

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

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, Généreux 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,

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 theg e v -

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

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

Table 1. Descriptive Statistics of Online Survey Participant Characteristics

Participant Characteristic	n	%
<i>Gender^a</i>		
Male	194	63.61
Female	110	36.07
Lesbian	1	.32
<i>Year Level^b</i>		
First Year Level	68	22.30
Second Year Level ^c	5	1.64
Third Year Level ^c	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^d</i>		
First Year Standing	71	23.28
Second Year Standing	14	4.59
Third Year Standing	34	11.15
Fourth Year Standing	84	
Fifth Year Standing	102	

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

Scale	Number of Items ^a	Cronbach's	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)

^aItems 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

Table 3. Descriptive Statistics of FGD Participant Characteristics

Participant Characteristic^a

Gender

Male

Female

Year Level^b

First Year Level

Second Year Level

Third Year Level

Fourth Year Level

Fifth Year Level

Sixth Year Level

Did Not Disclose

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

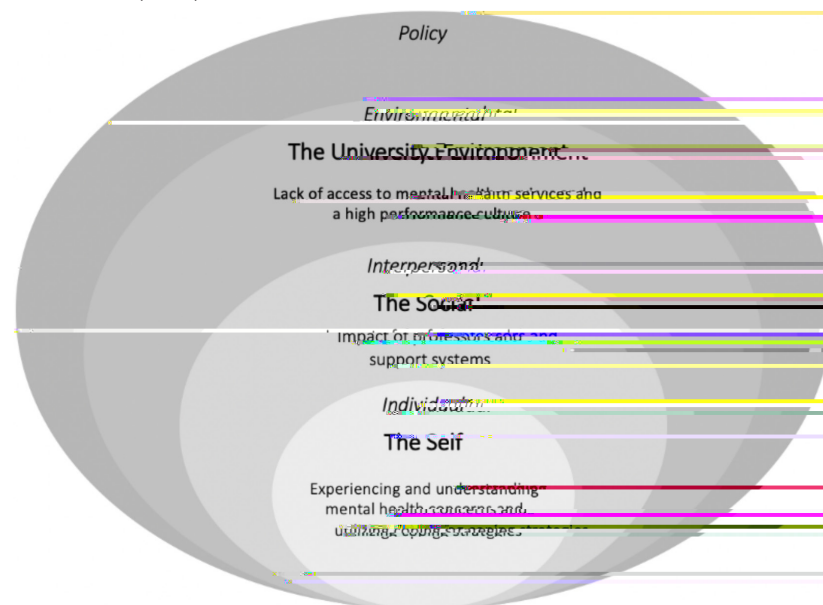
The online questionnaire's cover page included pertinent information about the study, voluntary participation, and measures to uphold participants' rights. Participants were also provided the research team's contact information for questions or concerns about the study. FGD participants were given an 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, it provided the

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

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

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>	%					
Behavioral Concern											
Behavioral addictions (e.g., internet, gaming; N = 116)	13	11.21	4	3.45	34	29.31	33	28.45	31	26.72	1

just stop.
Utilizing Coping Strategies

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

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

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

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

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

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

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

in need, and referring them to proper channels. However, wider reach and stronger support and attendance are needed to implement such

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

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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