the lack of adequate professional psychological services for children and adolescents.

In line with our findings, various international studies also describe similar pathways through which children and adolescents cope with psychological problems.[57] highlight parents, teachers, and friends. Another study mentions writing and creative activities,[58] as well as physical and social activities.[59] In contrast, maladaptive coping strategies include tendencies for children and adolescents to withdraw from others when facing psychological difficulties, leading to interpersonal withdrawal,[60] avoidance of problems,[59] increased aggression and impulsivity,[61] self-harming behaviors,[45] and substance abuse such as alcohol and drugs.[62]

4.6. Integration and comparison of qualitative and quantitative results

The study findings also reveal differences between the qualitative and quantitative results. This discrepancy is particularly evident in relation to emotional problems among children and adolescents. While the quantitative findings indicate that emotional problems among participants are at an average level, with 61.3% of participants falling within the average range, the qualitative findings suggest that emotional problems are more pronounced. Participants' accounts indicate that emotional difficulties may represent signs of broader psychological problems or potential early indicators of psychological difficulties.

Another difference between the qualitative and quantitative findings concerns the level of prosocial behavior. The qualitative findings emphasize that prosocial behaviors and the prosocial environment among children and adolescents in Kosovo appear to be relatively limited. In contrast, the quantitative findings indicate that 56.6% of the participants demonstrated an average level of prosocial behavior, while 43.4% were within the below-average range.

At the same time, several findings from the qualitative and quantitative components converge. The qualitative findings identify emotional and behavioral problems as among the most prevalent psychological difficulties reported among children and adolescents. Similarly, the quantitative findings indicate above-average levels of emotional problems and conduct problems among the participants. This convergence between the two methodological approaches strengthens the evidence that emotional and behavioral difficulties represent important areas of concern among children and adolescents.

Furthermore, the quantitative findings indicate that emotional problems and conduct problems are significantly more serious among participants who have experienced adverse or traumatic events during their lives. This finding is consistent with the qualitative results, which highlight that various adverse life experiences can negatively affect the psychological well-being of the interviewed children and adolescents. Participants identified experiences such as different forms of abuse, family problems, school-related stress, parental loss, peer pressure, and poverty as situations that can increase psychological difficulties among children and adolescents.

Overall, integrating the qualitative and quantitative findings shows both convergence and divergence between the two methodological components. While the quantitative data provide measurable evidence regarding the prevalence and levels of psychological difficulties, the qualitative findings offer a deeper understanding of how children and adolescents experience and interpret these difficulties within their everyday lives. Together, these findings provide a more comprehensive understanding of the factors associated with the mental health and psychological well-being of children and adolescents in Kosovo.

5. Limitations

Several limitations of the study should be acknowledged. First, the study employed a cross-sectional design, which is characterized by the collection of data within a relatively limited period of time. Consequently, this design does not allow researchers to determine or explain causal relationships between variables. It also limits the ability to assess changes or developments over time.

Another limitation is parent-report bias. Parents provided their perspectives regarding the mental health of children and adolescents, and these reports may be influenced by subjective perceptions and interpretations.

A further limitation concerns the constraints associated with purposive sampling. Because this study used purposive sampling, the ability to generalize the findings to the broader population of children and adolescents is limited.

Children and adolescents differ in their emotional, cognitive, social, and behavioral development. Combining these age groups may lead to differences in how psychological difficulties manifest and are reported. Future research should consider more differentiated personal factors for children and adolescents, particularly age group analyses to examine whether the observed patterns vary across developmental stages.

Another challenge concerns collecting and integrating

data from different methodological approaches, including quantitative and qualitative methods. Different methods provide complementary perspectives on the research topic; however, differences in data structure, measurement, and analytical approaches may make direct comparison of findings more difficult. Consequently, integrating the findings from the quantitative and qualitative components into a coherent overall interpretation presents certain methodological challenges. Nevertheless, combining these approaches allows for a broader understanding of the phenomenon by capturing both measurable patterns and participants' experiences and perspectives. Furthermore, in the quantitative analyses, we conducted only descriptive analyses and an independent-samples *t*-test, but we did not analyze potential confounding variables.

6. Recommendations

The research has led to several recommendations that could meaningfully improve the psychological well-being of children and adolescents.

The need for psychoeducation on psychosocial problems and mental health of children and adolescents is highlighted. This should be implemented through projects that involve all community groups, especially parents, teachers, and other community actors in direct contact with children and adolescents. These initiatives should also include educational components addressing stigma, bullying, prejudice, discrimination, and many other issues that affect the psychological well-being of children and adolescents.

Increasing communication between parents and children is another important area, where parents' awareness should be raised about constructive ways to communicate with their children. Creating an environment of open, non-judgmental communication, accepting all concerning topics, and practicing active listening and empathy would contribute to a healthier communication climate between parents and adolescents.

Similarly, closer communication should be established between children, parents, and various school-based actors. This communication should begin with clarifying mutual expectations, holding regular meetings to address school demands and students' needs, and coordinating meetings aimed at promoting the mental health of children and adolescents. Increasing artistic, musical, social, and creative activities for children and adolescents is also recommended. This includes expanding partnerships with various NGOs that engage young people in creative activities. NGOs also provide services directly related to children's and adolescents' mental health, often free of charge, making access easier for those with financial difficulties. Parents, schools, and NGOs should hold joint meetings to discuss everyday challenges faced by children and adolescents and develop joint strategies to support their mental health.

Developing early intervention strategies for the psychosocial health of children and adolescents is another key recommendation. The research showed that identification of psychological problems often occurs at a late stage, only when symptoms have already progressed to the point of diagnosis. This indicates a lack of prevention and early detection of warning signs. An early intervention strategy would address this gap by promoting both prevention and early identification.

Another recommendation is to specialize mental health professionals, as the findings indicate a shortage of expertise in Kosovo. Education and training for professionals working with children and adolescents is insufficient, and such specialization is not clearly defined within licensing regulations for mental health professionals. Another recommendation is to organize targeted training programs for professionals working with children and adolescents with psychosocial difficulties.

Increasing the availability of support groups is another recommendation identified as highly important for maintaining the mental health of children and adolescents. Such support groups would be highly beneficial for this target group, helping them cope with their problems and increasing their resilience to psychosocial difficulties.

Awareness-raising videos and educational materials are also considered very important for adolescents, children, parents, and teachers. These materials should guide people on where to seek help when facing different types of difficulties or experiencing symptoms related to psychological or social problems. They would help individuals understand the pathways, people, and services available for children, adolescents, and parents to seek support.

7. Conclusion

According to the findings of this study, emotional problems, peer problems, conduct problems, and hyperactivity were reported at elevated levels among children and adolescents in Kosovo. Parents tended to report higher levels of emotional problems and hyperactivity than the children and adolescents themselves. Furthermore, emotional problems were more prevalent among children and adolescents living in rural areas. Those who had experienced traumatic events in the past also showed higher levels of emotional and conduct problems.

The study identified several risk factors associated

with mental health difficulties among children and adolescents, including family violence, lack of family support, school-related stress, peer pressure, bullying, traumatic experiences—particularly the loss of a parent—low parental educational attainment, stigma surrounding psychological help-seeking, problematic technology use, low family income, family conflicts, and social media-related factors.

Regarding protective factors, the findings highlighted the importance of support from family and friends, social support within schools and communities, safe environments, participation in music, sports, and arts activities, effective cooperation between families and schools, physical activity, and social engagement. Regarding strategies for addressing psychological difficulties among children and adolescents, the study emphasized the importance of school-based psychological services, support groups, services provided by various NGOs, community mental health centers, support from family members and teachers, and online psychological services. These forms of support may help prevent and manage psychological difficulties and facilitate access to appropriate assistance.

Finally, the study identified several challenges affecting the provision of mental health support, including underdeveloped mental health service infrastructure, insufficient instruments and equipment, limited interinstitutional cooperation, a shortage of qualified professionals, and inadequate training opportunities. Addressing these challenges is essential to improving access to mental health services and ensuring timely, effective, and appropriate support for children and adolescents in Kosovo.

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Conflict of interest

The authors declare no competing interests.

Author contributions

Conceptualization: All authors
Formal analysis: All authors
Investigation: All authors
Methodology: Arben Hysenaj
Writing–original draft: Arben Hysenaj
Writing–review & editing: All authors

Ethics approval and consent to participate

After reviewing the current study, the Dean's Council of the Faculty of Social and Psychological Sciences determined that the proposed study qualifies for an ethical approval exemption. The Council concluded that the research involves no risk to participants, includes no invasive procedures or experimental interventions, and is based on voluntary participation through the collection of anonymous or confidential research data. The study does not involve vulnerable populations in a manner that would require additional ethical safeguards beyond standard research practice. Accordingly, the Council has determined that the study was exempted from a full ethical review process (September 11, 2025). The research team must conduct the study in accordance with internationally recognized ethical principles, including respect for participants' autonomy, voluntary participation, informed consent, protection of privacy and confidentiality, secure data management, and the use of collected information solely for scientific purposes.

Consent for publication

All participants provided verbal informed consent for the publication of the findings derived from this study.

Availability of data

The original contributions presented in this study are included in the article. Further inquiries can be directed to the corresponding author. The provided supplementary materials include the Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist to report clarity, transparency, and comprehensiveness of the qualitative investigation; as with quantitative studies, the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) checklist was provided to present clearly, transparently, and comprehensively the investigation's working paths.

AI tools statement

The free version of ChatGPT was used for language editing.

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