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Analyzing Mental Health Difficulties in Adults: New Evidence About the Strengths and Difficulties Questionnaire

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Abstract

Background: The Strengths and Difficulties Questionnaire (SDQ) has largely been used in adolescents to screen for mental health difficulties and prosocial capabilities. The objective is to analyze the psychometric properties of the Spanish version of the SDQ in university students. **Methods:** This work included a large sample ($N = 1256$), 64.6% women with a mean age of 22.96 years ($SD = 6.15$). **Results:** The confirmatory factor analysis indicated that a six-factor solution was the most tenable. The study of measurement invariance (MI) revealed strong measurement invariance both by gender and age. The study of relations with other variables indicated that the SDQ subscales were statistically significantly correlated with indicators of self-esteem, emotional well-being, stress, and emotional regulation. Finally, the internal consistency of the scores for the Total Difficulties Score was 0.763. **Conclusions:** These results allow confirming the psychometric properties of the Spanish version of the SDQ for its use in university students.

Keywords: university students; SDQ; measurement invariance; factorial structure; evidences of validity; psychometrics; Spanish version

1. Introduction

The World Health Organization (WHO) [1] defines Mental Health as “a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, and contribute to their community”. In this regard, multiple investigations have shown that mental and emotional health problems are recurrent in youth populations [2–4]. In addition, prevalence rates have increased in recent years, even more after the COVID-19 pandemic [5–8]. Specifically, the group between 18 and 30 years of age, considered “emerging adults” and “young adults” have revealed particularly high rates of mental health problems [9–12].

In addition, scientific evidence has shown that university students are at a higher risk of suicidal thoughts and behaviors than the general population of the same age [13–16]. At this moment, students have to deal with new stressors, including knowing new people, living in another town, separating from their parents, and new educational challenges, which can contribute to developing psychological problems [4,10,17,18]. For instance, the study of Tomás-Gallego et al. [19] indicated that 27.80% of university students showed emotional and behavioral disorders, of which 11.20% were severe. Moreover, although they have similar levels of mental health as their non-university peers, students have greater severity of symptoms and do not return to pre-university health levels [3,20–22]. Considering the relevance of this moment of life for a vast number of people, instruments



Academic Editor: Domenico De Berardis

Received: 20 September 2025

Revised: 23 January 2026

Accepted: 26 February 2026

Published: 17 March 2026

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with adequate psychometric properties for studying psychological problems at this moment are required.

The Strengths and Difficulties Questionnaire (SDQ) is a worldwide measuring instrument that allows screening for behavioral, social, and emotional disorders, but at the same time, assesses social strengths in children and adolescents. It is made up of 25 questions answered in a Likert format scale with three options. The questions are grouped into five subscales: Emotional Problems, Conduct Problems, Peer Problems, Hyperactivity, and Prosocial Behaviors, so that strengths and weaknesses are equally well represented [23].

In addition, the SDQ fulfills the requirement to be a basic questionnaire, easy to apply, and freely available. The instrument has been translated into multiple languages, which makes it easier for cross-cultural comparisons. Worth noting, the SDQ was designed for children and adolescents from 4 to 16 years of age. Although there is also a version for adults over 18 years of age, there is hardly any literature studying this version [24–26].

The psychometric properties of the SDQ have been tested and validated in different studies, but, as mentioned above, most have been done in child and adolescent populations [27–30]. With regard to the evidence about the internal structure of the SDQ, results are still contradictory. Thus, different studies using confirmatory factor analysis (CFA) indicated that the five-factor solution was the most satisfactory [29–34]. However, other studies indicated that the three-factor solution composed of Internalizing symptoms (Emotional and Peer Problems subscales), Externalizing symptoms (Conduct Problems and Hyperactivity subscales), and the Prosocial subscale [35–37] was most satisfactory. For example, the study of the SDQ parent version, in a Spanish national sample, indicated a three-factor solution as the most satisfactory [38]. Moreover, some studies have found that a five-factor solution with two second-order factors (internalizing and externalizing) was more adequate [39]. A recent study of Skarphedinsson et al. [40] revealed that both the five-factor structure and a three-factor structure with higher-order internalizing and externalizing factors were adequate. Nonetheless, some other studies have pointed out that the inclusion of reverse-worded items is affecting the validity of the questionnaire and proposed a three-factor model comprising internalizing and externalizing and prosocial dimensions, without the mentioned items as the most adequate [41]. Considering that both the three-factor and five-factor structures have received criticism, recent work has questioned the inclusion of reverse-worded items, indicating that the internal structure of the questionnaire is adequate when these items are removed [42,43]. Worth noting, there are not, to the best of our knowledge, other studies about the psychometric properties of the SDQ in university students or young adults.

Interestingly, different studies have found contradictory results about the internal structure of the five-factor solution, indicating that the five-factor structure needed substantial modifications [29,35,44]. Moreover, a bifactor structure of the test has also been proposed [45] as a possible structure that could fit the SDQ dimensions.

As mentioned before, the evidence about the internal structure of the SDQ is still contradictory. The internal consistency of the scores has been questioned in different studies using Cronbach's alpha. It has been argued that one of the problems explaining this could be the fact that the SDQ contains up to five positive items in the difficulties subscales, which can lead to low levels in Cronbach's alpha coefficient and to the inconsistency of factorial solutions [46]. Furthermore, items of the SDQ are rather ordinal than continuous. Therefore, using the ordinal alpha or Omega coefficient, instead of Cronbach's Alpha, could improve reliability indices [27,29,30,47,48].

With regard to the study of measurement invariance (MI), the existing literature is very limited, and again, there is some controversy, since it depends on the versions used and the sample. For instance, structural equivalence was found according to gender and

age in the parents' version [49]. In addition, the research by Ortuño et al. [29] showed MI by age and gender in the self-reported version of adolescents. Furthermore, Van de Looij-Jansen et al. [50] revealed MI across ethnicity and education level. The study of MI is a key aspect to be further studied because if MI does not hold, inferences could be erroneous or unfounded.

Considering that the Spanish version of the SDQ (adult form) has not yet been validated, this study aims to study the psychometric properties of the self-reported version of the SDQ for adults (+18) in Spanish. The specific objectives are to gather evidence about the internal structure of the instrument, to analyze the MI across gender and age, to study the evidence about the internal consistency of the scores, and to provide evidence in relation to other variables. We hypothesized that the five-factor solution would be the most adequate and that MI across gender and age would be found. In addition, the SDQ difficulty dimensions are expected to be positively related to measures of mental health problems.

2. Materials and Methods

2.1. Participants

The University of Northern Spain had 4400 students enrolled in the 2020–2021 academic year, distributed among the three faculties. For the selection of participants, we used a convenience sampling method. The initial sample for this study comprised 2200 students. We selected participants from different faculties and different academic years. The exclusion criteria included students who (a) were studying at a distance, (b) did not understand Spanish (e.g., exchange students), and (c) were older than 50, as they were residual and the age dispersion was amplified. Thus, the final sample comprised 1256 students. If a student did not answer a question, he or she was not allowed to continue to the next question. Thus, no incomplete responses were found.

This final sample was composed of 64.9% women (815) with a mean age of 22.96 (SD = 6.15) and an age range between 17 and 49. For this study, two groups were formed according to age, following the WHO [9,51]: (a) group 1, considered as adolescents, $n = 370$, age range between 17 and 19 years old; and (b) group 2, considered as "adults", $n = 886$, age range between 20 and 49 years old.

2.2. Instruments

The Strengths and Difficulties Questionnaire (SDQ) allows screening for emotional and conduct problems [23]. It allows detecting behavioral, social, hyperactivity, and emotional disorders, but at the same time, it evaluates social strengths in children and adolescents. It is made up of 25 questions with responses in a Likert format with three options. The questions are grouped into five subscales with five items each: Emotional Problems, Behavioral Problems, Peer Problems, Hyperactivity, and Prosocial Behavior. In addition, there is a supplement that assesses the impact of symptoms on family life, leisure time, learning, and the relationship with friends. The SDQ is translated into many languages, and there are several versions depending on age. In the present study, the SDQ self-reported forms for adults (+18), in the Spanish version, have been used. The version is provided on the official web page of the instrument (sdqinfo.org).

The Trait Meta-Mood Scale (TMMS) is a self-report measure of emotional intelligence. The scale has been developed for the assessment of three cognitive components of the Emotional Intelligence construct, with a total of 48 items: attention to feelings, clarity, and repair [52]. In this study, the Spanish version of the 24-item scale developed by Fernandez-Berrocal's team [53] was utilized. The items on this scale have a 5-point Likert format (1—strongly disagree, 5—strongly agree) and are balanced in positive and negative. The

results must be calculated by differentiating the three components individually, and the gender of the subject.

The Rosenberg Self-Esteem Scale (RSES) is a psychometric tool designed to assess the general perception of self-esteem and worth. It is a unidimensional instrument with 10 items; 5 positively worded items (e.g., I feel that I have a number of good qualities) and 5 negatively worded items (e.g., I certainly feel useless at times), respectively, rated on a 4-point Likert-type scale (i.e., from 1 = totally disagree to 4 = totally agree) [54]. The results oscillate between 10 and 40 points, with low self-esteem being below 25 points, and high self-esteem being 30 and above. Echeburúa's Spanish version was used for this study [55].

The Satisfaction With Life Scale (SWLS) [56] measures global life satisfaction through 5 items (e.g., I am satisfied with my life) with a 5-point Likert-type response scale, from strongly disagree (1) to strongly agree (5). The higher the total score obtained, the higher the individual's life satisfaction. The Spanish version used for this study is from the Atienza research team [57].

The Perceived Stress Scale (PSS) was designed to measure "the degree to which individuals appraise situations in their lives as stressful" [58]. It is an instrument with 14 items (e.g., felt nervous and stressed) rated on a 5-point Likert-type scale (i.e., from 0 = never to 4 = very often). These questions concern sentiments and thoughts during the last month. Subjects are invited to indicate how often they felt a certain way. We used the Spanish adaptation of the instrument [59].

2.3. Procedure

The questionnaire was created online on the platform SurveyMonkey, and the students received the online questionnaire through the institutional email of the University. Individual responses could be submitted via any internet-connected device (i.e., mobile, tablet, or computer), from anywhere and only once. The response period was established between November 2020 and March 2021.

The survey instrument and the study were approved by the University Ethics Committee. Prior to the initiation of the survey and engagement in the academic study, participants were obliged to provide written consent following the comprehensive review of all pertinent information. Throughout the research process, the confidentiality and anonymity of the participants' data were strictly maintained.

2.4. Data Analysis

Initially, we calculated descriptive statistics, as well as McDonald's Omega and Ordinal alpha as measures of the internal consistency of the SDQ scores.

Second, with the aim of studying the internal structure of the SDQ, we performed different CFAs. Due to the categorical nature of the data, the Weighted Least Squares Means and Variance adjusted (WLSMV) estimator and the polychoric correlation matrix were selected. The hypothetical models that we studied were: (a) the three-factor model with Internalizing and Externalizing problems and Prosocial capabilities as dimensions; (b) the same three factor-model with the inclusion of the Correlated Errors (CE); (c) the five-factor original model [23]; (d) five factor model with CE; (e) the bifactor model that includes a general factor and five dimensions [45]; and (f) a three-factor and a five-factor models without the reverse-worded items. In order to assure the adequacy of the models studied, we used the following goodness-of-fit indices: Chi-square (χ^2), Comparative Fit Index (CFI), Tucker–Lewis Index (TLI), Root Mean Square Error of Approximation (RMSEA), and Weighted Root Mean Square Residual (WRMR). Following Marsh, Hau, and Wen [60], RMSEA scores of about 0.05 or less are preferred; nonetheless, values below 0.08 can also be considered acceptable. In addition, CFI and TLI values over 0.95 are preferred, although

values close to 0.90 are considered acceptable. Finally, WRMR values less than 0.08 indicate a good model fit [61].

Third, we performed successive multigroup CFA with the aim of studying MI [62]. The study of MI allows for confirming that the construct measured has the same structure and meaning across the groups compared [63]. In order to study MI, a configural invariance model was established with items constrained to load on the same factors across groups and allowing all item thresholds and factor loadings to vary across groups. Then, we established a strong invariance model. Attending to the well-known limitations of the $\Delta\chi^2$, due to its sensitivity to sample size, Cheung and Rensvold [64] proposed the ΔCFI as a more reliable criterion for determining the equivalence of nested models. Thus, we considered a ΔCFI greater than 0.01 to reject the nested model. If the change in CFI was less than or equal to 0.01, we assumed that all specified equal constraints were tenable and we continued with the next step.

Fourth, in order to obtain evidence of validity with other variables, we studied the correlation between the SDQ dimensions and other measures of psychological well-being and psychological difficulties.

Fifth, we calculated the potential influence of gender and age in the manifestation of emotional and behavioral problems. To this end, we performed a MANOVA with the SDQ dimensions as dependent variables and gender and age as independent variables.

SPSS 24.0 [65] and JASP 0.18.3 version [66] were used for data analyses.

2.5. Patient and Public Involvement

Students were involved in this research in two phases. In the first phase, through the study design. A preliminary phase was conducted with a pilot sample of 25 university students prior to the collection of data. These students were not involved in the final study sample. The objective of this phase was to evaluate the clarity of the questions, the comprehension of the items, the time taken, and the functionality of the online survey. After the preliminary phase, minor adjustments were made to the wording of some items to enhance comprehension, particularly in the sections on alcohol consumption and physical activity. For example, in questions related to alcohol consumption, the response option “0” was included. The same approach was applied to questions on physical activity, and an example of the type of physical activity described to enhance clarity was also included. In the second phase, they participated by answering the questionnaire that was created ad hoc.

3. Results

3.1. Evidence of Validity Based on Internal Structure

As shown in Table 1, the goodness-of-fit indices for the three and five-factor base-lines were inadequate. For both models, we found substantial Modification Indices (MIs) (i.e., ≥ 25) for error correlation between items 2 (*restless*) and 10 (*fidgeting*). As can be seen, both items belong to the Hyperactive subscale, and the meaning is similar, suggesting the possibility that this subscale could have overlapping items. Also, other CEs suggest the possibility of overlapping between items from different subscales. In order to consider the inherent problem in the use of correlated errors [67], and from a pragmatic standpoint, it was decided that a single correlated error should be computed in the analyses out of 180 potential CE. Therefore, the model is still far from being fully saturated.

The inclusion of these CE generated an increase in the goodness-of-fit indices of all the models tested. Nonetheless, the three-factor model was still close to inadequate, with TLI close to 0.90. Therefore, we studied a six-factor solution where the hyperactive factor was divided into impulsive and inattentive symptoms. This solution displayed better

fit indices than the previous model, and no error correlations were needed. Hence, the decision was taken to retain this model as the most satisfactory solution.

Table 1. Goodness-of-fit indices for the different models tested.

MODEL	χ^2	Df	CFI	TLI	RMSEA (CI 90%)	WRMR
Baseline one-factor model	14,588.624	300	0.665	0.660	0.115 (0.111–0.119)	1.021
Three-factor model	2533.247	272	0.842	0.825	0.081 (0.076–0.087)	0.106
Three-factor model with CE	1255.456	268	0.800	0.809	0.0696 (0.061–0.073)	
Five-factor model	1710.106	265	0.832	0.81	0.066 (0.063–0.069)	0.088
Five-factor model with CE (2–10)	1055.854	264	0.908	0.895	0.049 (0.046–0.052)	0.077
Three factors without reverse-worded items	1729.404	167	0.827	0.801	0.076 (0.072–0.082)	0.095
Three factors without reverse-worded items and CE (2–10)	738.792	166	0.919	0.904	0.052 (0.049–0.056)	0.078
Five-factor model without reverse-worded items	1056.805	160	0.877	0.854	0.066 (0.062–0.070)	0.089
Five factors without reverse-worded items and CE (2–10)	512.381	159	0.939	0.923	0.045 (0.041–0.049)	0.066

Note. CE = Correlated errors added; χ^2 = Chi square; Df = degrees of freedom; CFI = Comparative Fit Index; TLI = Tucker–Lewis Index; RMSEA = Root Mean Square Error of Approximation; WRMR = Weighted Root Mean Square Residual; CI = Confidence Interval Fit Index.

Factor loadings of the five-factor model without reverse-worded items and item 15 were calculated. As shown in Table 2, all factor loadings met the criterion of statistical significance, ranging from 0.30 (23: *I get on better with adults than with people my own age*) to 0.993 (3: *I finish the work I'm doing. My attention is good*). Factor correlations are shown to be statistically significant, with a range from -0.31 (Emotional Problems and Prosocial) to 0.84 (Conduct Problems and Hyperactivity).

Table 2. Estimated saturation item parameters for the five-factor model without reverse-worded items.

Items	Estimate	Error	Lower	Upper
Emotional				
3	0.615	0.008	0.570	0.637
8	0.812	0.009	0.782	0.844
13	0.828	0.012	0.807	0.881
16	0.704	0.015	0.679	0.745
24	0.720	0.017	0.689	0.764
Conduct				
5	0.625	0.029	0.579	0.679
12	0.645	0.031	0.556	0.690
18	0.701	0.029	0.632	0.769
22	0.417	0.028	0.326	0.473
Peer Problems				
6	0.520	0.023	0.465	0.555
19	0.640	0.029	0.594	0.706
23	0.310	0.021	0.259	0.340
Hyperactivity				
2	0.810	0.036	0.759	0.899
10	0.838	0.035	0.765	0.912
15	0.792	0.032	0.755	0.875
Prosocial				
1	0.619	0.030	0.563	0.681
4	0.334	0.027	0.302	0.406
9	0.812	0.031	0.738	0.861
17	0.640	0.031	0.582	0.697
20	0.566	0.029	0.501	0.596

3.2. Measurement Invariance of the SDQ Scores Across Gender and Age

Once the five-factor model without reverse-worded items revealed the best goodness-of-fit indices, we tested the measurement equivalence of this factor structure across gender and age (see Table 3). To examine MI across age, the sample was divided into two different subgroups: adolescents ($n = 370$) and adults ($n = 886$). Then, we examined configural, strong, and metric MI. Differences in ΔCFI below 0.01 between the models supported the hypothesis of strong MI across both gender and age.

Table 3. Study of the measurement invariance of the Strengths and Difficulties Questionnaire across gender and age.

	χ^2	Df	CFI	TLI	RMSEA (CI 90%)	WRMR	ΔCFI
Gender							
Male ($n = 441$)	511.985	159	0.934	0.91	0.043 (0.038–0.051)	0.062	
Female ($n = 815$)	513.852	159	0.932	0.93	0.047 (0.039–0.050)	0.067	
Configural Invariance	520.159	775	0.931	0.943	0.043 (0.039–0.051)	0.061	
Strong Invariance	523.657	850	0.928	0.941	0.051 (0.040–0.058)	0.063	−0.01
Metric Invariance	519.851	901	0.931	0.939	0.050 (0.040–0.057)	0.062	−0.01
Age							
Adolescents ($n = 370$)	510.582	159	0.940	0.939	0.045 (0.036–0.052)	0.059	
Adults ($n = 886$)	512.233	159	0.938	0.931	0.048 (0.039–0.056)	0.063	
Configural Invariance	519.285	775	0.930	0.928	0.049 (0.040–0.058)	0.065	
Strong Invariance	522.658	850	0.929	0.927	0.051 (0.042–0.060)	0.066	−0.01
Metric invariance	521.158	901	0.924	0.922	0.050 (0.042–0.059)	0.064	−0.01

Note. χ^2 = Chi square; Df = degrees of freedom; CFI = Comparative Fit Index; TLI = Tucker–Lewis Index; RMSEA = Root Mean Square Error of Approximation; WRMR = Weighted Root Mean Square Residual; CI = Confidence Interval; ΔCFI = Change in Comparative Fit Index.

3.3. Validity Evidence Based on the Relation with Other Variables

Pearson's correlations between the PSS, Rosenberg, SWLS, TMMS, and SDQ subscales and total score were calculated with the aim of gathering evidence of the relationship between the proposed SDQ model and other indicators of mental health. As shown in Table 4, most of the correlations between SDQ dimensions and the rest of the instruments were statistically significant. Nonetheless, the attention subscale of the TMMS was not significantly correlated with Conduct Problems, Inattention, Impulsivity Problems, and Peer Problems, and the repair subscale was not correlated with Conduct Problems. In addition, the PSS total score was not correlated with Prosocial abilities.

Table 4. Evidence of the relation of the Strengths and Difficulties Questionnaire with other variables.

SDQ	PSS Total	Rosenberg Total	SWLS Total	TMMS		
				Attention	Clarity	Repair
Emotional Problems	0.680 **	−0.591 **	−0.420 **	0.297 **	−0.353 **	−0.405 **
Conduct Problems	0.184 **	−0.132 **	−0.129 **	−0.007	−0.069 **	−0.155 **
Hyperactivity	0.389 **	−0.379 **	−0.338 **	0.034	−0.271 **	−0.253 **
Peer Problems	0.315 **	−0.360 **	−0.312 **	0.029	−0.172 **	−0.223 **
Prosocial	−0.038	0.106 **	0.109 **	0.230 **	0.107 **	0.135 **
Total Score	0.619 **	−0.571 **	−0.458 **	0.160 **	−0.345 **	−0.379 **

** Note: The correlation is significant at the 0.01 level (bilateral). SDQ = Strengths and Difficulties Questionnaire; PSS = Perceive Stress Scale; SWLS = Subjective Wellbeing Life Scale; TMMS = Trait Meta-Mood Scale.

3.4. Descriptive Statistics, Mean Comparisons, and Inter Internal Consistency of the Scores for the Five-Dimensional Model Without Reverse-Worded Items

The descriptive statistics of the five subscales and the total score of the SDQ (i.e., mean and standard deviation) are displayed in Table 5 for the whole sample, and considering gender (i.e., male and female) and age (i.e., emerging adulthood and adults). The MANOVA indicated statistically significant differences by gender. No significant differences were found by age. Thus, we studied the differences by gender. The ANOVA indicated statistically significant differences in all of the subscales but Hyperactivity and the total score. Men scored higher in Conduct Problems, whereas women displayed higher scores in Internalizing Problems, Peer Problems, and Prosocial Behavior.

Table 5. Descriptive statistics of the five subscales and the total score of the SDQ.

SDQ	M (SD)						Reliability Indices	
	Gender			Age		Total (N = 1256)	McDonald's ω /Ordinal Alpha (95% CI)	
	Male (n = 441)	Female (n = 815)	p (η^2)	Adolescents (n = 370)	Adults (n = 886)	p (η^2)		
Internalizing Problems	2.955 (2.52)	4.461 (2.83)	0.001 (0.043)	4.122 (2.81)	3.154 (2.69)	0.001 (0.043)	3.931 (2.82)	0.789/0.792
Conduct Problems	2.188 (1.38)	2.019 (1.31)	0.001 (0.041)	2.115 (1.34)	1.953 (1.07)	0.03 (0.013)	2.083 (1.34)	0.671/0.673
Hyperactivity	2.11 (0.71)	2.24 (0.67)	0.368 (0.002)	2.24 (0.69)	2.11 (0.64)	0.15 (0.001)	2.22 (0.74)	0.510/0.523
Peer Problems	2.432 (1.61)	2.498 (1.61)	0.02 (0.011)	2.476 (1.60)	2.462 (1.62)	0.26 (0.002)	2.473 (1.61)	0.465/0.48
Prosocial	7.86 (1.86)	8.754 (1.33)	0.01 (0.010)	8.457 (1.62)	8.356 (1.53)	0.23 (0.003)	8.437 (1.60)	0.588/0.591
Total Score	11.69 (5.16)	12.710 (5.44)	0.047 (0.003)	12.691 (5.39)	10.93 (5.03)	0.02 (0.010)	12.344 (5.37)	0.763/0.773

In addition, the reliability of the scores was analyzed using McDonald's omega and ordinal alpha (see Table 4). The McDonald's ω for the total score was 0.713, and for the subscales it ranged from 0.465 (Peer Problems) to 0.789 (Emotional Problems).

4. Discussion

The principal aim of the present study was to analyze the psychometric properties of the SDQ in its Spanish form for adults. Although the SDQ has been largely used and its psychometric properties have been analyzed in adolescent samples, the present study is, to the best of our knowledge, the first study to examine the psychometric adequacy of its Spanish version for adults.

First, we studied the internal structure of the questionnaire. Results found in the present study are somewhat similar to other studies [29,30,33,68,69], revealing that the original five-factor structure better fits the data when compared to the three-factor solution. Nonetheless, and similarly to previous studies [29,35,44], the five-factor structure without any modification did not fit the data properly. We then studied the proposed [42,43] five and three-factor solutions without the reverse-worded items. The results showed that both the three and five-factor models increased model fit, but still needed correlated errors to be added. It should be noted that other results in Spanish populations indicated that a three-factor solution was satisfactory [38], although in this case, it was the SDQ parents' version. Despite the multitude of studies analyzing the psychometric properties of the SDQ in children and adolescents, only a few studies have analyzed the psychometric properties of the SDQ in adults [24], which precludes comparison between our results and previous studies. The present work found a six-dimensional model as the most satisfactory, with the separation of the hyperactivity dimension into inattention and impulsive symptoms. It might be that for young adults, these two aspects are separated compared to adolescents or

children, who understand this as part of the same construct. Moreover, the factor loadings were all significant for the proposed six-factor model.

We then studied the MI of the five-factor model without the reverse-worded items across gender and age. As previous studies found [29,30,34,44], MI was found both by gender and age. It is worth noting that some other studies indicated that only partial MI was found by gender [31,50]. Again, the lack of studies about the adults' version precludes the comparison of our results with regard to the study of MI with previous studies. The study of MI is crucial when it comes to assuring the comparison between measures of psychological problems and prosocial capabilities, attending to relevant variables like gender or age.

We also studied the evidence of the relation with other indicators of mental health. The results indicated that the subscales of the SDQ were positively and statistically significantly correlated with measures of stress and negatively correlated with measures of self-esteem, well-being, and emotional intelligence. Worth noting, no correlation was found between measures of stress and prosocial behavior, contrary to other studies that indicate a negative statistically significant correlation between stress and prosocial behavior [70]. Other studies have also revealed that the SDQ was correlated with measures of psychological difficulties like problematic internet use [71] and suicide behavior [72].

Finally, we analyzed the descriptive statistics and the internal consistency of the scores. The prevalence rates for the difficulties subscales are similar to those found in previous studies analyzing mental health problems. Moreover, we studied the potential influence of gender and age on the expression of emotional and behavioral difficulties. The results showed that women scored higher than men in emotional difficulties and peer problems, whereas men scored higher for conduct problems. These results are similar to previous research with adolescents [73], although no results are available with the SDQ in adult populations. We did not find differences by age. In addition, the study of the internal consistency of the scores revealed adequate levels for all subscales except Peer Problems (0.465). Also, the Hyperactivity and Prosocial subscales showed indices below 0.60, which are still poor. These results limit the score interpretability and suggest that the subscales, especially Peer Problems, should be reformulated in terms of item composition. The total score revealed good reliability of the scores with an Omega value of 0.713. Previous literature has some contradictory results with good scores for some subscales and low scores for others [36,74]. Studies using ordinal Alpha found better indices of reliability but were inconsistent in some cases [29–31,50,75]. One of the strengths of the SDQ is the fact that it is an instrument composed of subscales with a reduced number of items. This may explain the low indices of internal consistency of the scores. Thus, new research is still needed in order to confirm the reliability of the scores in the adult version of the SDQ.

The present work has some limitations that should be noted. The information gathered by questionnaires has inherent problems and biases. For this reason, future studies could try to implement other research techniques such as experimental data or brain image techniques (e.g., neuroimage, electrogram, etc.). Also, the study was based on a specific region of the Spanish territory and with university students, which may preclude the generalization of the results to other regions of the country and to other populations. Moreover, the convenience sampling limits the external validity of the study and could have caused selection bias. Therefore, future studies should analyze the psychometric properties in representative samples of young adults. The present study includes different measures of psychological well-being and mental health; nonetheless, we did not include specific measures of psychopathology (e.g., anxiety or depression scales), which limits the evidence of validity with external variables. In addition, the study was cross-sectional in nature, and no test–retest information was analyzed, which limits the possibility of establishing

cause-and-effect relationships and obtaining more evidence about the reliability of the study. Also, the study is limited to a particular region of the north of the country and specifically in one University, which limits the generalization of the results. Worth noting, we conducted a previous pilot study to ensure that the items were appropriate for the sample. Thus, future longitudinal studies could add valuable information in this regard. Besides the noted limitations, the present work has clear implications for the aim to use the SDQ in young adults. To date, and to the best of our knowledge, this is one of the first and largest samples studying the psychometric adequacy of the adult version of the SDQ. The proposed six-factor solution could help researchers to study mental health problems and prosocial behaviors in university students, and not limit the use of the SDQ to the screening of mental health problems in adolescent populations.

Author Contributions: Methodology, G.T.-G. and J.O.-S.; Investigation, E.G.-I., J.M.D.-T. and J.O.-S.; Resources, J.M.D.-T.; Writing—original draft, G.T.-G. and J.O.-S.; Supervision, G.T.-G. and E.G.-I. All authors have read and agreed to the published version of the manuscript.

Funding: This research was funded by Government of La Rioja. Department of Education and Employment. Research Plan for the year 2026. grant number REGI2025/10.

Institutional Review Board Statement: The study was conducted in accordance with the Declaration of Helsinki and approved by the University of La Rioja Ethics Committee (protocol code rVGMmMvkfVdA05wUtVEifww6IDkItSiy and date of approval 12 March 2020).

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

Data Availability Statement: The data presented in this study are available on request from the corresponding author. The data are not publicly available due to ethical/privacy issues.

Conflicts of Interest: The authors declare no conflicts of interest.

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