

# A Needs Assessment Study on the Experiences and Adjustments of Students in a Philippine University: Implications for University Mental Health

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Studying in a university is a challenging chapter in an adolescent's life. Besides the stress and pressure from academic work, students have to deal with the challenge of transitioning from high school to college. Stress and distress associated with university experiences can impact mental health, and in turn, students' academic performance. This paper highlights some insights from a needs assessment project that explored students' perspectives on their university experiences and their own mental health. The researchers utilized a mixed methods research design, where 305 students accomplished online surveys and 20 students participated in focus group discussions. Integrative analysis of data was guided by Kirsh et al.'s (2016) socioecological focus on interrelated self, social, and environmental influences on student mental health. Results converge with existing studies indicating the need for academic institutions to examine and change their learning culture to one that explicitly acknowledges the role of mental health in student learning and well-being.

*Keywords:* needs assessment, mental health, academics, university experiences, transition

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Across many countries, studying in university is an important developmental milestone for late adolescents and young adults (Sallie Mae & Ipsos Public Affairs, 2018). Not only do students compete for slots in the most selective universities, universities themselves compete for student enrolment (Hazelkorn, 2012) and mobilize significant resources to secure a spot in prominent international university rankings (e.g., QS World University Rankings).

Conceptions of what makes for “top” universities typically center on schools’ abilities to foster academic excellence, which is presumed to effectively prepare students for life after university (Hazelkorn, 2012). Rarely are schools’ abilities to foster sound mental health used as a major criterion in determining top ranks. Evidence suggests, however, that students’ university experiences shape their academic performance, mental health outcomes, and mental health attitudes and behaviors (DiPlacito-DeRango, 2016; Eisenberg et al., 2009; Hysenbegasi et al., 2005; Laidlaw et al., 2016; Merianos et al., 2013; Robotham & Julian, 2006). It makes sense, then, for universities to ask themselves important questions about the role of students’ mental health in cultivating academic excellence and the place of mental health in their educational philosophy. These challenging questions require both organizational self-scrutiny and insight into how students experience life in the university and in their specific programs.

This paper discusses important findings from a project partnership between a STEM (Science, Technology, Engineering, and Mathematics)-based academic unit in a Philippine university and the same university’s psychosocial services unit, the University of the Philippines Diliman Psychosocial Services (UPD PsycServ). Prompted by the academic unit’s desire to address its students’ mental health needs through a data-driven approach, the study sought to understand students’ mental health experiences and needs within their academic home unit and the bigger university, perceptions of nurturance by their home unit and the university, and their mental health attitudes and behaviors.

### **University Life and Student Mental Health**

Studying in university can be a challenging chapter in adolescents’ life. Besides the stress and pressure from academic work and other

school activities (Laidlaw et al., 2016), adolescents also have to transition from high school to university and adapt to their new environment (Robotham & Julian, 2006). High school students can be unprepared given differences in what high schools teach and what universities expect, differences in the nature of education offered by schools, and noncurricular variables such as parental expectations, peer influences, and conditions that support academic study (Venezia & Jaeger, 2013). Their entire university experience, then, is a test if they can be independent and responsible for their own welfare as they prepare for life afterwards.

Mental health issues can arise when stress is not properly managed. Philippine data estimate that 3.6 million Filipinos experience mental health issues with an annual suicide death rate of 5.4 per 100,000 (Department of Health [Philippines], 2021). Other studies have shown that anxiety, depression, and suicidality commonly occur among Filipino university students (Demographic Research and Development Foundation & University of the Philippines Population Institute, 2014; Lee et al., 2013; Redaniel et al., 2011). For instance, Génèreux et al. (2021) reported that more than 50% of Filipino university students have symptoms consistent with general anxiety disorder or major depressive disorder, while recent data from PsycServ show that around 60% of student clients were diagnosed with anxiety and/or depressive disorders since 2017 (Interactive Learning Center Diliman, 2020). Many Philippine news reports also have reported incidents of university students committing suicide and violent acts and attributed these to both social and academic factors (Cleofas, 2020). Meanwhile, preliminary findings from Del Castillo's (2020) comprehensive assessment of student mental health needs revealed that about one-third of the student sample in a seven-campus university system experienced depressive symptoms in the past two weeks, a fourth reported self-harm behavior, and about one-half reported having suicidal ideations in the past 12 months.

As many mental health conditions are associated with physical and cognitive deficits (e.g., fatigue, concentration difficulties), such struggles can negatively affect students' academic performance, particularly their grades, class attendance, and study completion (Eisenberg et al., 2009; Hysenbegasi et al., 2005). Behavioral

symptoms (e.g., withdrawal, isolation) also pose barriers to building meaningful relationships, which may potentially serve as sources of social support and healthy coping (Merianos et al., 2013). As students continuously face challenges, experience failure, and withdraw from potentially validating relationships, these may further reinforce automatic negative beliefs about themselves and feelings of shame and hopelessness (Kirsh et al., 2016). These situations suggest a relationship between academic performance and mental health—academic stressors may lead to mental health issues, which can also lead to poor academic performance.

Yet, protective factors can mitigate the effects of stress on students' mental health. Students who perceive greater support from peers and family report fewer mental health difficulties (Laidlaw et al., 2016; Merianos et al., 2013). Access to academic and extracurricular activities, social functions, and positive learning experiences can contribute to a more enriching college experience and help maintain positive well-being (Laidlaw et al., 2016; Robotham & Julian, 2006). Local researchers investigating the role of learning environment in university student well-being have found that students who perceived that their individual needs, interests, and development are considered in their learning environments showed higher class engagement than those who perceived their environment as controlling (Espejo, 2018). Furthermore, higher involvement in school organizations and more interactions with school entities were found to correlate with lower depression and higher general positive affect and life satisfaction (Cleofas, 2020).

### **Access to University Mental Health and Psychosocial Support Services**

In recent years, major Philippine universities have established their own programs that provide mental health services and strengthen mental health awareness. However, even in these universities, lack of awareness of available services, inadequate and inconsistent quality of services, and perception of faculty and staff may affect students' help-seeking attitudes (Go-Monilla, 2015; Kirsh et al., 2016). The current academic environment may also impact mental health help-

seeking behaviors. Students may feel unsupported in a competitive environment with minimal sense of community due to overwhelming academic workload and lack of awareness and acceptance of mental health concerns (Kirsh et al., 2016). Additionally, professors and administrators may feel unprepared to address students' mental health problems because they lack training in addressing them (DiPlacito-DeRango, 2016; Osilla et al., 2015). These challenges leave a big space not only for mental health and psychosocial support (MHPSS) units to be established in higher education institutions (HEIs) but also for academic and MHPSS units within universities to engage in partnerships to provide contextualized, holistic care to students.

### **Theoretical Framework**

The present study used a socioecological model in making sense of the interplay of mental health and students' experiences within the academic unit based on Kirsh et al.'s (2016) model of the experiences of university students living with mental health problems. Students are viewed as individuals with their own preexisting vulnerabilities and protective factors as they are situated within the broader context of various interpersonal, environmental, and systemic factors. The framework conceptualizes the importance of each factor and their interrelatedness, operating on the paradigm rooted in how different dimensions of the self and environment can influence health outcomes (Stokols, 1996). This allows for a multilevel, systemic understanding of students' needs from which relevant and optimal interventions could be designed.

### **Overview of the Study**

The research study took place in the context of a partnership between a STEM-based academic unit in a Philippine university and PsycServ, which started when the unit began learning about their students' mental health difficulties. This led to several consultations and opportunities for capacity-building to equip faculty and staff with skills to better address their students' needs and concerns. The unit hoped to eventually develop mental health policies and strategies tailor fit for students.

The research was conducted by PsycServ, in close collaboration with the academic unit's faculty and staff. It was guided by an integrated research-and-practice perspective in which relevant issues of MHPSS practice informed the research focus and methods, while its results had direct utility for the unit in planning and implementing programs that will address its students' mental health needs. Furthermore, this research highlights the importance of documenting the practice and development of research consultation as a method in which academic programs and mental health units collaboratively address the university's well-being concerns in a data-guided manner. Finally, this study adds to the literature on university student adjustment and mental health, grounded on the Philippine context that could guide other Philippine HEIs in addressing psychosocial needs of their constituents through a multilevel, systemic approach.

This study aimed to answer these questions:

1. What preexisting vulnerabilities and concerns do students bring to their university experience? What personal resources do students bring with them to their university experience?
2. How do students experience life in the university, specifically in terms of challenges and difficulties they navigate, resources and support they access and receive, and relationships they have within the community?
3. How do these individual, social, and environmental factors influence mental health and learning outcomes?

## METHODS

### Research Design

This study used a convergent mixed methods design with the intent of collecting both quantitative and qualitative data, analyzing both data sets (i.e., descriptive analysis of quantitative data and thematic analysis of qualitative data), and integrating the results of the two sets of data analyses (Creswell, 2015). Through this design, the researchers provided a more comprehensive and meaningful account of participants' experiences and perceptions. Collection of data began in the third week of December 2018 and concluded in the second week of February 2019.

## **Quantitative Phase**

### ***Participants***

A total of 305 students, aged 17 to 28 ( $M = 20.29$ ;  $SD = 1.57$ ) and enrolled for Academic Year 2018-2019, were recruited via convenience and purposive sampling. Participant characteristics are featured in Table 1.

### ***Materials***

Through Google Forms, participants were administered PsycServ's Student Experiences Survey (SES), which is a modified version of the College Student Experiences Questionnaire (CSEQ; Pace & Kuh, 1998). To address content and face validity, PsycServ's clinical supervisors checked the original CSEQ and modified the items to ensure good fit with the research questions and the stated needs of the academic unit. Some items were added that were not in the original CSEQ (e.g., questions specific to mental health challenges, coping, and access to services such as, "Which of the problems have you experienced and/or are currently experiencing?", "How long have you been experiencing the problem?", and "Check some of the Student Resources that you have been able to avail of during your stay in the university."). Questions irrelevant to the context of the study were removed (see Table 2). The final tool contained a cover page, informed consent form, 96 scaled and open-ended questions about the students' personal and university experiences, and sociodemographic characteristics. Relevant information on scales such as acceptable internal consistency coefficients are featured in Table 2.

Table 1. Descriptive Statistics of Online Survey Participant Characteristics

Participant Characteristic	n	%
<i>Gender<sup>a</sup></i>		
Male	194	63.61
Female	110	36.07
Lesbian	1	.32
<i>Year Level<sup>b</sup></i>		
First Year Level	68	22.30
Second Year Level <sup>c</sup>	5	1.64
Third Year Level <sup>c</sup>	9	2.95
Fourth Year Level	84	27.54
Fifth Year Level	84	27.54
Sixth Year Level	38	12.46
Seventh Year Level	13	4.26
Eight Year Level	4	1.31
<i>Current Standing in the Program<sup>d</sup></i>		
First Year Standing	71	23.28
Second Year Standing	14	4.59
Third Year Standing	34	11.15
Fourth Year Standing	84	27.54
Fifth Year Standing	102	33.44

<sup>a</sup>The item asked respondents to identify their "gender" rather than select it from given choices. <sup>b</sup> Year level refers to number of years of stay in the university. <sup>c</sup> The low number of 2nd year and 3rd year students can be attributed to low enrollment of students in Philippine universities from 2016 to 2017 due to the K to 12 Transition Program. <sup>d</sup> Current standing in the program is a designation for the student's progress towards their graduation goal. This variable is different from year level - for example, a student has been in the university for 6 years but is currently in their fifth year standing in the program.



Table 2. Relevant Information of Scales That are Featured in This Study

Scale	Number of Items <sup>a</sup>	Cronbach's $\alpha$	Modifications in Scale from the Original Questionnaire
Estimate of Gains	9	.832	Removed items related to general education and vocational preparation and other items irrelevant to study context
Personal Experiences	17	.656	Replaced original items with items relevant to students' mental health experience in the university
Experiences with Friends and Classmates	4	.741	Removed all but two original items irrelevant to study context and added two items relevant to students' mental health experience in the university
Course Learning	7	.674	Removed four original items
Experiences with Faculty	6	.687	Removed six original items and added two items
Skills and Values in University Environment	9	.849	Removed two original items and added five new items (e.g., emphasis on learning, emphasis on performance)

<sup>a</sup>Items of each scale are enumerated in the results section.

### ***Procedure***

The academic unit emailed invitations to participate in the study with the study details and the online survey link. Students were also recruited to answer the survey when they visited the academic unit during registration period. Participants took approximately 25 minutes to answer the questionnaire.

## **Qualitative Phase**

### ***Participants***

Four separate focus group discussions (FGDs) were conducted to gain additional insight on students' experiences and perceptions in their academic unit and university that were not fully addressed in the survey. A total of 20 participants, which included enrolled students belonging to student organizations and those who did not (i.e., unaffiliated) were recruited via convenience and purposive sampling. FGD participant characteristics are outlined in Table 3.

### ***Materials***

Researchers used a semi-structured discussion guide containing questions on students' experiences and perceptions of the university and their academic programs (e.g., What are the challenges of being a student in the academic unit? How do you want the academic unit to support you as a student?), their teachers (e.g., What can help you be more open to consult with faculty? What do you think about the teaching style of your professors?), and personal challenges (e.g., How does the environment in the academic unit affect your mental health? How does your mental health affect your learning as a student in the academic unit?). Each participant signed an informed consent form prior to the FGD. Discussions were recorded through mobile phone voice recorder apps.

### ***Procedure***

The academic unit coordinated with student organizations to invite participation by their members. Unaffiliated students were recruited through a sign-up sheet provided by the unit. Researchers facilitated the discussion by asking questions about participants' experiences, their environment in the unit, and their learning and mental health. The discussions lasted approximately 2 hours and were held in a room in the unit's building.

Table 3. Descriptive Statistics of FGD Participant Characteristics

Participant Characteristic <sup>a</sup>	Quantity	Percentage
Gender		
Male	12	60%
Female	8	40%
Year Level <sup>b</sup>		
First Year Level	2	10%
Second Year Level	1	5%
Third Year Level	0	0%
Fourth Year Level	6	30%
Fifth Year Level	8	40%
Sixth Year Level	1	5%
Did Not Disclose	2	10%
Affiliation with Student Organization/s		
Affiliated	18	90%
Unaffiliated	2	10%

<sup>a</sup>Some FGD participants also answered the online survey. <sup>b</sup> Year level refers to the number of years of stay in the university.

### Data Analysis

After the study was completed, descriptive statistics (e.g., frequency counts) were computed from responses to the questionnaire's scaled and checkbox items, while responses to the questionnaire's open-ended questions and FGD narratives were subjected to thematic analysis. Three analysts reached a consensus on

salient themes constructed from the qualitative data, mapped these against descriptive trends in the quantitative data, and identified integrative themes. These integrative themes were discussed with the research supervisors and finalized by the entire research team.

### **Ethical Considerations**

The online questionnaire's cover page included pertinent information about the study, voluntary participation, and measures to uphold participants' rights. Participants were also provided the research team's contact information for questions or concerns about the study. FGD participants were given an informed consent form with the same elements. Given the nature of the topic, participants had the option not to answer questions that made them uncomfortable. Members of the research team were trained to help students manage any extreme distress symptoms. Because this study was undertaken by a MHPSS program, the researchers could refer any participant who expressed the need for MHPSS services. At the end of the FGD, researchers informed participants that they could contact the research team for questions and if they were still experiencing high levels of distress.

Measures to ensure participant anonymity and confidentiality included exclusion of personal identifiers from transcripts and project outputs through masking individual identities with general names (e.g., Participant A) and replacing proper names with codes (e.g., Course A). All hard copies of materials were kept in a locked cabinet at PsycServ, and soft copies were stored in a file storage account accessible only to the research team and a designated faculty member from the academic unit. All materials with participants' identifying information were permanently deleted once the team had submitted all project deliverables.

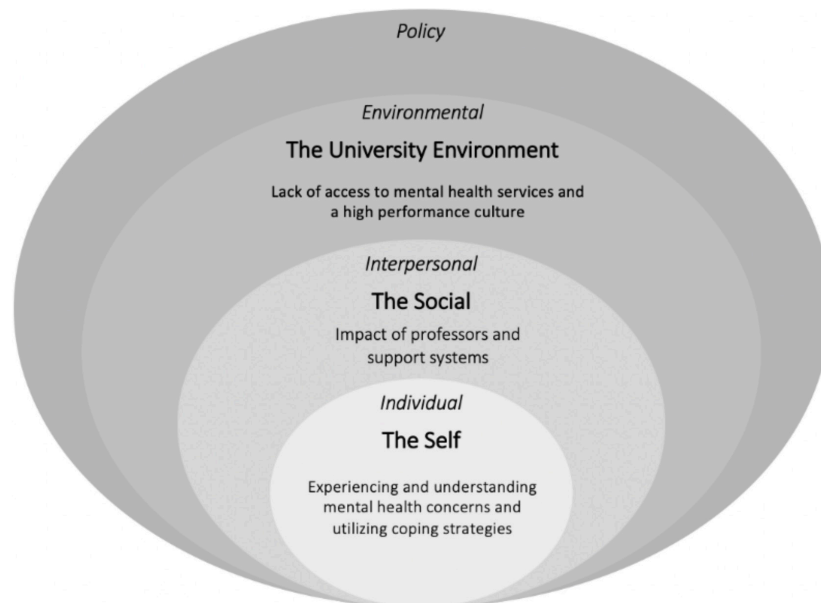
Since part of the university mandate of PsycServ is to collaborate with units within the university in addressing university constituents' mental health needs through integrated research-and-service projects, the research team was able to manage potential conflicts of interest throughout the entire research process. This study was well within the paradigm of integrating research and practice. The partnership

agreement between the unit and PsycServ also covered the public presentation and publication of this study's results.

## RESULTS

The themes presented in this study are illustrated in Figure 1 based on Kirsh et al.'s (2016) socioecological model. According to the model, mental health outcomes of university students are predicted by the interrelations between the self, the social, and the school: the self pertains to individual factors like students' experiences and understanding of their mental health concerns and their coping strategies while in the university; the social refers to interpersonal factors, particularly the impact of students' professors, organizations, and blocks on their university experiences; and the school points to university environmental factors like students' lack of access to MHPSS services and their experiences living in a high performance culture. Although the model consists of themes and domains that intersect with one another, these are examined separately here to

Figure 1. Socioecological Model of Students' University Experiences Based on Kirsh et al. (2016)



provide clarity of their importance in the model.

### **The Self: Experiencing and Understanding Mental Health Concerns and Utilizing Coping Strategies**

This theme includes two subthemes: experiencing and understanding mental health concerns while in the university and utilizing coping strategies to de-stress.

#### ***Experiencing and Understanding Mental Health Concerns***

Student participants reported positive gains and experiences while in the university. For instance, they believed that they made course-relevant progress such as thinking analytically and logically (80.98%) and analyzing quantitative problems (81.64%). They also reported learning their course lessons independently (80.33%) and adapting to environmental changes and challenges in the university (80.33%). As one participant said, “We have experienced so much... you just get used to it. You get to adapt.” Other reported positive aspects of university experience included experiencing freedom of choice in their campus life (73.77%) and a sense of engagement with people who care for them and whom they care for (69.84%). The rest of the positive gains and experiences are featured in Tables 4 and 5 (focusing on positively-keyed statements for the latter table).

Despite these, challenges persist and majority reported psychological vulnerabilities. Table 6 shows that majority of the respondents reported experiencing concerns of acute/intense stress, anxiety/worry, passing examinations, and managing time during their university stay.

Analysis also revealed that students carried over with them existing concerns from high school. Table 7 summarizes their top three behavioral, socioemotional and relational, and cognitive and performance-related concerns including the duration of these concerns. For instance, at least 54% have been experiencing these for at least a year, suggesting that many of these concerns have already existed in high school but have remained during their stay in college.

In addition, participants seemed to understand how their mental health has impacted their academics, and vice-versa. They view good

mental health as accepting themselves, their skills and weaknesses, having learning motivation, and coping effectively. When their mental health is compromised, their attendance, academic performance, and learning and achievement motivation are compromised as well. One participant shared,

Other students work well under pressure, but a lot of people don't. It gets to the point that... "I don't want to do this anymore." ... for instance, just one more subject, one more long test, but you're having such a hard time, you don't want to do it anymore. [You]

Table 4. Estimate of Gains (N = 305)

Gain	Very little		Some		Quite a bit		Very much	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
1. Understanding yourself, your abilities, interests, & personality	15	4.92	81	26.56	148	48.52	61	20.00
2. Developing the ability to get along with different kinds of people	20	6.56	76	24.92	136	44.59	73	23.93
3. Developing the ability to function as a member of a team	8	2.62	76	24.92	133	43.61	88	28.85
4. Developing good health habits & physical fitness	92	30.16	136	44.59	56	18.36	21	6.89
5. Thinking analytically & logically	2	.67	56	18.36	146	47.87	101	33.11
6. Analysing quantitative problems	3	.98	53	17.38	151	49.51	98	32.13
7. Putting ideas together, seeing relationships, similarities, and differences between ideas	3	.98	72	23.61	145	47.54	85	27.87
8. Learning on your own, pursuing ideas, & finding information you need	14	4.59	46	15.08	126	41.31	119	39.02
9. Learning to adapt to change	10	3.28	50	16.39	132	43.28	113	37.05

Table 5. Personal Experiences of Students ( $N = 305$ )

Personal Experience	Strongly disagree		Disagree		Neutral		Agree		Strongly agree	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Positively-keyed Statement										
1. I experience freedom of choice in my campus life.	4	1.31	16	5.25	60	19.67	135	44.26	90	29.51
2. I feel a sense of engagement with people who care for me, and whom I care for.	4	1.31	17	5.57	71	23.28	129	42.30	84	27.54
3. I am able to complete difficult tasks and projects.	12	3.93	39	12.79	90	29.51	132	43.28	32	10.49
4. The choices made reflect my "true self."	10	3.28	54	17.70	94	30.82	101	33.11	46	15.08
5. I took on and mastered hard challenges.	8	2.62	43	14.10	113	37.05	107	35.08	34	11.15
6. I was really doing what interests me.	17	5.57	55	18.03	100	32.79	95	31.15	38	12.46
Negatively-keyed Statement										
7. I have experienced failure.	2	.66	5	1.64	12	3.93	74	24.26	212	69.51
8. I have done something stupid that made me feel incompetent.	7	2.30	16	5.25	29	9.51	83	27.21	170	55.74
9. I struggle doing something I should be good at.	4	1.31	18	5.90	35	11.48	104	34.10	144	47.21
10. I agonize about not being able to meet standards of excellence.	15	4.92	23	7.54	30	9.84	63	20.66	174	57.05
11. I have a lot of pressures I could do without.	3	.98	13	4.26	52	17.05	118	38.69	119	39.02
12. I have experienced disagreements or conflicts.	2	.66	25	8.20	45	14.75	129	42.30	104	34.10
13. I have experiences of "breakdowns" in which I become very emotional and not functional.	16	5.25	29	9.51	42	13.77	72	23.61	146	47.87
14. I experience loneliness.	4	1.31	34	11.15	65	21.31	96	31.48	106	34.75
15. I struggle with the feeling of not being able to find my place in the university.	23	7.54	44	14.43	52	17.05	96	31.48	90	29.51
16. I have had to do things against my will.	34	11.15	69	22.62	85	27.87	77	25.25	40	13.11
17. I felt unappreciated by people who matter to me.	36	11.80	68	22.30	94	30.82	71	23.28	36	11.80



Table 6. Behavioral, Socioemotional and Relational, and Cognitive and Performance-related Concerns with At Least Approximately 10%

Concern	<i>n</i>	%
Behavioral Concern ( <i>N</i> = 305)		
Behavioral addictions (e.g., internet, gaming)	116	38.03
Suicidal behaviors and thoughts	66	21.64
Verbal and psychological aggression/violence (e.g., trash talking, being pressured, frat intimidation)	43	14.10
Self-injury	30	9.84
Socioemotional and Relational Concern ( <i>N</i> = 304)		
Acute/intense stress (e.g., sense of being overwhelmed, feeling like not being able to cope)	194	63.82
Anxiety and/or worry	187	61.51
Depression (e.g., low/sad/negative mood, persistent negative self-beliefs, loss of energy/motivation)	135	44.41
Sleep problems	60	19.74
Despair/hopelessness	47	15.46
Economic/monetary difficulties	32	10.53
Cognitive and Performance-related Concern ( <i>N</i> = 303)		
Passing examinations	202	66.67
Managing time	198	65.35
Managing challenging workload	120	39.60
Attending class	41	13.53
Writing papers	41	13.53
Managing curricular with extra-curricular work	40	13.20
Accomplishing group projects	37	12.21
Having a "terror" professor	36	11.88

*Notes.* Sample size for each concern refers to the number of participants who listed the concern as one of top 3 concerns for each domain. For "socioemotional and relational" and "cognitive and performance-related", one and two participants, respectively, did not follow instructions for accomplishing the survey. As such, data from these participants were excluded from analysis.

Table 7. Duration of Top Three Behavioral, Socioemotional and Relational, and Cognitive and Performance-related Concerns

Concern	Duration of Concern											
	Less than 6 months		6 months to less than 1 year		1 year to less than 3 years		3 years to less than 5 years		5 years or more		Did not specify/ Sporadic	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
<b>Behavioral Concern</b>												
Behavioral addictions (e.g., internet, gaming; <i>N</i> = 116)	13	11.21	4	3.45	34	29.31	33	28.45	31	26.72	1	.86
Suicidal behaviors and thoughts ( <i>N</i> = 66)	17	25.76	12	18.18	18	27.27	8	12.12	10	15.15	1	1.52
Verbal and psychological aggression/violence (e.g., trash talking, being pressured, frat intimidation; <i>N</i> = 43)	17	39.53	3	6.98	3	6.98	12	27.91	8	18.60	-	-
<b>Socioemotional and Relational Concern</b>												
Acute/intense stress (e.g., sense of being overwhelmed, feeling like not being able to cope; <i>N</i> = 194)	51	26.29	21	10.82	46	23.71	53	27.32	22	11.34	1	.52
Anxiety and/or worry ( <i>N</i> = 187)	47	25.13	16	8.56	63	33.69	33	17.65	27	14.44	1	.53
Depression (e.g., low/sad/negative mood, persistent negative self-beliefs, loss of energy/motivation; <i>N</i> = 135)	41	30.37	17	12.59	43	31.85	17	12.59	17	12.59	-	-
<b>Cognitive and Performance-related Concern</b>												
Passing examinations ( <i>N</i> = 202)	54	26.73	9	4.45	50	24.75	64	31.68	25	12.38	-	-
Managing time ( <i>N</i> = 198)	28	14.14	11	5.56	47	23.74	60	30.30	52	26.26	-	-
Managing challenging workload ( <i>N</i> = 120)	25	20.83	11	9.17	35	29.17	35	29.17	14	11.67	-	-

*Notes.* Sample size for each concern refers to the number of participants who listed the concern as one of top 3 concerns for each domain. In the questionnaire, students were shown lists of problems, ranked the concerns they have experienced and/or are currently experiencing, and identified how long they have been experiencing these.

just stop.

### ***Utilizing Coping Strategies***

Students identified several coping strategies such as eating (80.98%), sleeping (79.02%), and watching a movie/television show/video streaming (67.54%). However, it is notable that less than 50% of survey respondents considered talking to someone (48.52%), going out with friends (44.92%), and spending time with family (31.48%) as coping strategies. This observation is further validated in Table 8, where more than half of the respondents answered “sometimes” or “never” in questions related to interacting with friends and fellow students. This suggests a general introversion manifesting in adoption of a “coping solo” approach. In addition, only 22.62% of respondents regarded sports/exercise as their coping strategy, which clarifies why most students believe they are only gaining very little to some good health habits and physical fitness (see Table 4). This could be a reflection of the high demands of their academics amidst surviving in a high performance culture (to be highlighted later in this section).

### **The Social: Impact of Professors and Support Systems**

An important aspect in the students’ university experience is their academic work, which they generally perceive to be too difficult. Table 9 lists the ways they adjust to difficult subject matter. Around 81% of survey respondents (very) often employed a social strategy of working on class requirements with peers, but many of them only occasionally took detailed notes (49.84%) and contributed to class discussions (27.54%) mainly because of difficulties in comprehending lectures and lack of background knowledge on topics. This underscores the influence of social factors, namely their professors and support systems (e.g., organizations, blocks) not only on learning but also on mental health.

#### ***Impact of Professors***

Participants shared that, before entering university, they were used to being “spoon-fed” by their high school teachers who provided

Table 8. Activities of Students with Friends and Classmates (N = 305)

Activity	Never		Sometimes		Often		Very often	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
1. Asked a friend/classmate for help with a personal problem	52	17.05	129	42.30	61	20.00	63	20.66
2. Asked a friend/classmate to tell you what he or she really thought about you	112	36.72	124	40.66	44	14.43	25	8.20
3. Became acquainted with classmates whose interests were different from yours	23	7.54	140	45.90	102	33.44	40	13.11
4. Had serious discussions with classmates whose philosophy of life or personal values were different from yours	50	16.39	160	52.46	66	21.64	29	9.51

Table 9. Strategies to Improve Course Learning (N = 305)

Strategy	Never		Sometimes		Often		Very often	
	n	%	n	%	n	%	n	%
1. Completed the assigned readings for class	3	.98	107	35.08	149	48.85	46	15.08
2. Took detailed notes during class	15	4.92	138	45.25	114	37.28	38	12.46
3. Contributed to class discussions	15	4.92	206	67.54	71	23.28	13	4.26
4. Developed a role play, case study, or simulation for a class	79	25.90	150	49.18	63	20.66	13	4.26
5. Tried to see how different facts and ideas fit together	6	1.97	90	29.51	146	47.87	63	20.66
6. Summarized major points and information from your class notes or readings	13	4.26	92	30.16	133	43.61	67	21.97
7. Worked on a class assignment, project, or presentation with other students	4	1.31	54	17.70	138	45.25	109	35.74

them lessons they considered easy. They shared that some teachers had warned them that expectations are different in college. A participant said,

What the professors expect from us... it's not the same... It's like we got used to something simple, and then they throw us a complex [lesson]... Woah. What happened, where did that come from?

Because of these, students found their transition to college challenging as they had to become self-reliant, which was different from the dependency they experienced in high school. During their first year in college, they already experienced challenges in adapting to their environment given these discrepancies in expectations and abilities of professors and students. Participants noted professors' seeming lack of awareness of these discrepancies given that professors adopted a "no spoon-feeding" attitude to teaching and provided lessons and requirements that students found too complex. As one participant shared, "I feel it stemmed from those expectations of the prof that... what they teach is super easy."

Aside from the differences in expectations, some participants attributed their course learning experiences to professors' lack of engagement during class. A participant observed, "It's just slides... with an occasional glance at us," while another commented, "If you're a clueless student and all you're listening to is what they're saying, and if you don't see what they're doing visually, then you're unlucky."

Professors also play an important role in affecting students' mental health. Students reported that falling short of professors' high standards not only affects their way of learning lessons and course performance but also takes a toll on their confidence. They shared experiences of judging themselves for not meeting admittedly unrealistic standards and feeling ashamed when seeking help during consultations,

It happens again and again, I don't feel that I reach their high standards. It affects your confidence... and I think, "Can I really do this when I graduate, because I never excelled here." ...it's like [academic unit] took my confidence away.

Many professors also bring negative views on mental health to

how they carry out their role in the classroom. Students noted that some professors show less consideration for students' mental health concerns and are unaware of their impact on students' mental health. A student lamented, "I want to tell them, 'Sir, it's a reality that's there, if only you were aware that you have students who are suffering...'. There are professors who don't understand, it's like they never experienced being a student." Student concerns about their professors are also confirmed in Table 10, where at least 57% of survey respondents did not avail of academic support from professors and at least 90% prefer not to disclose their mental health concerns to professors.

Conversely, students have observed the positive impact that professors can have on their mental health by fulfilling their teaching roles effectively and providing students with structure and pertinent information about their courses. For instance, a student shared,

Advisers play a big role in pushing a student [to] work hard. I've heard of professors who even make a course guide for their students and discuss how students should take their courses. I have seen how this inspired some of my friends to push through the semester.

Students also observed that some professors show concern and consideration for their mental health and acknowledge that students are not entirely accountable for their mental health.

There are other professors who are considerate, they ask how you are... I've had professors who said, "If you can't attend class because you have a [mental health] case, it's okay." We're being assured that it's not our fault.

### ***Impact of Support Systems***

As students recognized their dynamic with their professors, they realized the need to be self-reliant learners who could and should not depend on their professors for their learning. Thus, they opted to study their lessons independently or with their support systems. Students cited student organizations and blocks as their main sources of academic support. For instance, a participant shared how the review sessions prepared by her organization helped in her course learning, "In our org, you review together, or if you have difficulties [in this

Table 10. Activities of Students with Faculty (N = 305)

Activity	Never		Sometimes		Often		Very often	
	n	%	n	%	n	%	n	%
1. Asked your instructor for information related to a course you were taking	27	8.85	166	54.43	81	26.56	31	10.16
2. Discussed ideas for a term paper or project with a faculty member	94	30.82	153	50.16	43	14.10	15	4.92
3. Asked your instructor for comments and criticisms about your academic performance	162	53.11	112	36.72	20	6.56	11	3.61
4. Shared some emotional, social or psychological problems in life with a faculty member	258	84.59	41	13.44	4	1.31	2	.66
5. Asked a professor to provide you with academic accommodations like extended deadline	142	46.56	132	43.28	25	8.20	6	1.97
6. Worked harder as a result of feedback from an instructor	40	13.11	133	43.61	95	31.15	37	12.13



lesson], you can get help from those who understand it better.”

Aside from easy access to academic assistance, support systems provide motivation, camaraderie, and comfort in otherwise difficult situations. Extending her reply above, the participant believed that support systems are essential as a student from the academic unit, “My org has a strong support system...I feel that if I do not have an org, most likely I’m gonna fail [in the academic unit].”

However, not everyone has the same level of support as some students do not belong to an organization or block. As one participant shared,

I’m blockless and not close to my classmates because they have their own block. It’s hard to intrude... I don’t know who to ask if I have questions... If you’re lost, you have to rely on the profs, but they don’t help as much.

### **The University Environment: Lack of Access to Mental Health Services and a High Performance Culture**

The students’ perceptions of their university environment, including their academic unit and the university system, revolve around two subthemes: the lack of access to MHPSS services and a university culture of high performance.

#### ***Lack of Access to MHPSS Services***

Apart from accessing the university’s jeepney services (95.41%), health services (71.80%), freshman orientations (64.26%), and university fairs (49.84%), many responded that they have availed of academic resources and facilities such as university libraries (82.30%), student organizations (60.66%), and learning assistance from the university’s learning resource center (43.61%). Of note is that only a few students have availed of student resources related to MHPSS like the university’s counselling and guidance office (22.30%), PsycServ (3.28%), self-improvement workshops (3.28%), and buddy programs (.66%).

Results indicate the need for accessibility to more competent and understanding mental health professionals as well as more availability

of counselling, psychotherapy, and psychiatric consultations. Some, just like the following participant, emphasized the need to increase awareness of available psychosocial support in the university, “I’m not sure if students are aware of these services. Also, people who are in need of these services often find it hard to reach out and share their vulnerabilities.”

### ***High Performance Culture***

As featured in Table 11, students believe that their college places greater valuation of performance (92.79%) over learning (85.87%) and has a prevailing attitude of “survival of the fittest.” This impression was validated by FGD participants with one participant explicitly linking it to the university’s meritocratic education system, “I think the university wants to show that if you give everyone equal chances, the system now will decide who comes out on top, or in their words, who are worthy of gaining the benefits of being a graduate.” Students associated survival and performance with their grades. Some participants shared that during their freshman year, they aimed for high grades and Latin honors but upon facing their course’s difficulty and failing grades, many participants’ priorities shifted to simply passing. Some mentioned feeling resigned to their fate (to fail) and banking on their hope that professors will “curve” or adjust their grades.

What is also striking is that around 94% of the students have experienced failure in the university (see negatively-keyed statements in Table 5). Some considered it inevitable in their high performance environment. A participant described how a sense of repeated failure is cultivated,

I can classify [the academic unit’s] subjects as [having] first level subjects, which give a false sense of hope that you can pass. After one year or sem, I feel like there was no transition from easy to hard...And that’s when I started to fail... This is where I was losing my interest already... Like it is normal that I keep failing. I don’t have any more drive...

A participant also said, “There’s always going to be competition and people who are not going to make it.” Another recounted how this

Table 11. Perceptions of Skills and Values Emphasized in the University Environment (N = 305)

Skill/Value	Emphasis											
	1 (weak)		2		3		4		5		6 (strong)	
	n	%	n	%	n	%	n	%	n	%	n	%
1. Developing academic, scholarly, and intellectual qualities	1	.33	4	1.31	17	5.57	43	14.10	117	38.36	123	40.33
2. Developing aesthetic, expressive, and creative qualities	9	2.95	21	6.89	65	21.31	94	30.82	78	25.57	38	12.46
3. Developing critical, evaluative, and analytical qualities	1	.33	6	1.97	8	2.62	49	16.07	110	36.07	131	42.95
4. Personal relevance and practical value of your courses	11	3.61	18	5.90	46	15.08	99	32.46	88	28.85	43	14.10
5. Maintaining a balanced sense of well-being to grow and thrive	22	7.21	53	17.38	72	23.61	82	26.89	48	15.74	28	9.18
6. Service to others and the country	10	3.28	17	5.57	51	16.72	76	24.92	64	20.98	87	28.52
7. Honesty and integrity	4	1.31	6	1.97	13	4.26	48	15.74	88	28.85	146	47.87
8. Learning	5	1.64	11	3.61	28	9.18	64	20.98	89	29.18	108	35.41
9. Performance	2	.66	4	1.31	16	5.25	65	21.31	95	31.15	123	40.33

perception was apparent as early as freshman year,

When we were freshies, we immediately became intimidated by that subject. Once you take it, be ready since it's either a lot [of students] are going to fail [or not]... So it is only your first take, [but] it is already in your mind that "I might fail [that subject]" since it's said to be hard.

Like the aforementioned social factors, the university environment can affect student mental health. Specifically, students reported gaining little satisfaction in reaching "just passing" marks when accomplishing difficult requirements and experiencing lower self-efficacy and self-esteem due to repeated failures. One student shared, "Because of the environment wherein you're so used to failure, you no longer know if what you're doing is right, even though it is." Another described experiencing overwhelming emotions, lacking time for self-care, and disengaging from university life due to the current academic load,

Whenever I don't spend time studying, I get anxious. I'm always afraid [I will] fail because I don't understand the lessons. I haven't failed any subject because I always overwork to the point I barely have time for myself... and I just feel sad that I can't have fun... I hate every single second I spend here. I'm studying so hard right now so that I can leave soon, it isn't about learning about things that interest me.

Given their experiences regarding their academics and mental health, students hope for a warmer and safer academic environment that proactively addresses their mental health concerns. Aside from seeking changes in their workload and how professors conduct classes, students call for a change in mindset regarding academic performance, specifically, "some sort of assurance that the stakes of passing an exam [are] not that high in the grand scheme of things, repeating a subject shouldn't be stigmatized..." Furthermore, they call for de-emphasizing the notion that failure is a norm in their academic unit as this may have an impact on their performance, expectations, coping, and satisfaction.

## DISCUSSION

The close partnership between a university MHPSS program and an academic unit within a tertiary education system paved the way for a comprehensive student needs analysis brought about by the unit's desire to understand more fully and address more incisively their students' mental health challenges. This study employed a mixed method design that integrates quantitative data from an online survey with personal narratives gathered through FGDs. The data correspond to the three domains in Kirsh et al.'s (2016) socioecological model, where student mental health outcomes are influenced by the interactions among their individual experiences, their relationships with their professors and peers, and their university environment. Knowing these interactions, students call for changes not only in teaching styles and requirements but more so in prevailing mindsets and values that diminish the importance of mental health.

### **The Self: Relationship of Mental Health, Academic Functioning, and Coping Strategies**

Like previous studies on student mental health (e.g., Del Castillo, 2020), students cited a myriad of behavioral, socioemotional and relational, and cognitive and performance-related concerns—some of which may have already existed before college. Though they did not disclose if these warrant a mental health diagnosis, the difficulties most cited (e.g., acute/intense stress, anxiety/worry) may be associated with deficits in their academic performance and learning and achievement motivation (Eisenberg et al., 2009; Hysenbegasi et al., 2005; Merianos et al., 2013). In the same way that their mental health impacts their learning and performance, difficult experiences like academic stress, pressure, and repeated failure can reinforce negative beliefs about themselves, lower confidence, and increase shame, which may lead to mental health concerns and/or exacerbate existing mental health conditions and vulnerabilities (Kirsh et al., 2016).

In the face of these difficulties, students learned to cope independently, adapt, and remain resilient. One finding of this study

is that more than 50% of respondents did not use interpersonal coping strategies, and most exercised self-reliance in response to perceived lack of support from professors. Coping strategies can be double-edged: while some could be beneficial in mitigating the adverse effects of stress on their mental health (Robotham & Julian, 2006) especially in the here-and-now, these may not be effective in producing long-term gains in learning and well-being (Metzger et al., 2017). As such, students' coping strategies need to be evaluated as to whether they produce only short-term relief or provide effective and long-term life management skills. Furthermore, individual-level coping strategies address stress and anxiety only at that level rather than at a broader systemic level and thus fail to address factors that maintain mental health difficulties (Robotham & Julian, 2006). Lastly, though students cope by becoming more resilient and self-reliant, they also report a low need to access available services that could potentially benefit their overall well-being. This means that MHPSS services are only accessed as a "last resort" or when concerns become severe (Czyz et al., 2013; Kirsh et al., 2016; Martinez et al., 2020).

### **The Role of Social Interactions and University Environment on Student Help-Seeking Behavior and Well-being**

The trend that students in the current study frequently experience serious mental health concerns suggests possible gaps in the university and academic unit's approach to mental health. Several social and systemic factors may be at play, specifically professors' expressed attitudes towards mental health, characteristics of the academic environment and the students, and accessibility and quality of available services and support (Chen et al., 2016; Go-Monilla, 2015; Kirsh et al., 2016).

Prior studies explored the impact of student-faculty interactions in help-seeking intentions and the role of faculty and staff in making a positive difference among high-risk college students (Kirsh et al., 2016; Schreiner et al., 2011). Faculty and staff who connect willingly and authentically with students can meaningfully influence student well-being and engagement, but less than helpful relationships and interactions may lower students' motivation to seek help from

faculty and staff. Professors themselves may also feel unprepared to address such concerns because of limited knowledge of warning signs that indicate mental health concerns, lack of awareness of available MHPSS services, and minimal opportunities for skills training and development (DiPlacito-DeRango, 2016; Kalkbrenner et al., 2019; Osilla et al., 2015). This is on top of their similarly heavy workload, responsibilities, and other endeavors, possibly impacting their own mental health as well. Thus, there are gaps in the faculty and staff's readiness and ability to address student concerns.

In addition, students underscored the role of the university environment as they reflected on their mental health. Universities provide activities and social settings that contribute to a more meaningful college experience (Laidlaw et al., 2016; Robotham & Julian, 2006). However, some students cannot reap these benefits and thus may experience less life satisfaction and remain vulnerable to mental health difficulties (Cleofas, 2020). As highlighted by Kirsh et al. (2016), in an environment that emphasizes performance over learning, students face the difficult choice of foregoing potentially enriching activities (e.g., interacting with friends, maintaining good health habits) to devote time to their academic requirements, keeping them from protective factors that can mitigate the effects of stress on their mental health. Even with the presence of university activities and services geared towards mental health, students still perceive a minimal sense of community and lack of university support as they navigate an overly competitive learning environment.

Apart from withdrawing from activities, students also encounter barriers to seeking and accessing quality mental health services despite the availability of such. Aside from lack of familiarity with these, students feel less motivated to seek support as they interact with an academic environment where they feel unsupported and may have had invalidating experiences. This furthers their need to become self-reliant, leading to less utilization of these services (Czyz et al., 2013; Kirsh et al., 2016; Martinez et al., 2020). This observation suggests that perceived campus culture may serve an important role in help-seeking attitudes as they influence individuals' attitudes towards personal mental health treatment beliefs (Chen et al., 2016). There are also reports of varying quality in the services they receive, which might

be a case of mismatch between the specific intervention and students' problems. As quality of care is linked to better clinical outcomes like symptom management and autonomy (Killaspy et al., 2018), potential institutional and human resource barriers that limit the provision of quality and sufficient services need to be addressed, such as insufficient staffing, limited capacity to manage more severe problems, and limited financial resources (Goodman, 2017; Watkins et al., 2012).

### **Implications for Policy: Towards Systemic and Integrative Mental Health Care**

It is evident that gaps in addressing mental health needs could not be attributed only to lack of available services within the university. Systemic issues need to be addressed to effectively meet academic and mental health needs of students and other university stakeholders.

A more systemic and integrative approach to addressing students' mental health needs could be rooted in changing the culture of learning to one that does not put undue emphasis on performance without sacrificing meaningful learning outcomes. One concrete way to facilitate changes in this type of culture is by scrutinizing how teaching philosophy and style translate to overemphasis on performance based on grades instead of prioritization of students' learning growth and competencies. For example, some students note the problem with reliance on lectures. Prior research has examined the potential gains in student learning when particular courses mix lecture and problem-based learning, which allows students to apply concepts to real-life situations and gain more knowledge, independence, and interpersonal skills due to better engagement with the course material (Yadav et al., 2011). Curricula and pacing of courses could also be reviewed by evaluating the impact of course and program revisions on workload and students' capability to move to higher-level courses. Therefore, mental health and holistic care must be ingrained when thinking about curricular changes.

It is also important to ensure proper training and personal development of faculty and staff in recognizing students' mental health issues and knowing the referral processes. Through these, they are educated on providing psychological first aid, recognizing students



in need, and referring them to proper channels. However, wider reach and stronger support and attendance are needed to implement such programs effectively and ensure that these skills are translated well.

Integrating mental health education into program curricula could help equip students with knowledge on mental health, adaptive coping mechanisms, and help-seeking strategies. This could in turn facilitate a more open environment, decrease stigma, and empower students by increasing skillful distress management. There are also ways to consider mental health in the college admissions process, such as early detection and referral of vulnerable students to ensure early intervention.

However, implementation of systemic changes needs to be further studied, which is where research consultation projects would be beneficial. Partnership projects between academic and MHPSS units could help bring these changes as they encourage long-term, focused, and mutualistic collaboration. Moreover, several studies note that research-practice partnerships bring about effective interventions in improving educational practice (Coburn & Penuel, 2016; Coburn et al., 2013). Consultancy work provides an opportunity for academic units, with the help of MHPSS units, to evaluate their stakeholders' needs based on data gathered from stakeholders themselves and collaborate on strategic recommendations in addressing mental health concerns. Meanwhile, the research process also offers therapeutic opportunities and safe spaces for participants to share their stories. All of these will allow the academic unit to design and implement contextualized and holistic programs that promote stakeholders' mental health.

On top of improving mental health literacy among constituents and strengthening existing supports and services, it is important to design interventions that address the broader culture and prevailing values of academic institutions. There is a need for academic institutions to promote a culture of support, acceptance, and learning to optimally provide a healthier environment for constituents. The findings point to how addressing mental health concerns of tertiary students should not only target the individual but also the social, environmental, and systemic dimensions. Therefore, there is a greater challenge to foster a commitment towards valuing and protecting mental health within the university through a multilevel, systemic approach.

### **Limitations and Recommendations**

This needs assessment is a case study of one academic unit in a tertiary education system and the researchers recognize that students' experiences from this academic unit may be different from other academic organizations. Certain types of courses have characteristics and features in the curriculum that can make them prone to bringing about these issues (Nelson Laird et al., 2008). Thus, it is recommended that academic institutions emphasize research and development in mental health and how cultures of learning interact with student well-being.

The researchers also suggest studying faculty's and administration's teaching styles and philosophies, student relationships, mental health status, and mental health attitudes. Doing so will deepen understanding of these multiple perspectives and needs, which can help in crafting professional development programs that integrate promotion of mental health.

Additionally, PsycServ's modified SES used for the study was not formally tested for reliability and validity. Plans for the future improvement of the SES can include evaluating its psychometric properties using diverse student samples from various Philippine colleges and universities.

Finally, while there are significant differences among teaching styles and workload demands between high school and college, student concerns across different domains were likely already present prior to entering college. It could be useful to replicate this study among high school students as certain mental health difficulties may have a developmental trajectory across life stages. This finding emphasizes the need for MHPSS programs to be institutionalized across primary, secondary, and tertiary education settings. Providing early intervention is critical in preventing the development of more severe mental health problems.

### **Conclusion**

The study demonstrated the importance of practice-informed

research and research-informed practice where practical and credible knowledge from student perspectives can inform new strategies, services, and policies. Close, mutual collaborations can also ensure a focused view on existing systemic processes. This needs assessment spotlighted the interactions of students' individual experiences and characteristics, social interactions and supports, university environment, and policies in impacting student mental health. By adopting a systemic and integrative approach with the help of research consultations, academic institutions are better positioned to help students achieve their academic learning goals and greater well-being.

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