

Mental Health Inventory, Practices and Challenges of Private Higher Education Institutions in Calapan City Towards a Proposed Intervention Program

Liezel P. Zamora
Mindoro State University
zhelkyszamora@gmail.com

Date Submitted:
March 15, 2026

Date Accepted:
May 27, 2026

Date Published:
July 25, 2026

DOI:
10.5281/zenodo.21564358

ABSTRACT

This study examined the mental health inventory, practices, and challenges within five private higher education institutions in Calapan City to develop a targeted intervention program. Utilizing an explanatory embedded mixed-methods research design, data were gathered from 100 student respondents across various academic programs and year levels. Quantitative assessments measured levels of anxiety, depression, emotional control, positive affect, and life satisfaction, while qualitative insights explored student experiences and institutional barriers. Findings revealed that students occasionally experienced anxiety and depression-related symptoms with academic grade pressure and sleep disturbances identified as primary stressors. Despite these challenges, respondents maintained a high level of positive affect and life

satisfaction. Institutional mental health practices were generally perceived as implemented; however, significant gaps in visibility, consistency, and proactive screening were identified. Statistical analysis indicated no significant differences in the mental health inventory across most demographic variables, except for sex, which showed significant variations in depression and emotional control. A significant positive correlation was found between direct mental health services and students' positive affect and life satisfaction. Based on these results, the researcher proposed the "THRIVE CAMPUS" Student Mental Health Support Program. This initiative transitions institutions from reactive crisis responses to a proactive, system-wide framework emphasizing academic stress management, regular screenings, and enhanced counseling accessibility.

Keywords: *Mental health inventory, Private HEIs, THRIVE CAMPUS, Student well-being, Calapan City*

INTRODUCTION

Mental health issues among college students are a global concern, often exacerbated by academic pressure, financial stress, and social transitions. In the Philippines, these challenges are complicated by a lack of resources, cultural stigma, and inconsistent institutional support. This study focuses on Calapan City, an emerging educational hub, to assess the mental health status and institutional practices of five private higher education institutions. The primary objective was to evaluate the prevalence of mental health concerns (anxiety, depression, emotional control) and the effectiveness of current support practices to develop a tailored intervention program, the "THRIVE CAMPUS" Student Mental Health Support Program.

Literature Review

The literature review identifies a critical gap in student mental health care, where high levels of psychological distress are met with low rates of service utilization. Research by Lui et al. (2024) and Barnett et al. (2024) attributes this disconnect to a combination of structural hurdles—such as cost and resource confusion—

and attitudinal barriers like self-stigma. In the Philippine context, these barriers are compounded by cultural factors; Pantaleon (2022) and Martinez et al. (2020) highlight how the concept of “hiya” (shame) and a traditional reliance on family networks often discourage students from seeking professional help, a trend that Magboo (2023) notes even among students in healthcare-related fields.

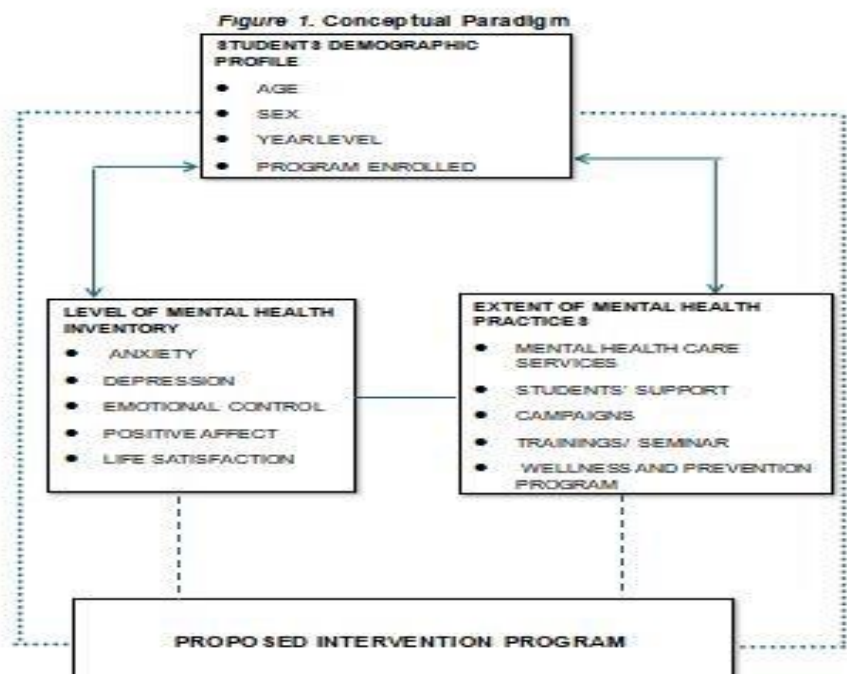
Beyond cultural barriers, the literature identifies specific environmental triggers for anxiety. Cleofas et al. (2023) point to the instructional environment—specifically course loads and deadline clustering—as a primary source of distress. These academic pressures are frequently exacerbated by socioeconomic stressors, including family financial instability and the technological challenges of modern learning environments (Lim et al., 2022; Galanza et al., 2023). To address these challenges, contemporary frameworks suggest moving away from isolated clinical services toward a holistic institutional approach. The University Mental Health Charter (2024) and scholars like Alibudbud (2023) argue that mental health should be a core governance and quality issue, integrated into the very leadership and culture of the university. Central to this systemic shift is the cultivation of protective factors; Ruihua et al. (2025) and Xie et al. (2025) emphasize that fostering social integration and a “sense of belonging” serves as a primary defense against depression, while Ellard et al. (2023) advocate for active engagement through micro-communities to combat student loneliness.

Finally, the literature points toward efficient, evidence-based intervention models. Marques et al. (2024) propose a “stepped-care” approach, which ensures that resource-intensive counseling is reserved for high-need cases while offering self-help and group interventions as a first line of defense. Complementing this, Madrid-Cagigal et al. (2025) suggest that digital interventions and wellness nudges within learning management systems can provide scalable, cost-effective support. Synthetically, these perspectives suggest that a successful mental health strategy for Philippine colleges must be multi-tiered—simultaneously reducing cultural stigma, reforming academic policy, and leveraging digital tools to foster a supportive, data-driven campus environment.

Theoretical / Conceptual Framework / Paradigm of the Study

The study is anchored in a multidimensional theoretical foundation that views student mental health as a product of individual psychology, social interaction, and institutional systems. Centrally, Social Cognitive Theory and Social Learning Theory provide the lens through which student behavior is understood; they posit that the transition to college is a social process where a student’s well-being is shaped by their environment, sense of belonging, and the observation of peer and institutional attitudes. This is complemented by the Cognitive Triangle (CBT), which explains how the interconnectedness of thoughts, feelings, and behaviors can be targeted through institutional interventions to foster resilience. Finally, the Learning Health Systems Framework moves the focus toward management, suggesting that mental health support must be a continuous, data-driven process involving all stakeholders.

Conceptually, the study operates on a paradigm that links Student Profiles (as moderating variables) to two primary independent variables: the Mental Health Inventory (measuring levels of anxiety, depression, and life satisfaction) and Mental Health Practices (measuring the implementation of services and campaigns). The framework suggests that by analyzing the relationship between the actual psychological state of students and the current institutional responses, a tailored and evidence-based Guidance Service Intervention Program can be developed. This model ensures that the proposed solution is not generic but is specifically responsive to the unique demographic and clinical needs of the student population in Calapan City.



Significance of the Study

The significance of this study extends beyond mere academic inquiry; it serves as a critical bridge between legislative mandates and local implementation. While the Philippines has made strides with the Mental Health Act and CHED Memorandum Order No. 9, there remains a "visibility gap" between policy on paper and the actual lived experiences of students. By focusing on Calapan City—an emerging educational hub—this research provides a localized blueprint for how private institutions can transition from reactive crisis management to proactive wellness cultivation. One of the most profound insights offered by this study is the recognition of cultural inhibitors, such as "stigma" and the Filipino concept of "shyness" or hesitation in seeking help.

The study suggests that for mental health services to be truly "significant," they must be decentralized. This means moving support away from a hidden office and embedding it into the very fabric of the campus—through "freedom walls," peer-led groups, and integrated classroom micro-interventions. Furthermore, the study highlights a vital socioeconomic reality: mental health is inextricably linked to academic and financial stress. Therefore, the significance of the proposed "THRIVE CAMPUS" program lies in its holistic approach. It doesn't just treat the "symptom" of anxiety; it addresses the "system" by recommending coordinated exam scheduling, financial counseling awareness, and staff training. By empowering LGUs and families alongside the school, the study fosters a "circle of care" that ensures a student's well-being is supported not just while they are in the classroom, but as they navigate the complex transition into adulthood within their specific geographic and cultural context.

Objective of the Study

The study seeks to evaluate the mental health landscape of college students in Calapan City as a basis for the development of the THRIVE CAMPUS program. Specifically, it aims to answer the following:

- To assess the current mental health status of college students in Calapan City in terms of: Prevalence of common mental health issues (e.g., stress, anxiety, depression); Psychological well-being and resilience levels; and Help-seeking behaviors.
- To evaluate the effectiveness of existing institutional support systems, focusing on: Availability and accessibility of school counseling services; Competency of staff in handling mental health concerns; and the scope of current mental health programs (preventive vs. reactive).

- To identify the barriers to mental health service utilization, specifically: Institutional gaps (e.g., lack of funding, staff-to-student ratio); Cultural and social barriers (e.g., social stigma, family expectations, and local beliefs); and Personal factors (e.g., fear of disclosure or lack of awareness).
- To determine if there is a significant gap between the students' mental health needs and the current services provided by the institutions.
- To develop and propose the "THRIVE CAMPUS" program, a proactive intervention framework that integrates: Preventive Care: Routine wellness initiatives and mental health literacy; Cultural Sensitivity: Strategies tailored to the local Calapeño/Filipino context; and Systems Transition: A roadmap for moving from crisis-centered management to a holistic, preventive institutional culture.

METHODS

This study employed a mixed-method embedded design. Quantitative components assessed student mental health indicators (e.g., anxiety, depression, overall well-being), while qualitative components examined student experiences, local cultural perceptions, institutional practices, and constraints affecting access to services. Integration of both strands was used to generate evidence-based, context-grounded recommendations and to inform the development of an intervention program appropriate for private HEIs in Calapan City.

Study Design

In this study, the variables work together in a cycle of *assessment, correlation, and resolution: The research begins by looking at the Student Profile to establish the context of the population. It then measures the Mental Health Inventory (the students' current psychological state) alongside the Mental Health Practices (what the school is currently doing to help). Through the quantitative phase, the researcher identifies if there is a significant relationship between what the school provides and how the students feel. Interestingly, the data revealed that while practices were "implemented," they didn't always significantly reduce anxiety or depression, but they did correlate with Positive Affect and Life Satisfaction.

The qualitative phase then steps in to explain this "fit." Students narrated that while they knew services existed, there was a "visibility gap" and a cultural barrier called "hiya" (shyness/shame) that prevented them from using those services). The narrative shows that for variables to "fit" effectively in a real-world setting; awareness is not enough; services must be proactive and regularized. Ultimately, all these variables are integrated to prove that a "one-size-fits-all" approach is insufficient. The study concludes that because certain variables (like Depression and Emotional Control) vary significantly by Sex (Page 141), the proposed intervention must be sex-sensitive and deeply embedded into the daily academic routine to be truly effective.

Sample/Population of the Study

To ensure a comprehensive understanding of mental health issues, this study surveyed 100 students across five private higher education institutions in Calapan City. To maintain proportional representation, 20 respondents were selected from each institution, encompassing a diverse demographic of students aged 19 to 24 across various year levels and academic programs. The selection criteria focused on both the general student body and individuals specifically referred by guidance counselors for their firsthand experiences with mental health challenges. Participation was entirely voluntary and ethically conducted, with students briefed on the study's purpose before contributing.

This inclusive sampling strategy was designed to capture a broad range of perspectives, providing vital insights into the existing mental health services, problems, and requirements across different institutional settings. The sample population consists of 100 students selected from five private higher education institutions in Calapan City. Using a stratified random sampling method, the study allocated an equal quota of 20 students per institution. To ensure diverse representation, the sample was further stratified by year level (freshmen to seniors) within each institution. Respondents were chosen through randomization techniques, such as the lottery method or random number generation, to minimize bias and ensure the statistical power necessary for both quantitative and qualitative analysis.

Data Gathering Materials

The research instrument is fundamental to the study as it serves as the primary mechanism for systematic data collection, ensuring that all gathered information—such as student profiles and mental health experiences—aligns precisely with the research objectives. To guarantee the integrity of the findings, the instrument undergoes a rigorous process of expert validation and pilot testing, utilizing measures like Cronbach's Alpha to ensure high levels of accuracy and reliability. Its mixed-method design, which incorporates both Likert scales and open-ended questions, allows for a comprehensive analysis that bridges statistical trends with rich, personal narratives. Furthermore, the instrument establishes credibility and depth through triangulation, combining primary survey data with interviews and focus groups to create a robust foundation for proposed interventions. Ultimately, by integrating these primary insights with existing institutional records, the instrument provides a holistic and contextualized view of the current effectiveness of mental health service delivery.

Data Gathering Procedures

The data collection process followed a systematic and ethical trajectory, beginning with the acquisition of formal authorization from the presidents and administrators of the five participating private higher education institutions. Once administrative approval was secured, the researcher obtained ethical clearance from the relevant research ethics committee to ensure the protection of human subjects. This was followed by coordination meetings with institutional representatives to establish a data collection timeline and identify suitable venues that would not disrupt academic activities. To prepare for the fieldwork, the researcher developed information sheets and consent forms to ensure voluntary participation and confidentiality. The quantitative phase began with the distribution of expert-validated questionnaires to 100 student respondents across the five campuses. These sessions were conducted in designated locations, where participants were briefed on the study's purpose and assured of their anonymity before completing the forms.

Following the quantitative phase, the researcher transitioned to qualitative data collection, utilizing focus group discussions and open-ended surveys to gain deeper insights into student experiences. Detailed field notes were maintained throughout these sessions to capture essential context. Finally, all gathered data was coded and securely stored for analysis. To supplement these findings, the researcher also reviewed institutional policies and mental health records. Throughout the entire duration of the study, the process was strictly monitored to maintain data integrity and uphold the highest ethical standards.

Treatment of Data

The study utilizes a robust mixed-methods framework to evaluate student mental health in private higher education, ensuring a comprehensive understanding through the integration of statistical rigor and qualitative depth. By first establishing data profiles via descriptive statistics and identifying a non-normal distribution through the Shapiro-Wilk test, the researcher appropriately applies non-parametric tools—specifically the Kruskal-Wallis H test and Spearman's Rho—to uncover significant demographic differences and correlations between mental health and institutional practices.

This quantitative foundation is then enriched by thematic analysis, which extracts meaningful patterns from personal interviews to provide necessary context. Ultimately, this dual-layered approach facilitates a holistic synthesis of data, moving beyond simple metrics to create an evidence-based guidance intervention program that is both statistically sound and sensitive to the nuanced experiences of the student body. This approach helped protect younger individuals while ensuring all participants were capable of providing informed consent.

Ethical Considerations

The study addressed key ethical concerns by prioritizing participant rights, safety, and responsible data handling throughout the research on students' mental health in private higher education institutions in Calapan City. Prior to data collection, the researcher obtained ethics clearance from the appropriate review body and secured written permission from the administrations of the participating institutions, ensuring the project had formal oversight and institutional authorization.

Informed consent and voluntariness were central safeguards. Students were given a clear, easy-to-understand information sheet explaining the study's purpose, procedures, time requirements, possible risks and

benefits, confidentiality protections, and contact details for questions or concerns. Participation was entirely voluntary, and students were explicitly told they could refuse or withdraw at any time without penalty, including any impact on academic standing or access to services.

To reduce ethical risks related to minors and strengthen consent validity, the researcher prioritized respondents aged 19–24, aligning with common definitions of “youth” and “emerging adulthood” and fitting the developmental context of college students. This approach helped protect younger individuals while ensuring all participants were capable of providing informed consent.

Confidentiality and anonymity were protected through multiple measures: instruments did not collect personally identifying details, and all materials were stored securely with restricted access and password protection. The study also established clear data retention and disposal procedures—keeping data for at least five years (or longer if required) and then permanently deleting electronic files and irreversibly destroying hard copies. Because mental health research can pose psychological risks, the study emphasized harm minimization. Questions were designed to avoid unnecessary intrusiveness, participants could skip uncomfortable items, and they could stop participation at any point. A referral protocol—developed with guidance and counseling offices—was in place to connect distressed participants or those needing urgent support to appropriate services, with institutional representatives involved to ensure immediate support when needed.

Finally, the researcher committed to ethical integrity in analysis and reporting by using data only for the stated research purposes, preventing unauthorized disclosure, and presenting results truthfully without fabrication or misrepresentation. Institutional sensitivity was also considered: findings were communicated constructively and in non-stigmatizing ways, especially when discussing service gaps or constraints. Overall, the ethical framework reflected beneficence (maximizing benefit and minimizing harm), justice (fair selection through stratified random sampling), and respect for persons and culture (culturally appropriate procedures and interpretations).

RESULTS AND DISCUSSION

Demographic Profile of Respondents

- Age: Nearly half of the respondents were 19 years old (48%), followed by the 20–21 age group (29%). This highlights a population of “emerging adults” navigating the transition into college life.
- Sex: The majority were female (57%), while males accounted for 43%.
- Year Level: The sample was dominated by lower-year levels, with 1st-year students (46%) and 2nd-year students (33%) comprising the bulk of respondents.
- Program Enrolled: The largest representation came from the Bachelor of Science in Nursing (BSN) at 27%, followed by Tourism (20%) and Psychology (17%).
- Level of Mental Health Inventory The study measured five dimensions of mental health, finding that while students generally maintain positive outlooks, situational stressors are present:
- Anxiety (Mean: 2.80, “Sometimes”): Most anxiety is academic-related, specifically concerning grades (Mean: 3.19) and exam panic. Qualitative themes revealed that students view academic demands as their primary trigger.
- Depression (Mean: 2.62, “Sometimes”): The most prevalent indicators were sleep disturbances (Mean: 3.06) and low energy. Loneliness was the least experienced indicator.
- Emotional Control (Mean: 2.97, “Sometimes”): Students reported attempting adaptive strategies, such as reflecting on emotions before reacting (Mean: 3.29), rather than having overt emotional outbursts.
- Positive Affect (Mean: 4.02, “Often”): Despite stressors, students generally feel happy and hopeful “most of the time.”
- Life Satisfaction (Mean: 3.61, “Often”): Students are most satisfied with their social/support relationships (Mean: 3.88) and least satisfied with their school work.

Extent of Mental Health Practices Implemented The institutions were perceived as having "Implemented" various supports, though gaps in visibility and consistency were noted:

- Care Services (Mean: 3.86): Guidance offices are present and visible, but individual counseling is utilized less frequently than general office visits.
- Client Supports (Mean: 3.69): Students feel safe seeking help, but regular screening programs are the least utilized/apparent support mechanism.
- Campaigns (Mean: 3.56): Information is accessible, but students noted a "visibility gap," requesting more "omnipresent" outreach rather than episodic campaigns.
- Trainings (Mean: 3.47): While mental health education exists, stress management workshops were rated as the weakest area of implementation.
- Wellness Programs (Mean: 3.70): There is high awareness of school policies, but lower awareness of specific activities like yoga or meditation.

Significant Differences in Mental Health Inventory

Table 1. *Difference in the mental health inventory identified when grouped according to the demographic profile of the student respondents*

Demographic Profile	Mental Health Inventory	Test statistic	df	p-value	Decision
Age Group	Anxiety	2.814	2	.245	Not Significant
	Depression	1.067	2	.586	Not Significant
	Emotional Control	0.098	2	.952	Not Significant
	Positive Affect	1.931	2	.381	Not Significant
	Life Satisfaction	3.353	2	.187	Not Significant
Sex	Anxiety	1.547	1	.214	Not Significant
	Depression	10.519	1	.001	Significant
	Emotional Control	8.866	1	.003	Significant
	Positive Affect	0.165	1	.684	Not Significant
	Life Satisfaction	1.237	1	.266	Not Significant
Year Level	Anxiety	1.331	3	.722	Not Significant

Demographic Profile	Mental Health Inventory	Test Statistic	df	p-value	Decision
Program Enrolled	Depression	0.111	3	.991	Not Significant
	Emotional Control	0.699	3	.873	Not Significant
	Positive Affect	3.763	3	.288	Not Significant
	Life Satisfaction	4.670	3	.198	Not Significant
	Anxiety	6.500	8	.592	Not Significant
	Depression	5.510	8	.702	Not Significant
	Emotional Control	5.280	8	.727	Not Significant
	Positive Affect	12.990	8	.112	Not Significant
	Life Satisfaction	9.130	8	.332	Not Significant
Institution	Anxiety	2.216	4	.696	Not Significant
	Depression	2.716	4	.606	Not Significant
	Emotional Control	0.703	4	.951	Not Significant
	Positive Affect	3.410	4	.42	Not Significant
	Life Satisfaction	0.580	4	.965	Not Significant

Table 12. Kruskal-Wallis H test results of the difference in the mental health inventory identified when grouped according to the demographic profile of the student respondents.

- **No Significant Differences:** Results showed that anxiety, depression, emotional control, positive affect, and life satisfaction did not vary significantly across age, year level, academic program, or specific institution ($p > .05$).
- **Sex Differences:** A significant difference was found based on sex for Depression ($p = .001$) and Emotional Control ($p = .003$). This indicates that males and females experience or regulate these specific areas differently, necessitating sex-sensitive interventions.

Table 2. *Significant Relationships Between the Mental Health Inventory Identified and the Mental Health Practices Implemented in The Institution*

Mental Health Practices Implemented	Anxiety r-value	Significance	Depression r-value	Significance	Emotional Control r-value	Significance	Positive Affect r-value	Significance	Life Satisfaction r-value	Significance
Mental Health Care Services	-0.045	NOT Significant	-0.043	NOT Significant	0.070	Not Significant	0.240	Significant	0.198	Significant
Client Supports	-0.035	NOT Significant	-0.061	NOT Significant	0.082	Not Significant	0.199	Significant	0.222	Significant
Campaigns	-0.062	Not Significant	-0.109	Not Significant	-0.010	Not Significant	0.103	Not Significant	0.184	Not Significant
Trainings	-0.147	NOT Significant	-0.175	NOT Significant	-0.099	Not Significant	0.163	Not Significant	0.210	Significant
Wellness and Prevention Programs	-0.111	NOT Significant	-0.046	NOT Significant	0.004	Not Significant	0.225	Significant	0.178	NOT Significant

Table 20. "Spearman rho correlation of mental health inventory identified and the mental health practices implemented."

- **Positive Correlations:**

A significant (though weak) positive relationship exists between mental health practices (Care Services, Client Supports, Wellness, and Trainings) and Positive Affect and Life Satisfaction. This suggests that better support systems improve overall well-being.

- **No Correlation with Symptoms:**

Interestingly, current institutional practices showed no significant relationship with the reduction of Anxiety, Depression, or Emotional Control issues. Qualitative data explained that existing practices might be "too light" or "too general" to shift clinical symptoms effectively.

- **Campaigns:**

Awareness-only campaigns did not correlate with any mental health outcomes, suggesting they are insufficient unless paired with direct services.

Based on the findings, the study proposes a structured 1-year program focused on:

- **Shift from Reactive to Proactive:** Moving beyond "crisis-only" responses to routine, monthly check-ins and surveys.

- Increased Visibility: Placing promotion materials in high-traffic areas and creating dedicated digital portals.
- Targeted Support: Implementing sex-sensitive strategies and specialized support for "vulnerable subgroups" like transferee students.
- Capacity Building: Expanding professional staffing (psychologists/psychiatrists) and training faculty as "gatekeepers" to identify signs of distress early.

Proposed Intervention Program: THRIVE CAMPUS Student Mental Health Support Program

Target group: College students in private higher education institutions

Program duration: 1 Academic Year (June 2026 - May 2027)

Approach: Prevention → Early identification → Direct support → Referral/continuity of care

Proposed Budget: Php 425,000.00

Rationale (based on findings):

Mental health practices (especially mental health care services, client supports, wellness/prevention) were positively associated with positive affect and life satisfaction so strengthening services should improve wellbeing. Qualitative results highlight academic stress, low screening uptake, and limited visibility/access of counseling and trainings/campaigns.

Program Goal:

Strengthen student-centered, preventive, and accessible mental health services focusing on academic stress management, emotional regulation, depression support, wellness promotion, regular screening, and increased use of counseling/support services.

Program Launch & Awareness

Objectives: Increase awareness and normalize help-seeking Raise utilization of counseling/support services

Target Date/Schedule: June 2026 (launch) + monthly posts

Expected Outcome: Higher mental health literacy and reduced stigma

-More students know where/when/how to get help

-Increased inquiries and initial counseling/support visit

Regular Screening & Referral System

Objectives: Early identification of anxiety/depression/emotional control concerns

-Faster referral to services

Target Date/Schedule: July 2026 & Jan 2027

Expected Outcome: Earlier detection of students at risk for anxiety/depression/emotional dysregulation

Clear, faster referral pathway with documented follow through

-Higher completion of follow-ups for flagged/high-risk students

Academic Stress Management

Objectives: - Reduce grade-related anxiety

Improve coping during peak academic stress

Target Date/Schedule: Aug 2026; Oct 2026; Mar 2027 (before major exams)

Expected Outcome: Improved study habits/time management and exam preparation behaviors

-Reduced test anxiety and perceived academic stress during peak periods

-More students using healthy coping strategies instead of avoidance/cramming

Emotional Regulation & Coping Skills

Objectives: - Improve emotion management

-Strengthen coping skills and social support

Target Date/Schedule: Sept 2026 (training) + monthly peer sessions

Expected Outcome: Better emotion awareness and control (anger/impulse, distress tolerance)

-Increased use of practical coping tools (thought reframing, grounding, mindfulness)

-Stronger peer connection/support and reduced isolation

Depression Support & Sleep/Energy Support

Objectives: - Address sleep problems, low energy, and depressive indicators - Ensure proper care pathways

Target Date/Schedule: Oct–Nov 2026 (group cycle) + ongoing referral

Expected Outcome: - Improved recognition of depression warning signs and help seeking

Better sleep hygiene and daily energy/functioning for participants

Appropriate escalation to clinical/partner professionals for moderate–high risk cases

Counseling & Client Support Strengthening

Objectives: Increase actual use and accessibility of counseling/support services

-Improve continuity of care

Target Date/Schedule: Whole year; Open house: Nov 2026

Expected Outcome: - Easier access to counseling (shorter wait times, clearer scheduling options)

-Increased counseling uptake and repeat attendance when needed

-Improved continuity of care and better outcomes for high-need cases (case management)

Wellness & Prevention Activities (Regular)

Objectives: - Maintain positive affect and life satisfaction through consistent wellness programming

Target Date/Schedule: Monthly; Wellness Day: Feb 2027

Expected Outcome: - More consistent participation in protective routines (movement, social connection, relaxation)

-Improved self-reported wellbeing and campus climate around wellness

-Reduced minor stress buildup through regular preventive activities

Capacity Building (Staff/Student Leaders)

Objectives: Build a sex-sensitive, inclusive support network

-Improve detection and referral

Target Date/Schedule: July 2026 & Dec 2026

Expected Outcome: More trained “gatekeepers” who can identify warning signs and respond appropriately

-More accurate and timely referrals (better referral quality) -

-Stronger, inclusive support network (faculty–staff–peer) across campus

CONCLUSION

The study involved mostly younger, first- to second-year college students from five private HEIs, with slightly more females than males, reflecting early adjustment experiences in college. Overall, only a small number of students reported notable anxiety, depression indicators, or emotional control concerns; anxiety tended to be tied to grades, while depression indicators were more evident in sleep difficulties and low energy. Despite these concerns, most students still indicated positive emotions and satisfactory life evaluation.

Institutions generally had mental health services and initiatives in place, but key activities—particularly stress management workshops, coping skills seminars, and regular wellness programs—need to be strengthened and made more visible to improve student use. Mental health status did not significantly vary by age, year level, program, or institution, but sex differences emerged in depression and emotional control, pointing to the need for sex-sensitive support strategies. Institutional practices were more strongly linked with improving positive well-being (positive affect and life satisfaction) than with reducing negative indicators, suggesting that more targeted interventions are needed for anxiety, depression-related concerns, and emotional regulation.

Based on these findings, the recommendations emphasize strengthening academic stress management supports, conducting routine semester-based mental health screening, improving counseling service accessibility and visibility, and delivering regular stress management and coping skills training. The study also calls for consistent mental health campaigns, more active wellness and prevention programming, faculty/staff training for early identification and referral, and efforts to normalize help-seeking among students. Finally, it recommends expanding future research (including public HEIs and qualitative input) and implementing a student-centered guidance intervention model focused on prevention, early detection, and direct support through counseling enhancement, peer support, and clear referral systems.

References

- Arnett, J. J. (2020). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist*, 55 (5), 469–480.
- Abelson, S., Lipson, S. K., & Eisenberg, D. (2023). *Mental health in college populations: A multidisciplinary review of what works, evidence gaps, and paths forward*. American Council on Education. <https://www.acenet.edu/Documents/What-Works-Mental-Health.pdf>
- Alejandria, M. C. P., Casimiro, K. M. D., Gibe, J. A. L., Fernandez, N. S. F., Tumaneng, D. C., Sandoval, E. C. A., Hernandez, P. J. S., Quan-Nalus, M. A., Alipao, F. A., & Alejandria, M. A. C. P. (2023). Attaining well-being beyond the home: A socio-cultural framing of mental health among university students in the Philippines. *Health Education Journal*, 82(2), 143-155. <https://doi.org/10.1177/00178969221141547>
- Alibudbud, R. (2023). Towards transforming the mental health services of the Philippines. *Lancet Regional Health – Western Pacific*, 39, 100935. <https://doi.org/10.1016/j.lanwpc.2023.100935>
- Baker, R. W., & Siryk, B. (2022). Measuring adjustment to college. *Journal of Counseling Psychology*, 31(2), 179–189.
- Bandura, A. (2022). A framework for modeling the impact of social learning on behavior change. *Psychological Bulletin*, 148*(5), 456–472. <https://doi.org/10.1037/bul0000311>
- Bantjes, J., Kazdin, A. E., Cuijpers, P., Breet, E., Dunn-Coetzee, M., Davids, C., Ribbentrop, S., Watkeys, O., & Botha, F. (2021). A web-based group cognitive behavioral therapy intervention for symptoms of anxiety and depression among university students: Open-label, pragmatic trial. *JMIR Mental Health*, 8(5), e27400. <https://doi.org/10.2196/27400>
- Bantjes, J., Saal, W., Lochner, C., Roos, J., Auerbach, R. P., Mortier, P., Bruffaerts, R., Kessler, R. C., & Stein, D. J. (2024). Results of a three-arm randomized controlled trial of brief online psychological interventions for university student mental health. *Behaviour Research and Therapy*, 173, 104451. <https://doi.org/10.1016/j.brat.2024.104451>
- Barnett, P., Tickell, A., Osborn, T., Delamain, H., Fonagy, P., Pilling, S., & Gibbon, L. (2024). Help-seeking and disclosure in university students with suicidal thoughts and self-harm: A systematic review. *Current Psychology* <https://doi.org/10.1007/s12144-024-05983-7>
- Beiter, R., Nash, R., McCrady, M., Rhoades, D., Linscomb, M., Clarahan, M., & Sammut, S. (2025). The prevalence and correlates of depression, anxiety, and stress in a sample of college students. *Journal of Affective Disorders*, 173, 90–96.
- Brogia, E., & Barkham, M. (2024). Adopting the principles and practices of learning health systems in universities and colleges: Recommendations for delivering actionable data to improve student mental health. *TFO Collections*, 2024, Article 2301339. <https://doi.org/10.1080/28324765.2023.2301339>
- Brown, A. D., Ross, D. A., Pfeffer, D., Ronen, K., Lazarus, G., Belizan, M., Casellas Connors, I., Kohrt, B., & Van Ommeren, M. (2023). Transforming mental healthcare in higher education through scalable mental health interventions. *GlobalMentalHealth*, 10, e33. <https://doi.org/10.1017/gmh.2023.29>
- Centers for Disease Control and Prevention. (2024). Youth Risk Behavior Survey data summary & trends report: 2013–2023. U.S. Department of Health and Human Services.
- Chen, L. Y., & Zhao, Y. (2022). Reciprocal influences of cognitive and behavioral processes in social learning interventions. *Cognitive Behavior Therapy*, 51(6), 479–490. <https://doi.org/10.1080/16506073.2022.2095698>
- Cleofas, J. V., Rocha, I. C. N., & Parcon, R. G. (2022). Types of social media use and mental well-being among Filipino undergraduates. *Journal of Adolescence*, 94, 100–111. <https://doi.org/10.1016/j.adolescence.2022.07.010>
- Cleofas, J. V., Rocha, I. C. N., & Parcon, R. G. (2023). COVID-19 pandemic anxiety, academic stress, and quality of life among college students in the Philippines: A mediation study. *Jurnal Cakrawala Pendidikan*, 42(1), 1–11. <https://doi.org/10.21831/cp.v42i1.47590>

- Credé, M., & Niehorster, S. (2022). Adjustment to college as measured by the Student Adaptation to College Questionnaire: A quantitative review. *Journal of Educational Psychology*, 104(1), 133–160.
- Drennan, J., & Urban, C. (2021). Effects of peer modeling on the acquisition of social skills among adolescents with social anxiety. *Journal of Affective Disorders*, 280, 361–368. <https://doi.org/10.1016/j.jad.2020.11.115>
- Dyson, R., & Renk, K. (2024). Freshmen adaptation to university life: Depressive symptoms, stress, and coping. *Journal of Clinical Psychology*, 62 (10), 1231–1244. <https://doi.org/10.1007/s10608-023-10385-y>
- Eisenberg, D., Hunt, J., & Speer, N. (2022). Help seeking for mental health on college campuses: Review of evidence and next steps. *Harvard Review of Psychiatry*, 20(4), 222–232.
- Ellard, O. B., Barlow, J., & Ondersma, S. J. (2023). Interventions addressing loneliness amongst university students: A systematic review. *Child and Adolescent Mental Health*, 28(4), 676–689. <https://doi.org/10.1111/camh.12614>
- Fassnacht, D. B., Ali, K., Silva, C., Gonçalves, M., & Machado, P. P. (2022). Use of mental health services and unmet needs for mental health care in university students: Findings from a multicenter study. *JMIR Mental Health*, 9(5), e37292. <https://doi.org/10.2196/37292>
- Galanza, M. A. M. C., Gonzales, M. C. P., & Peralta, C. J. (2023). Mental health of Filipino university students during the COVID-19 pandemic: Distinct associations of fear of COVID-19 and financial difficulties. *Journal of Applied Research in Higher Education*, 15(5), 1347–1361. <https://doi.org/10.1108/JARHE-04-2022-0132>
- Gonzalo, R. P., & Alibudbud, R. (2024). Advancing education-based mental health in low-resource settings during health crises: The case of the Philippines. *Frontiers in Education*, 9, 1428237. <https://doi.org/10.3389/feduc.2024.1428237>
- Heinze, J., Eisenberg, D., Lipson, S. K., & Zhou, S. (2025). The Healthy Minds Study: 2024–2025 data report. Healthy Minds Network. University of Michigan. <https://healthymindsnetwork.org/>
- Jed Foundation. (2024). A decade of improving college mental health systems: 2024 JED Campus impact report. <https://jedfoundation.org/jed-campus-impact-report-2024/>
- Lim, L. T. S., Regencia, Z. J. G., & Dela Cruz, R. A. (2022). Assessing Filipino college students' mental health and the effect of online learning and social media use. *PLOS ONE*, 17(5), e0267555. <https://doi.org/10.1371/journal.pone.0267555>
- Lui, J. C., Newall, N., & Rowa, K. (2024). Barriers and facilitators to help-seeking for common mental disorders among university students: A systematic review. *Journal of Affective Disorders*, 343, 278–297. <https://doi.org/10.1016/j.jad.2023.09.030>
- Madrid-Cagigal, A., Salguero-García, D., García-Rudolph, A., Opisso, E., & Tormos, J. M. (2025). Digital mental health interventions for university students: A systematic review and meta-analysis of randomized controlled trials. *JMIR Mental Health*, 12, e52698. <https://doi.org/10.2196/52698>
- Magboo, A. K. L. (2023). Mental health stigma and help-seeking among nursing undergraduates: A cross-sectional study. *MCU Journal of Nursing Education and Research*, 4(1), 1–12.
- Marques, M., Bos, S., Soares, M. J., Maia, B., Pereira, A. T., Valente, J., Gomes, A. A., & Macedo, A. (2024). Improving access to mental health care through a stepped-care model in a university setting: Preliminary results from a university students' sample. *Portuguese Journal of Public Health*, 42(3), 221–229. <https://doi.org/10.1159/000541012>
- Meier, E. L., & Davis, K. E. (2023). The role of self-efficacy in therapy outcomes: A meta-analysis. *Cognitive Therapy and Research*, 47*(2), 177–193.
- National Center for Education Statistics (NCES). (2024). Digest of Education Statistics 2023 (enrollment tables on postsecondary education by sex).
- U.S. Department of Education. - OECD. (2023). Education at a Glance 2023: OECD Indicators. OECD Publishing.
- Pantaleon, J. A. K. (2022). Understanding help-seeking behavior among Filipino university students. *IAFOR Conference on Educational Research & Innovation Proceedings*. <https://papers.iafor.org/proceedings/conference-proceedings-iceri-2022/>
- Peterson, E. K., & Thomas, J. P. (2024). Online cognitive-behavioral therapy: The impact of modeling and feedback on patient engagement. *Behaviour Research and Therapy*, 178, 103829. <https://doi.org/10.1016/j.brat.2023.103829>
- Plata, R. B. (2024). Leadership behaviors in mental health governance: A phenomenological study in a Philippine private university. *Animo Repository*. <https://animorepository.dlsu.edu.ph/>
- Regehr, C., Glancy, D., & Pitts, A. (2023). Interventions to reduce stress in university students: A review and meta-analysis. *Journal of Affective Disorders*, 148(1), 1–11.
- Ruihua, L., Chen, Y., Xu, W., & Zhang, L. (2025). A systematic review on the impact of social support on college students' mental health. *PLOS ONE*, 20(1), e0325212. <https://doi.org/10.1371/journal.pone.0325212>

- Ruihua, L., Chen, Y., Xu, W., & Zhang, L. (2025). A systematic review on the impact of social support on college students' mental health. PLOS ONE, 20(1), e0325212. <https://doi.org/10.1371/journal.pone.0325212>
- Student Minds. (2024). University Mental Health Charter: Framework and standards. Student Minds. <https://www.studentminds.org.uk/charter.html>
- UNESCO Institute for Statistics (UIS). (2023). UIS Data/Global Education Database (tertiary education participation by sex). UNESCO.
- World Health Organization, & UNESCO. (2023). Global standards for health promoting schools. World Health Organization.
- World Health Organization. (2022). World mental health report: Transforming mental health for all. WHO.
- World Health Organization. (n.d.). Adolescent health. WHO Regional Office for South-East Asia. Retrieved April 24, 2026, from <https://www.who.int/southeastasia/health-topics/adolescent-health>
- Xie, Z., Wang, A., & Chen, B. (2025). Social participation and mental health among university students: A social integration perspective. Frontiers in Psychology, 16, Article 1654004. <https://doi.org/10.3389/fpsyg.2025.1654004>
- Yotsidi, V., Manganari, E., Mitropoulou, E., & Kosmidou, M. (2023). Mental distress and well-being of university students amid COVID-19: Findings from an online positive-psychology course. Frontiers in Psychology, 14, 1171225. <https://doi.org/10.3389/fpsyg.2023.1171225>