

# Mental Health Conditions of State University Students

Darlene G. Genizera-Pajarito, Ph. D., RGC

DOI: <https://dx.doi.org/10.47772/IJRISS.2024.8110230>

Received: 12 November 2024; Accepted: 18 November 2024; Published: 20 December 2024

## ABSTRACT

Human beings are complex creatures. Caring for one's mental health condition is arguably the most compassionate and demanding work anyone can undertake. The increasing rates of suicide, depression, and other mental health conditions triggered the global call for mental health promotion and awareness. Difficulty in the part of mental health providers to extract the cognitive processing of emotions, and the rising of mental health concerns, are interlinked factors seen that ignite the quest for an answer in this study. Purposive sampling was used to determine respondents who have mental health conditions. DSM5 Cross-Cutting Symptoms Measure-Adult was employed to measure the mental health conditions, while answers were validated with the use of interview guide. Moreover, mixed-method was the employed research design. Descriptive and inferential statistics were used to analyze the data. With the use five point scale instrument indicating scores of 0= none, 1=slight, 2 =mild, 3 =moderate and 4 =severe, results showed that the majority of the respondents have mild depression, mild anger, mild anxiety, slight suicidal ideation, slight psychosis, and substance use. Specifically, males are troubled with sleep concerns, experience more episodes of psychosis and resorted more on substance use. Among the year levels it was with fourth year students who experience somatic symptoms, and substance use was common among Bachelor of Industrial Technology students, while the graduating students are experiencing from several somatic symptoms. Qualitative responses from seven participants supplied the theme "stress effects" as attributes of mental health conditions.

**Keywords:** mental health conditions, state university students, mixed methods, mental health problem

## INTRODUCTION

Mental health problems are listed as the third most prevalent form of illness in the Philippines (Lally et. al., 2018). As a matter of fact, one in every five Filipino adults has some form of mental illness, as shown by the recent records of Department of Health, thus, every year, around 3,500 Filipinos commit suicide (World Population Review, 2019). Specifically, the highest percentage of depression was focused on teenagers and young adults. Moreover, the number of young students in higher education with mental disorders has been increasing progressively (Castillo & Schwartz, 2019), together with the severity of the psychological problems of students that seek help from mental health providers (American Psychological Association, 2023; Smith, 2020). This perception, along with the growing concerns of the World Health Organization (WHO) and the Philippine Guidance and Counseling Association (PGCA), has heightened the urgency for finding effective solutions. There is limited knowledge about mental health conditions and resources at the state university level.

The insights gained from this study will aid in the development of more effective therapies and essential services tailored to university students' mental health needs. Additionally, it will provide strategic techniques for Guidance Counselors and mental health advocates. The mental health of college students significantly impacts educational settings, influencing classroom disruptions, student activities, faculty interactions, and critical violent incidents on campus. To address these issues, it is essential to implement evidence-based research services (Smith, 2020).

## OBJECTIVES OF THE STUDY

This study investigated the mental health conditions among students of one state University. Specifically, this study aims to determine the levels of mental health conditions among university students based on their perceived mental health symptoms and to compare the differences in responses when grouped by sex, course taken, and year level.

## LITERATURE REVIEW

Mental health condition as defined by the World Health Organizations covers a wide range of problems that affect the mood, thinking and behavior of a person. A person having these conditions may manifest significant distress and can interfere with the individual's daily life's normal functioning. They are also known as mental illnesses or psychological disorders (WHO, 2023).

The American Psychiatric Association (APA, 2013), has indicated thirteen (13) mental health conditions or symptoms. These are depression, anger, mania, anxiety, somatic behaviors or symptoms, suicidal ideation, psychosis, sleep problem, memory problem, repetitive thoughts and behavior, dissociation, personality functioning and substance use. Thus, the term behavioral health, mental health symptoms and mental health conditions are used in this study. Literature reviews pointed out that behavioral health serves as the bigger umbrella that covers mental health as one branch (Center for Medicare and Medicaid Services, 2023). Moreover, composition of mental health includes the emotional, psychological, and social aspect in a person life and these are being manifested in the behavior according to Psychologists (Baumeister & Bushman, 2014).

Mental health is regarded as a state of well-being in which an individual recognizes their own abilities, can manage the normal stresses of life, works productively, and contributes to their community (WHO, 2019). Mental health conditions are manifested through various behaviors. Some behaviors can be considered healthy and others unhealthy. Mentally unhealthy behaviors give rise to social concerns, which even the World Health Organization prodded nations to develop plans and programs relative thereto. The Philippines, a participating country during the 2016 Asia Pacific Economic Cooperation's Strategic Needs Assessment has its advocacy relative thereto also.

Republic Act 11036 or an Act establishing a National Mental Health Policy for the purpose of enhancing the delivery of integrated mental health services, promoting and protecting the rights of persons utilizing psychiatric, neurologic, and psychological health services, is a law in which this study was anchored.

The recognition of mental health as a basic human right in the Philippines finally was signed into law on June 21, 2018. This law affirms mental health as a basic human right. It also enshrines the Filipinos' access to mental health services as a fundamental human right. These two provisions disprove the two pervasive misconceptions that highlighted discussion on mental health. One, that mental health is not as important as physical health. Second, that depression, anxiety, and other mental health issues can be chased away by "positive thinking" without the help of mental health professionals. The law also recognizes the Filipinos' right to mental health, thus, provides mechanisms to rewrite the narrative around mental health concerns, and to promote awareness, acceptance, and free exchange of ideas. Besides, the law mandates government agencies such as the Department of Education, Commission on Higher Education, Technical Education and Skills Development Authority, and other agencies to blend age-suitable content on mental health in the curriculum of all educational levels whether in public and private institutions.

Another important change that the law is enforcing is the recognition that the workplace is a contributing factor in raising awareness of Filipinos on mental health issues. It can be seen that the Philippine work sector is considered capitalist-economic. This means that at any given time, a portion of the four point five (4.5) million Filipinos estimated by the World Health Organization (WHO) is suffering from depression, and/or any other mental health issues, and find themselves working in an office between 6 to 12 hours, almost every day. These statistics highlight the profound influence of a person's environment, including the workplace, to the mental

health behaviors of the average Filipino (WHO, 2017). It can be deduced that healthy work environment, makes productive, happy and contented employees.

Furthermore, this law recognizes that employers should be made partners with the state, to enable affordable and timely access to professional help if the need arises. The law, therefore, directs “employers to develop appropriate plans and programs on mental health in the workplace designed to increase awareness on mental health issues, correct the stigma and discrimination associated with mental health conditions, identify and provide support for individuals at risk and facilitate access of individuals with mental health conditions to treatment and psychosocial support (Phil. Official Gazette, 2018). Support coming from the boss is vital.

In terms of access to professional help and services, a person suffering from a mental disorder may seek the aid of the Department of Social Welfare and Development which will refer the said person to mental health facilities, professionals, workers, and other service providers for appropriate care, and to provide or facilitate access to public or group housing facilities, counseling, therapy, and livelihood training and other available skill development programs. For students in school setting, Guidance Counselor may further refer to Psychologist or Psychiatrist whenever the mental health concern is beyond capacity.

Elucidating mental health conditions through theories. Behavioral Psychology theories of learning posits that all behaviors are acquired through conditioning. Ideas of Watson, Skinner and Pavlov are still widely used to help clients learn new skills. Bandura, in his Social Cognitive Theory explains human behavior in terms of dynamic, reciprocal three way model. In this theory, the personal factors, environmental influences and behavior continuously interact (McLeod, 2015). In other words, a person’s mental health condition may be considered as the result of experiences, observations of other peoples’ actions and the results of those actions itself. A person can be both agent of change and responder to change, therefore, changes in the environment and reinforcement can be used to encourage better mental health behavior. This is called reciprocal determinism.

In the Philippines, the Department of Health as well as the World Health Organization declare that, 7 Filipinos turn to suicide every day and 1 in every 5 Filipino adults suffer from any form of mental health concern, the most common of which is depression and schizophrenia (WHO, 2017). In the United States, according to the National Institute of Mental Health (NIMH), about six million American residents suffer from depression every year. They often express their depression in terms of fatigue, irritability, and anger, loss of interest in work or hobbies, sleep disturbances and many others. Additionally, they use more drugs and alcohol, and self-medicate in order to mask the signs of depression. Therefore, it is harder to detect and treat mental health condition effectively (American Psychological Association [APA], 2020)

College life is challenging and stressful for many students as they juggle academic requirements, work, and family responsibilities (Benedicto, et al., 2023). In this context, many college students experience the first onset of mental health challenges. Often, they seek refuge from substance use. In these contexts, many college students may experience the persistence, exacerbation, or first onset of mental health behavior concerns and substance use problems while possibly receiving no or inadequate treatment. Therefore with the increasing recognition of mental health issues and the use of more psychotropic medications, the number of young adults with mental health behavior problems entering college has significantly increased (Pedrelli, Nyer, Yeung, Zulauf&Wilens (2015). Thus, college students need more mental health aid.

Early intervention is a fundamental principle in health care and the past two decades have seen it belatedly practiced into the field of mental health behavior. Consequently, seventy-five percent (75%) of mental illnesses emerge before the age of twenty-five (25) years. Young people bear the major burden of mental health behavior concerns that threaten the many years of productive behavioral adult life. The sad news is that young people aged between twelve (12) and twenty (25) years have had by far the worst levels of access to mental health care across the whole lifespan (Malla, Iyer & McGorry, 2016). More so, health services are poorly designed, grossly under-resourced and typically unfriendly to, and untrusted by young people (Patrick, McGorry & Mei, 2018). Traditionally, mental healthcare has been essentially reactive and palliative, largely

adult-focused and despite the overdue dawn of deinstitutionalization and the retarded implementation of community mental healthcare. In addition, underinvestment in mental health behavior has led to increased presentations in acute settings (Singh, Paul & Ford, 2010).

However, studies related to the mental health conditions of college students are rare, especially in the Philippines. In one case, Pineda and Alonso-Balmonte, (2016) conducted a study on common mental health problems and treatments experienced by college students in Metro Manila. They found out that most college students do not actively seek aid for mental issues and that most of them feel that the treatments are inadequate. Moreover, the results show that schizophrenia, bipolar, and intellectual disability are the most common mental health concerns, yet students do not seek aid probably due to stigma and that the current treatments are adequate for the problems they encounter (Pineda & Alonso-Balmonte, 2016). This suggests that the root of the lack of help-seeking in the Philippines stems from social stigma and not from inadequate methods or programs (Tuliao, 2014).

In a related study, it was identified that the most common mental health conditions are schizophrenia, bipolar disorder, and intellectual disability in its different forms, while Eisenberg et al. (2010) further added that depression is the highest among others. Moreover, it is also important to remember that the data represents students who seek help from doctors. Most depressed adolescents, do not seek help from anyone because of the perceived negative view it generates towards the afflicted person. Thus, this fosters more depressing thoughts that may have accumulated into life-threatening problems.

There are further studies that seem to confirm the degradation of mental health condition among students in higher education. Sarmiento (2015) conducted a “mental health concerns profile” for students, the aim is to adequately specify remedial actions and initiatives. There were 1031 college students who participated. The results indicated that mental health condition is superior to the general population, but the depressive symptomatology is superior to the normal population. The interesting findings were that thirty-two-point one (32.1) percent of young adults are emotionally disturbed, in terms of substance use, marijuana is the drug preferred by students, followed by tranquilizers and barbiturates and the majority of this population do not engage in physical exercise. Also, seventy-two-point nine (72.9) percent of students had consumed alcohol and the most popular drink is beer (39.5%), while thirty-six (36%) percent had indulged in episodes of binge drinking at academic parties. Moreover, revelations show that marijuana is the most popular drug (7.3%), followed by tranquilizers and/or barbiturates (5.7%), and this is without a medical prescription. In the aspect of sexual risk behaviors, the majority of the students are sexually active (79%) although most had never taken an HIV test (69%). Sadly, most of the respondents here engage in little sport, with 79% of the population do not consider taking part in regular physical activity. Added to this information, the National Survey of College Counselling Centers, declare that there is an obvious increase in the number of students with severe psychological problems (82%), crises that require immediate intervention (80%), medication issues (73%), learning disabilities (61%), illicit drug use (52%), self-injury problems (48%), on-campus sexual assault concerns (40%), alcohol abuse problems (34%), eating disorders (34%) and career planning issues (30%) (Gallagher, 2013). These data show mental health behaviors in college and university level are widespread.

Intellectual disabilities may develop in individuals who experience mental health problems during their lives. Issues such as panic anxiety, sexual or physical abuse, neglect, and trauma-induced stress can lead to social anxiety and overall trauma. Bangalan & Agnes (2024) highlighted various situations where mental health concerns are likely to develop. Based on the answers gotten and contrasted with the related literature, the most common illnesses found in Metro Manila are more on the genetically or inherent illnesses constituting two thirds of the top rather than those learned or nurtured by their environment (Pineda & Alonso-Balmonte, 2016).

Recently, evidences are showing a significant association between the ability to effectively regulate undesired affective states. Mental health condition has been found across almost all mental disorders included in the Diagnostic and Statistical Manual for Mental Disorders (DSM-5; APA, 2013). Accordingly, individuals suffering from depression, as considered one of the most prevalent mental health problems, often report difficulties identifying their emotions (Rude & McCarthy, 2003). The World Health Organization had this

world mental health surveys in International College students to examine the mental health condition and well-being of university students. It was discovered that the frequency of substance use, ADHD, and suicidality were high. Females, over 21 years of age, non-heterosexual students, and those from low socio-economic status were more likely to have higher range of mental health and behavioral problems (McLafferty et al, 2017). In Harris-Caldwell (2015) study on college campuses and mental health behaviors of American college students, revealed that anger, anxiety, depression, sleep disorders, substance abuse, and suicide ideation were among the most commonly reported issues. As noticed from data provided above, depression surfaced as common mental health behavior may it be locally or internationally.

Mental health professionals believed that individuals experiencing stress or going through a significant life change, are more susceptible to develop substance use disorders than others. Children often see college life as an opportunity to gain independence from their parents' restrictions. It is during this period that autonomy, independence, and self-responsibility is envisioned, thus, students with genetic predisposition, family history of substance use, histories of trauma, low self-esteem, and history of depression or anxiety are at higher risk of substance abuse. Individuals who have not developed healthy coping methods to handle emotions and stress are also at higher risk. Therefore, according to the National Institute on Alcohol Abuse and Alcoholism, about four out of five college students drink alcohol. In other words, alcoholic drinks are considered prevalent form of substance use among college students (Dennis, 2020).

Skidmore, Kaufman, and Crowell (2016) highlighted that college is a period of heightened risk for behavioral issues, particularly substance use. Moreover, the study of Chen & Chen (2020) highlights that substance use during college is linked to significant negative consequences, including lower academic performance, higher dropout rates, and increased risk of injury. Additionally, drug and alcohol use is linked to participation in other risky behaviors and deteriorating mental health. Specifically, male college students, are at a heightened risk for substance use, with first-year students being especially vulnerable (Blows & Isaacs, 2022).

On the sideways, the correlation between poverty and mental health condition issues is also being focused by some researchers. Hanadita and Tampubolon (2014) studied the causal effect of poverty on mental health condition using weather variability. The results of the study showed that poverty causes poor mental health condition. More interesting findings revealed that half of household expenses raises the probability of suffering mental illness by 0.06 point, and in terms of elasticity, one (1%) percent decrease in consumption brings about point sixty two percent (0.62%) more symptoms of common mental health concerns. This poverty effect is approximately five times stronger than that obtained before it was measured and has increased to alternative distributional assumption. Furthermore, they found out that an individual's mental health is negatively correlated also with district income inequality, suggesting that income distribution may have a significant influence on mental health condition over and above the effect of poverty. In this sense, it was suggested that to improve mental health, individuals' health awareness and behavior must be improved first, through the better implementation of equitable economic policy (Hanadita and Tampubolon, 2014). In a similar study done by Ross et al., (2016), they affirmed the notion that poverty is associated with poor mental health among bisexual people. It was revealed that participants of the study living below the low income cut off (LICO) had significantly higher mean scores for depression and post-traumatic stress disorder symptoms and reported significantly to have more perceived discrimination compared to individuals living above the LICO.

In the industrial world, studies were conducted to know the relationship between mental health condition of workers and substance use. It was found out that an annual average of 8.7% of fulltime workers aged 18 to 64 used alcohol heavily, 8.6% used illicit drugs, and 9.5% had substance use disorder. The highest rates of heavy alcohol use were found in the mining (17.5%) and construction industries (16.5%), while the highest rates of illicit drug use were found in the accommodations and food services industry (19.1%). Workers in the hotel and restaurant services industry (16.9%) had the highest substance use disorder rates. Between the two time periods, rates of illicit drug use increased in hotel and restaurant services industry (from 16.9 to 19.1%), educational services industry (from 3.7 to 4.8%), and decreased among workers in the construction services firms (from 13.9 to 11.6%). However, decreases were seen in substance use disorder rates were seen in construction industry (from 17.3 to 14.3%), management (from 13.8 to 11.4%), wholesale trade (from 13.4 to

10.4%), and manufacturing firms (from 10.4 to 9.3%) (Bush & Lipari, 2015). As observed from data presented, firms involved with use of physical strength generally resorted to alcohol abuse, while those working from industries that are considered sedentary generally resorted to substance abuse.

The DSM-5 diagnostic criteria include one or more somatic symptoms that are distressing or result in significant disruption of one's daily life. The criteria involves excessive thoughts, feelings, or behaviors related to the somatic symptoms or associated health concerns. Moreover, although any somatic symptom may not be continuously present, the state of being symptomatic is persistent, commonly for more than six ( 6) months (American Psychiatric Association, 2013). The reported symptoms must cause functional impairment or distress and they should not appear to be intentionally produced. DSM, now on its fifth edition is a tool generally used by mental health professional in the process of determining the nature of disorder and differentiating it from, other possible state.

Results from the works of Sendzik, Schafer, Samson, Naumann& Tuschen-Caffier (2017), showed that difficulties in emotional awareness were significantly correlated with a medium effect size for each depressive and anxiety symptoms separately, and for their combined effects (overall outcome). Additionally, it revealed that age was a significant moderator of the relationship between emotional awareness with depressive and anxiety symptoms, with younger respondents (12 years old and below) showing a stronger association between difficulties in emotional awareness and depressive and anxiety symptoms as compared to older respondents (12 years old and above). The results suggest that emotional awareness may be of relevance to depressive and anxiety symptoms in youth.

Several other related studies show how mental health condition are related to emotional maturity and vice versa (Dominquez-Garcia & FernandezBerrocal, 2018). An example of which is how Law and Tucker (2017), show repetitive negative thinking affects the risk of suicide. Repetitive or continuous thinking process is commonly known as rumination. Rumination is a relevant symptom present in affective disorders that occur due to the perception of a discrepancy between the current state of a person and the goals he or she wants to achieved (Watkins& Nolen Hoeksema, 2014). Miranda et al., (2013), realized that the perception of one's inability to use emotional regulation strategies, which is an aspect of emotional maturity predicts suicidal ideation. In addition, Teismann and Forkman (2017), emphasized that hopelessness, perception of entrapment, and lack of optimism (Tucker et al., 2013) strengthen the relationship between the occurrence of negative mental health condition symptoms and emotional immaturity. The association between emotional maturity and mental health condition may be enhanced by the impulsive use of pleasing and hurtful behaviors when coping with negative emotions caused by rumination. Moreover, suicidal behaviors have been found to correlate with depressive symptoms, according to Chu et al., (2016). Ahmadpanah et al.,(2017) further emphasized that emotional immaturity is the relationship between early maladaptive schemas of emotional deprivation, such as social isolation, shame and abandonment, and history of suicide attempts, thus, people with major depressive disorder scored higher on emotional immaturity measure( DominguezGarcia & Fernandez-Berrocal, 2018).

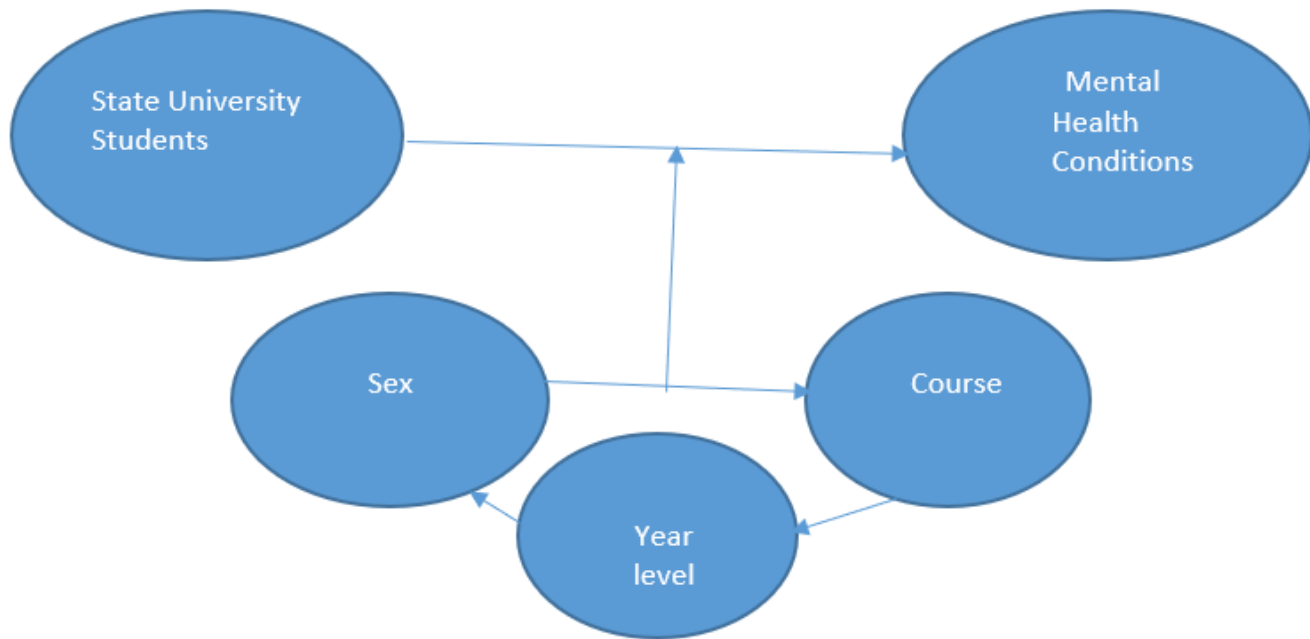
In university settings, various factors can contribute to the development of mental health conditions. Victims of bullying report significantly higher rates of headaches, abdominal pain, and musculoskeletal pains in the shoulders, arms, knees, and back compared to their peers (Atkin, 2017). Other school-related stressors, such as poor academic performance, lower cognitive abilities, and lack of positive relationships with teachers and peers, also contribute to somatic pain. When students experience psychosomatic reactions, they are frequently absent due to symptoms, exacerbating any pre-existing academic and social issues (Shannon, Bergren, & Matthews, 2010). Therefore, teachers need to consider the mental health conditions of students (Källmén & Hallgren, 2021).

Other research work such as of Famarzi &Khafri (2017) has supported the claim that alexithymia is associated with mental health condition, such as psychosomatic disorders (Farmarzi et al., 2013: Farmarzi, Kheirkhah, ShokriShirvani, Mosavi& Zarini, 2014), depression, and anxiety. Some studies have reported a positive relationship between alexithymia and somatic symptoms (Faramazi&Salmalian, 2014). Alexithymia

influences the academic achievement of college students, thus, in Sepahvand et al. (2015) demonstrated a positive relationship between alexithymia and anxiety.

Furthermore, there are mental health conditions which are more frequent in college students than in those Out-of-School-Youths of a similar age group, arising from multiple stressors, including academic overload, inadequate time, and final examinations (Delavar, Salmalian & Faramarzi, 2013; Bataineh, 2013). Evidence has shown marked increase symptoms of mental health condition, including depression and anxiety in college students over the last decade (Twenge et al., 2010).

Figure 1 Conceptual framework illustrating the mental health conditions among state university students, when grouped according to sex, course, and year level.



**METHODS**

**Research Design**

This study employs both qualitative and quantitative methods to emphasize the objectives measured, or otherwise known as mixed method. This approach focused on collecting, analyzing, and mixing both quantitative and qualitative data in one study. Thus, the findings from quantitative phase were validated by the result taken from the qualitative data. This type of mixed method is called Sequential Explanatory Design (Creswell, and Plano, 2011).

**Participants**

From a total of two thousand, six hundred eleven (2,611) students who enrolled for the academic year 2019-2020, two hundred twenty-two (222) students who claimed having experienced mild to severe mental health conditions, and are willing to participate in the study. Thus, purposive sampling technique was used. Majority of them are females taking up education courses and on their first-year level in the University.

Table 1 Respondents’ Profile

Profile Variables	Frequency	Percentage (%)
<b>Sex</b>		
Male	80	36.00
Female	142	64.00

<b>Course</b>		
Education	62	27.90
Information Technology	47	21.20
Hotel Management/HRT	57	25.70
Bachelor of Industrial Technology	56	25.20
<b>Year Level</b>		
First	86	38.70
Second	39	17.60
Third	72	32.40
Fourth	25	11.30

## Measure

**Cross-cutting Measure-Adult.** This instrument is a DSM-5 Level 1 Cross-Cutting Symptom Measure-Adult, was utilized in this study because it is specifically designed to survey mental health issues of the target respondents. The American Psychiatric Association’s DSM-5 Level 1 Cross-Cutting Symptom Measurement Tool-Adult has been used by mental health professionals for both research and practical use in campus health and wellness centers (Harris-Caldwell, 2015). In the Philippines, mental health workers simply adapt this tool also. This measure assesses the presence and severity of 13 psychiatric symptom domains that cut across diagnostic boundaries (Narrow et al., 2013). These include depression, anger, mania, anxiety, somatic symptoms, sleep disturbance, psychosis, obsessive thoughts and behaviors, substance use (including alcohol, nicotine, prescription medication, and illicit substances), personality functioning, dissociation, and cognition/memory problems in adults. This tool refers to “cross-cutting” because it calls attention to behaviors or symptoms relevant to most, if not all, psychiatric disorders, such as mood, anxiety, sleep disturbance, substance use, self-harm, suicide, hallucinations. It is self-administered and examines 13 symptom domains for adults. The following are short descriptions of some common mental health condition used in this study, which is considered during the past two weeks the person has been bothered by the following:

1. Depression- little interest or pleasure in doing things, and feeling down, depressed, or hopeless.
2. Anger-feeling -more irritated, grouchy, or angry than usual.
3. Mania- sleeping less than usual, but still have a lot of energy, and starting having more projects than usual, or doing more risky things than usual.
4. Anxiety- feeling nervous, anxious, frightened, worried, or on edge, feeling panic or being frightened; and avoiding situations that makes anxious.
5. Somatic Symptoms-unexplained aches and pains (e.g., head, back, joints, abdomen, legs), and feeling that your illnesses are not being taken seriously enough.
6. Suicidal Ideation- thoughts of actually hurting yourself, thoughts of ending your life.
7. Psychosis- hearing things other people couldn’t hear, such as voices even when no one was around, feeling that someone could hear your thoughts, or that you could hear what another person was thinking.
8. Sleep Problem- problems with sleep that affected your sleep quality over all.
9. Memory- problems with memory (e.g., learning new information) or with location (e.g., finding your way home).
10. Repetitive Thoughts and Behavior- unpleasant thoughts, urges that repeatedly enter your mind; and feeling driven to perform certain behaviors or mental acts over and over again.
11. Dissociation- feeling detached or distant from yourself, your body, your physical surroundings, or your memories.
12. Personality Functioning- not knowing who you are or what you want out of life; not feeling close to other people or enjoying the relationship with them.
13. Substance Use- drinking at least 4 drinks of any kind of alcohol in a single day; Smoking any cigarettes, a cigar, or a pipe, or using vapes or tobacco; Using any of the following medicines on your own, that



is, without a doctor's prescription, in greater amounts or longer than prescribed (e.g., painkillers, stimulants, sedatives or tranquilizers, or drugs like marijuana, cocaine or crack, club drugs like ecstasy, hallucinogens, heroin, inhalants or solvents like rugby, or methamphetamines).

This tool was selected to determine an individual's specific behaviors within two weeks prior the conduct of the study. Moreover, it is used in research and evaluation as a potentially beneficial tool to enhance clinical decisions making. This instrument measure each item based on a five-point scale indicating 0= none or not at all; 1= slight or rare, less than a day or two; 2= mild or several days; 3= moderate or more than half the days; and 4= severe or nearly every day. For clinical purposes, the clinician is asked to indicate the highest score on any item within the domain, while a mild rating or greater on any item within the domain, except substance use, suicidal ideation, and psychosis, may serve as a guide for additional inquiry and follow up. Moreover, for substance use, suicidal ideation, and psychosis, a rating of slight may serve as a guide for additional inquiry and follow-up to determine if a more detailed assessment is needed.

**Interview Guide.** This was employed to get responses from the respondents as to mental health conditions. To validate, open-ended questions formulated by the researchers and validated by three Psychology Doctors considered masters in the field related to the study. This instrument aids further understanding of the underlying factors that lightened the responses of the respondents. It also helps to develop insights, ideas, and the hypothesis that will support or assist the findings).

## Procedures

The researcher started reading different literatures on topics relative to the practice of guidance and counseling. Finally, she narrows down to issues of mental health conditions. She presented her chosen research topic to the In-house Research Colloquium. Upon approval by the research panel members, the Researcher asked permission from the University Campus Administrator to conduct a study.

Purposive sampling was used, and the attention of the identified respondents were called and their consent to participate in the study were taken. Concern regarding the ethical and human treatment of the participants was considered of highest priority. Permission from the Ethics Committee was obtained first before copies of the questionnaires were distributed by the researcher individually to each respondent and they were instructed about the content as to how it would be answered.

The data collection includes assigned numbers and coding of each participant. All information were considered confidential and held in the highest security. Accomplished questionnaires were gathered and data were tallied, tabulated, and processed using applicable statistics. Seven participants who considered themselves having moderately and/or severely bothered by mental health conditions in the past two weeks prior the conduct of the study were invited for an interview. They eagerly shared their ideas and experiences in life. These participants came from the two hundred twenty two respondents. Each participant was assured of the confidentiality rule of the study.

Data collected undergo validation process in two consecutive phases. First, the researcher collected and analyzed the quantitative date, second was the qualitative data. Both data collected are related to each other. The data gathered were tallied, checked, and encoded, for the statistical treatment, analysis, and interpretation. Panel of experts in the field of psychology such as a Doctor of Philosophy in Psychology, two statisticians and two more practicing psychologist and Guidance Counselor reviewed the work so that reliability and validity was properly observed and assured before the collection of data.

## Data Analysis

The needed data were encoded, tallied, and interpreted using different statistical tools. Frequency, mean, and standard deviation measures were used among other Parametric and Non – parametric tests, such as anova, t-test, scheffe, among others, data were treated using statistical software, to further analyze the results of the study.

In the qualitative aspect, the mental health conditions were tabulated with the use of thematic analysis. According to Nowell, Norris, White & Moules (2017), thematic analysis is an approach used to identify, analyze, organize, describe, and report themes found within the data set. In addition, it gives a highly flexible method that can be modified for the needs of many types of research, thus providing a complex, detailed, and rich account of data. After the interview was conducted, transcription follows. Significant statements were coded to extract the emerging concepts, then it was subcategorized, categorized, until the themes were identified.

### Ethical Considerations

The Researcher observed the guidelines set forth by the Code of Ethics of the Psychological Association of the Philippines during the conduct of this study. Approval of the Ethics Committee from the Socio-behavioral Science Research Review was sought. Respondents were notified and their voluntary involvement in the study were solicited. Their names were hidden together with the information taken were treated with utmost confidentiality and were used for research purposes only. This is inconsonant with the provision in Article ten which states that every respondent should be informed of their rights and privileges (PAP, 2019). An informed consent was being provided, duly signed by them, and clearly stated that they voluntarily submit themselves to work with the researcher in the study, and such was in a language known to them.

Moreover, participants were properly briefed also as to their right to dismiss participation anytime they wanted. Confidentiality was properly observed throughout the conduct of the study, especially during the interview. Information revealed as well as personal identity was kept with strictest anonymity, thus, participants' real names and other persons involved in their story were modified to safeguard their identities.

Besides, permission was sought from authors of standardized questionnaires used in the study before such was conducted. For ethical considerations, approval was obtained for research involving human subjects.

## RESULTS AND DISCUSSION

Table 2 Level of mental health conditions of the participants

Domains/Items	Mean	Interpretation
<b>During the past two (2) weeks, how often have you been bothered by the following problems?</b>		
<b>I. Depression</b>	<b>1.66</b>	<b>Mild</b>
1. Little interest or pleasure in doing things?	1.86	Mild
2. Feeling down, depressed, or hopeless?	1.54	Mild
<b>II. Anger</b>	<b>1.52</b>	<b>Mild</b>
3. Feeling more irritated, grouchy, or angry than usual?	1.52	Mild
<b>III. Mania</b>	<b>1.89</b>	<b>Mild</b>
4. Sleeping less than usual, but still have a lot of energy?	2.12	Mild
5. Starting lots more projects than usual or doing more risky things?	1.65	Mild
<b>IV. Anxiety</b>	<b>1.56</b>	<b>Mild</b>
6. Feeling nervous, anxious, frightened, worried, or on edge?	1.66	Mild
7. Feeling panic or being frightened?	1.4	Mild
8. Avoiding situations that make you anxious?	1.62	Mild
<b>V. Somatic Symptoms</b>	<b>1.41</b>	<b>Slight</b>
9. Unexplained aches and pains (e.g., head, back, joints, abdomen, legs)?	1.5	Mild
10. Feeling that your illnesses are not being taken seriously enough?	1.31	Slight
<b>VI. Suicidal Ideation</b>	<b>0.95</b>	<b>Slight</b>
11. Thoughts of actually hurting yourself?	0.95	Slight

<b>VII. Psychosis</b>	<b>0.73</b>	<b>Slight</b>
12. Hearing things other people couldn't hear, such as voices even when no one was around?	0.71	Slight
13. Feeling that someone could hear your thoughts, or that you could hear what another person was thinking?	0.75	Slight
<b>VIII. Sleep Problems</b>	<b>1.02</b>	<b>Slight</b>
14. Problems with sleep that affected your sleep quality overall?	1.02	Slight
<b>IX. Memory</b>	<b>1.44</b>	<b>Slight</b>
15. Problems with memory (e.g., learning new information) or with location (e.g., finding your way home)?	1.44	Slight
<b>X. Repetitive Thoughts and Behaviors</b>	<b>1.18</b>	<b>Slight</b>
16. Unpleasant thoughts, urges, or images that repeatedly enter your mind?	1.13	Slight
17. Feeling driven to perform certain behaviors or mental acts over and over again?	1.22	Slight
<b>XI. Dissociation</b>	<b>0.95</b>	<b>Slight</b>
18. Feeling detached or distant from yourself, your body, your physical surroundings, or your memories?	0.95	Slight
<b>XII. Personality Functioning</b>	<b>1.04</b>	<b>Slight</b>
19. Not knowing who you really are or what you want out of life?	0.95	Slight
20. Not feeling close to other people or enjoying your relationships with them?	1.12	Slight
<b>XIII. Substance Use</b>	<b>0.68</b>	<b>Slight</b>
21. Drinking at least 4 drinks of any kind of alcohol in a single day?	1.15	Slight
22. Smoking any cigarettes, a cigar, or pipe, or using snuff or chewing tobacco?	0.5	Slight
23. Using any of the following medicines ON YOUR OWN, that is, without a doctor's prescription, in greater amounts or longer than prescribed? [e.g., painkillers (like Vicodin), stimulants (like Ritalin or Adderall), sedatives or tranquilizers (like sleeping pills or Valium), or drugs like marijuana, cocaine or crack, club drugs (like ecstasy), hallucinogens (like LSD), heroin, inhalants or solvents (like glue), or methamphetamine (like speed)]?	0.4	None

Legend: 0 – 0.49 (none), .50 – 1.49 (slight), 1.50 – 2.49 (mild), 2.50 -3.49 (Moderate), 3.50 – 4.00 (Severe)

Presented in Table 2 is the level of mental health condition of the participants. Based on the results, they have mild depression (1.66), anger (1.52), mania (1.89), and anxiety (1.56). This means that for several days in the past two weeks during the conduct of the study, the respondents have little interest or pleasure in doing things, feeling more irritated or angry than usual, sleep less than usual but still have a lot of energy or doing more risky things than usual, and feeling nervous, anxious or feeling panic.

Similarly, the participants show a slight level of mental health condition in the category of somatic symptoms (1.41), sleep problems (1.02) and memory (1.44), repetitive thoughts and behaviors (1.18), dissociation (.95), and personality functioning (1.04). This indicates that the participants may have experienced being bothered in less than a day or two during the past two weeks with the following concerns: problems affecting the quality of sleep, problems with memory, unpleasant urges that repeatedly enter the mind, or feeling driven to perform certain behaviors or mental acts over and over again, feeling detached from own self, and not knowing who they are or what they want in life.

Meanwhile, for substance abuse (.68), suicidal ideation (.95), and psychosis (.73), a rating of slight may serve as a guide for an additional inquiry to ascertain if a more detailed assessment is needed. This conveys that in the past two weeks before the conduct of the study, the respondents have taken at least four (4) drinks of any kind of alcohol in a single day, smoke cigarettes, use drugs without a doctor's prescription in an amount greater

or longer than prescribed, are actions considered alarming and calls for more attention to determine if further referral is needed. The same provides when one hears things other people could not hear or could hear what other person was thinking, as well as those who have thoughts of actually hurting themselves. Suicide ideation, psychosis, and substance use have common related factors which are considered alarming. These conditions may have obtained slight level, however, such level is considered alarming enough to post possibilities that may inflict harm to self and/or others.

These findings obtain support from the reports of the World Health Organization (WHO, 2019) which declares that the most common form of mental health concern of Filipinos are depression, schizophrenia, and others. Moreover, one in every seven (7) Filipinos turn to suicide every day, and suicide has been associated with distress and or problems functioning in social, school, work, or family activities (MHG, 2018). Eisenberg et al., (2010) further states that depression is the highest concern faced by the majority of students. In addition, it was indicated that University students’ most prevalent mental health issues are focused on substance use, suicidal ideation, and ADHD among others (McLafferty et al, 2017).

Similar results revealed in the study done by Caldwell (2015), showing proof of the significant presence of mental health issues among community college students. Depression, anger, anxiety, substance use, suicide ideation and sleep problems were among the most commonly reported issues, while Pineda and Alonso-Balmonte (2016) added schizophrenia, bipolarism and intellectual disability as the most common mental health problems among college students in Metro Manila.

Table 3 Emergence of the Concept Stress Effects in the Aspect of Mental Health Conditions Among Respondents

Transcripts	Emerging Concepts	Sub-Categories	Categories	Theme
“Masama ang pakiramdam” (Not feeling well)	Physical pain	Discomfort	Symptoms of Anxiety	Stress Effects
“Nag worry, stress eating, I cant sleep sa ka iisip kung ano ang mangyayari sa result ng pagsusulit..tinatawanan nlang ang problema, nag joke sa mga friends ( <i>I worry..do stress eating.. I cant slep thinking about the result of my exam. I just laugh at it and joke with friends</i> ).	Uneasiness	Anxiety	Symptoms of Anxiety	Stress Effects
“Disturbed about my dream, anxiety, kinakabahan at nakakalimot sa trabaho. Iniiwasan ko ang mga bagay na nagpapaalala. Ibinabaling ko kaagad sa ibang bagay na masaya o maging abala sa trabaho para wala akong maramdaman( <i>I am disturbed with my dreams, having anxiety, palpitation and forgetfulness. I avoid things that would remind me. I immediately divert my attention to happy things, or I keep my self busy so that I will not feel those</i> ).	Avoidance	Anxiety	Symptoms of Anxiety	Stress Effects
“Nag aalala, balisa, masama ang pakiramdam, problema sa thesis. ( <i>I worry, anxiety, not feeling well, problem regarding my thesis.</i> )	Troubled Thoughts	Anxiety	Symptoms of Anxiety	
“Annoyed, confused, nagtatanong at nag iisip kung ano ang gagawin. Parang nawawala sa sarili. Tulala. Nagiimagine nga unicorn na tumatalon sa rainbow( <i>annoyed, confused, kept on questioning and in deep thinking on what are the right way to do things. Lost and absent minded. Imagining a unicorn jumping in a rainbow</i> ).	Disoriented Thoughts	Dissociation	Symptoms of Anxiety	Stress Effects

<p>Unlimited imaginations. Kinakausap ko ang mga tao na ginawa din ng isipan ko. Worried din ako sa self ko baka mawala ako sa katinuan. Ang mga past experiences ay hindi ko malilimutan at ito ang nag pa worry sa akin na baka malalaman ng ibang tao ang personal life ko, at kung ano ang sasabihin nila sa family ko (<i>I talk to those imaginative persons which my mind made. I get worried about his for I might become crazy. I cannot forget my past experiences, and this makes me worry, and that other people will know my private life, and will make stories to destroy my family</i>).</p>	<p>Pessimism</p>	<p>Personality Functioning Problem</p>	<p>Symptoms of Anxiety</p>	<p>Stress Effects</p>
<p>Traumatized talaga ako, to the point that na iiwasan ko ang mamasyal sa bayan. Natutulala ako, absent minded. Tumutulo aking luha. May killer instinct ako, gusto ko mamatay ng tao, pero ito ay mas more on killing myself than others. Minsan I blame myself for being not good enough. (<i>I was traumatized to the point that I avoid going to town. Absentminded, I cry. I have a killer instinct, I want to kill people, however, this impulse is more than killing myself than other people. Sometimes, I blame myself being not good enough.</i>)</p>	<p>Thoughts of Hurting Self and Others</p>	<p>Suicidal Ideation</p>	<p>Symptoms of Anxiety</p>	<p>Stress Effects</p>
<p>Nagpapalpitation..Hindi napapansin ang mga tao sa paligid, napapansin lang ang mga pulang mata, parang unti-unti akong natutunaw at ang mga kamay ko na aagnas, tapus matataohan ako bigla. Manghihinayang na hindi totoo. I have palpitation. I am not aware of other people existence around me, I only see red eyes, seems im vanishing and my arms are melting. When Im back to reality, I would feel disappointed that it wasn't true.</p>	<p>Impaired Reality</p>	<p>Psychosis</p>	<p>Symptoms of Anxiety</p>	<p>Stress Effects</p>

Table 3 provides the emergence of the theme stress effects in the aspect of mental health conditions of the respondents. Professionals in mental health practice can say that a person is mentally healthy if he or she was able to cope with the normal stresses of life, aware of their abilities, able to work productively, and able to share something beneficial to their community. In this study, the respondents showed symptoms of anxiety as attributes of stress effects.

Symptoms of anxiety may include unexplained pains, anxious thoughts, stomach or digestive problems, exhaustion, trouble sleeping, trouble concentrating and panic attack. Moreover, these collected output are the transpired concepts from responses of feeling sick, feeling worried, disturbed, annoyed, confused, nervous, feeling traumatized, feeling inferior, had strange imagination or day dreaming, having disoriented ideas, talking to imaginary persons, being worried about losing one's sanity, being worried about exposing one's self to others, avoiding public places, thoughts of hurting self and others.

“Masamaang pakiramdam” (not feeling well) R2;

“Nag worry, stress eating, I cant sleep sa kaisip kung ano ang mangyayari sa result ng pagsusulit...tinatawanan nlang ang problema, na joke sa mga friends” (I worry, do stress eating, I can't sleep thinking about the result of my exam; I just laugh at my problem and joke with friends). R1

“Nagpapalpitation ako, at hindi napapansin and mga tao sa paligid, napapansin lang ang mga pulang mata, parang unti-unti akong natutunaw at ang mga kamay ko na aagnas, tapus matataohan ako bigla. Manghihinayanga na hindi totoo”. (I have palpitation, I am not aware of other people existence around me, I

only see red eyes, it seems I'm vanishing and my arms are melting, when I am back to reality, I would feel disappointed that it was not true. R7

*“Unlimited imaginations; kinakausap ko ang mga tao na ginagaw din ng isipan ko. Worried di ako sa self ko baka mawala ako sa katinuan. Ang mga past experiences ay hindi ko malilimutan at ito ang nagpapa worry sa akin, na baka malalaman ng ibang tao ang personal life ko, at kung ano ang sasabihin nila sa family ko”* (I talk to those imaginative persons which my mind made. I get worried about this for I might get crazy. I cannot forget my past experiences, and that other people will know my private life, and will make story to destroy my family. R6

*“Annoyed, confused, nagtatanong at nag iisip kung ano ang gagawin parang nawawala sa sarili, tulala, nag iimagine ng unicorn na tumatalon sa rainbow”* (Lost and absent minded, imagining a unicorn jumping in a rainbow, and *“nag aalala, balisa, masama ang pakiramdam, problema sa thesis”* (Worry, anxious, not feeling well, problem with my thesis”. R,2,4

These samples responses are indicative of mental health conditions that may indicate symptoms of anxiety, manifesting stress effects. It is evident that higher learning institutions, such as colleges and state universities warrant extra pressures and that they may have additional impact to the mental health conditions of participants Barbayannis, et al (2022)

Researchers have suggested that the indicators of mental health represent three domains: psychological well-being, such as self-acceptance; emotional well-being, such as perceived life satisfaction; and social well-being, such as self-worth and usefulness to society (Caldwell, 2015). Evidently from the findings, there are elements of stress effects that may have intervened in the mental health conditions of the students.

Figure 4 A framework of mental health conditions of State University Students

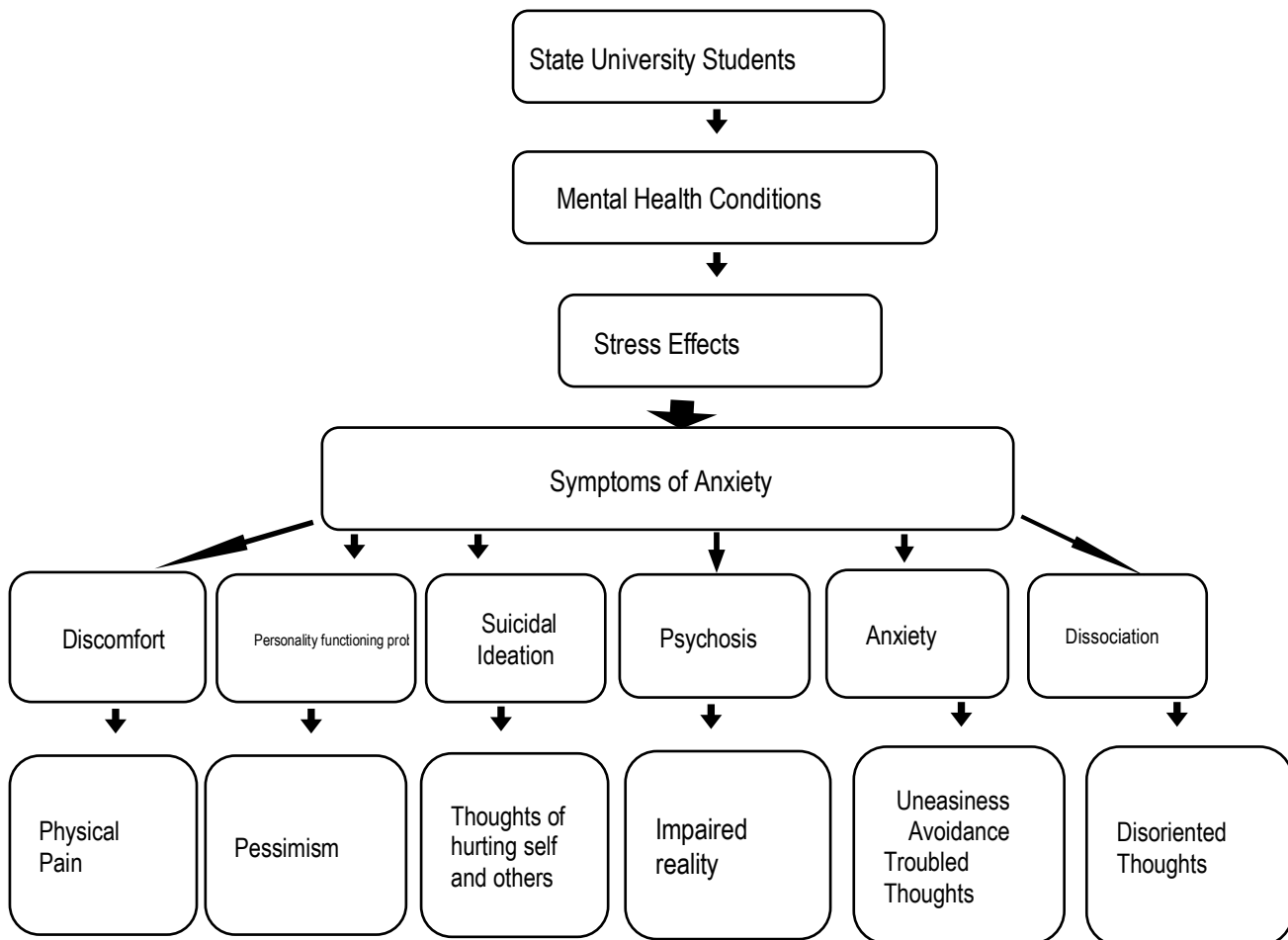


Table 4 Difference of responses on mental health conditions when grouped according to sex

	U	p-value	Interpretation
Depression	0.087	0.931	Not Significant
Anger	1.735	0.084	Not Significant
Mania	1.769	0.078	Not Significant
Anxiety	0.293	0.770	Not Significant
Somatic Symptoms	0.278	0.782	Not Significant
Suicidal Ideation	1.339	0.182	Not Significant
Psychosis	3.698	0.000	Highly Significant
Sleep Problem	2.627	0.009	Significant
Memory Problem	0.247	0.805	Not Significant
Repetitive Thoughts & Behaviors	1.968	0.050	Not Significant
Dissociation	1.021	0.308	Not Significant
Personality Functioning	1.437	0.152	Not Significant
Substance Use	4.121	0.000	Highly Significant

Legend: U = Mann Whitney; F – Brown Forsythe; Significant at p-value < 0.05

The comparison of responses on mental health conditions when grouped according to sex is presented in table 4. Based on the result, a significant difference is observed between sex and mental health conditions such as psychosis (p-value = 0.000), sleep problem (p-value = 0.009), and substance abuse (p-value = 0.000) where alpha levels are all less than 0.05. This means that the responses vary significantly and based on the test conducted, it was found out that males are subjected more on mental health problems than females. Their concern is focused more on the area of sleep problems, psychosis, and substance use. There is no significant difference noted in other mental health conditions of the participants except for the aforementioned.

These study outputs corroborate with several other studies indicating that bullying was associated with sleep problems (Lalluka Rahkunene, Lahelma, 2011; Kubiszewski, Fontaine, Potard and Gimenez,2014; Hansen, Hogh Garde & Persson 2014), psychosis (Arseneault, Bowes, Shakoort2010; Cunningham, Hoy, Shannon, 2016; Trotta, et.al.,2013; Boden, Stockum, Horwood, Fergusson, 2016), and substance use (Gaete, et al.,2017; Luk, Wang&Simon-Morton,2010; Luk et al.,2016).

Studies conducted by the National Institute on Mental Health show that men are subjected to several mental health concerns, yet, they less likely acknowledge it. Rather, they may instead express their depression in terms of increases in fatigue, irritability, and anger (sometimes abusive), loss of interest in work or hobbies, and sleep disturbances. It has also been shown that men use more drugs and alcohol, perhaps to self-medicate, and this can mask the signs of depression, making it harder to detect and treat effectively (American Psychological Association [APA], 2020).

Relative to this finding are studies specifically indicating a positive relationship between males and substance use (Rosenfield& Smith, 2010; Skidmore, Kaufman & Crowell, 2016; Oztas et al.,2018; Sarkar, Singh & Roy, 2018).

Table 5 Difference of responses on mental health conditions when grouped according to course

	H	p-value	Interpretation
Depression	2.167	0.093	Not Significant
Anger	0.326	0.806	Not Significant
Mania	0.407	0.748	Not Significant

Anxiety	1.116	0.344	Not Significant
Somatic	0.734	0.533	Not Significant
Suicidal Ideation	0.115	0.951	Not Significant
Psychosis	2.606	0.053	Not Significant
Sleep Problem	0.635	0.593	Not Significant
Memory Problem	0.150	0.929	Not Significant
Repetitive Thoughts and Behavior	1.647	0.179	Not Significant
Dissociation	1.984	0.117	Not Significant
Personality Functioning	0.534	0.659	Not Significant
Substance Use	5.722	0.001	Significant

Legend: U = Mann Whitney; F – Brown Forsythe; Significant at p-value < 0.05

Table 5 shows the comparison of responses on mental health conditions of the participants when grouped according to course. Based on the result, there is a significant difference between the participant’s course and mental health conditions specifically on substance abuse as manifested by the p-value of 0.001 which is less than 0.05 alpha level. This means that the responses vary significantly and based on the test conducted, it was found out that students taking Bachelor of Industrial Technology are struggling with the issue of substance use than other mental health problems.

According to the National Institute on Alcohol Abuse and Alcoholism, about four out of five college students drink alcohol. Drinking has long been the most common form of substance abuse in college (Dennis, 2020, p.1; Skidmore, Kaufman&Crowell, 2016).

There has been no study conducted upon Industrial Technology students, however, according to Bush and Lipari (2015), persons who are in the field of mining, constructions, accommodations, and food industries have a higher prevalence rate of substance use and substance use disorder than those in education, health care, and social assistance, and public administration.

Table 6 Difference of responses on mental health conditions when grouped according to year level

	<b>H</b>	<b>p-value</b>	<b>Interpretation</b>
Depression	1.370	0.253	Not Significant
Anger	2.343	0.074	Not Significant
Mania	0.020	0.996	Not Significant
Anxiety	2.546	0.057	Not Significant
Somatic Symptoms	5.120	0.002	Significant
Suicidal Ideation	1.422	0.237	Not Significant
Psychosis	2.388	0.070	Not Significant
Sleep Problem	0.755	0.521	Not Significant
Memory	1.693	0.170	Not Significant
Repetitive Thoughts & Behavior	0.267	0.849	Not Significant
Dissociation	0.174	0.914	Not Significant
Personality Functioning	1.410	0.241	Not Significant
Substance Use	2.280	0.080	Not Significant

Legend: U = Mann Whitney; F – Brown Forsythe; Significant at p-value < 0.05



Presented in Table 6 is the comparison of responses on mental health conditions of the participants when grouped according to year level. Based on the result, there was a significant difference observed on somatic symptoms since the obtained p-value of 0.002 was less than 0.05 alpha level. This means that the responses vary significantly and based on the test conducted, it was found out that Fourth-year students manifest somatic symptoms

Some studies help illuminate the result of this research work. It was noted that in a school setting, various factors may contribute to the development of somatic complaints. One, for victims of bullying, it has been reported that higher rates of headaches, abdominal pain, and other musculoskeletal pains within the shoulders, arms, knees, and back (Atkin, 2017, p.2). Another, being a fourth-year student, they are in the highest peak of their academic struggle with so many requirements to meet, just to mention their research papers, and other requirements were too rigid to accomplish (Laguador, Ramirez & Pagcaliwagan, 2013). Other school stressors that often contribute to somatic symptoms include high academic demands considering the graduating status, academic performance, lower cognitive abilities, and lack of positive relationships with teachers and peers. In addition, when a somaticized student is frequently absent due to symptoms, it only serves to exacerbate any previous academic and social struggles (Shannon, Bergren, & Matthews, 2010).

The DSM-5 diagnostic criteria include one or more somatic symptoms that are distressing or result in significant disruption of one's daily life. It involves excessive thoughts, feelings, or behaviors related to the somatic symptoms or associated health concerns (American Psychiatric Association, 2013). The reported symptoms must cause functional impairment or distress and they should not appear to be intentionally produced.

Both data taken from quantitative and qualitative measures concur to some extent with each other. The statistical output emphasized that the majority of the fourth year students are having somatic symptoms and have been validated by the statement of the respondent "*Masama ang pakiramdam. (Not feeling well.); Worry, anxiety, masama ang pakiramdam, problema sa thesis (I worry, anxiety, not feeling well, problem regarding my thesis).*"

## CONCLUSION

1. Participants reported experiencing mild levels of depression, anger, mania, and anxiety, alongside slight levels of suicidal ideation, somatic symptoms, psychosis, sleep problems, memory issues, repetitive thoughts and behaviors, dissociation, personality dysfunction, and substance abuse. Their sense of wellness fluctuated due to varying states of soundness and weakness.
2. Significant differences were observed in mental health conditions based on sex, particularly in the areas of psychosis, sleep problems, and substance abuse. Additionally, there was a notable distinction in substance abuse linked to both mental health conditions and academic course. Somatic symptoms also varied significantly by year level.

## RECOMMENDATIONS

1. Students who are having difficulty identifying, describing, or interpreting emotions, that of self or others are encouraged to undergo self-awareness seminar or program to develop coping strategies to general changes of the environment.
2. Special focus in the form of intervention programs and psychological testing attentions may be given especially to the fourth-year and first year students for in these category college students are facing the critical stage of life, prone to suffer various mental health concerns.
3. Guidance Program may be developed and enhanced especially addressing the need of individuals who have mental health concerns.
4. Teachers and school personnel are encouraged to undergo training and seminars regarding the development of strategic approach in dealing with mental health issues.

5. Parents are reminded of their love and responsibility to their children more specifically on the emotional aspect, thus they be aware of the needs and issues concerning their children so that proper parental guidance will be exercised. Spiritual values maybe enhance together with effective communication, quality time may be strengthened so that mental health may be promoted.
6. Future researchers are encouraged to replicate this study or to conduct a similar study using other variables to validate the results of this study.

## REFERENCES

1. Adams FD, Lawrence G.J. (2011) Bullying Victims: The effects last into college, American Secondary Education V.40 nl p4-13 Fall 2011 <http://www.ashland.edu/alumni-visitors/university-relations/universitypublications/american-secondary-eduction-journal>
2. Alpaslan AH, Soylyu N, Avci K, Coskun KS, Kocak U, Tas HU. Disordered eating attitudes, alexithymia and suicide probability among Turkish high school girls. *Psychiatry Resources*. (2015) 226:224–9. 10.1016/j.psychres.2014.12.052
3. American Psychological Association. (2023). Psychological problems of students seeking help from mental health providers. American Psychological Association. <https://www.apa.org/news/press/releases/2023/12/mental-health-access-challenges>
4. American Psychological Association. (2020). Studies conducted by the National Institute on Mental Health show that men are subjected to several mental health concerns.
5. American Psychological Association, (n.d.) Depression, Retrieved April 21, 2017, from <http://www.apa.org/topics/depression/>
6. Atkins, P. J., Julio De Paula, and James Keeler. 2017. *Atkins Physical Chemistry*. Oxford: Oxford Univ. Press.
7. Ahmadpanah, M., Astinsadaf, S., Akhondi, A., Haghighi, M., Sadeghi Bahmani, D., Nazaribadie, M., (2017). Early maladaptive schemas of emotional deprivation, social isolation, shame and abandonment are related to a history of suicide attempts among patients with major depressive disorders. *Compr. Psychiatry* 77, 71–79. doi:10.1016/j.comppsy.2017.05.008
8. Aricak OT, Ozbay A(2016). Investigation of the relationship between cyberbullying, cybervictimization, alexithymia and anger expression styles among adolescents. *Compilation of Human Behavior*, 55:278–85.
9. Arseneault, L., Bowes, L., & Shakoor, S. (2010). Bullying victimization in youths and mental health problems: 'Much ado about nothing'? *Psychological Medicine*, 40(5), 717-729. <https://doi.org/10.1017/S0033291709991383>
10. Azizi A., Borjali A. & Golzari M. (2010) The effectiveness of emotion regulation training and cognitive therapy on the emotional and addiction problems of substance abusers. *Iran J Psychiatry* 5: 60-65.)
11. Bangalan, S. G., & Agnes, M. C. A. (2024). A mixed-methods study on the assessment of mental health concerns among university students in the Philippines. *Current Psychology*, 43(3), 19804-19819. <https://link.springer.com/article/10.1007/s12144-024-05777-0>
12. Bataineh (2013): Bataineh, M. Z. (2013). Academic stress among undergraduate students: The case of education faculty at King Saud University. *International Interdisciplinary Journal of Education*, 2(1), 82-88. <https://doi.org/10.11648/j.ijoe.20130201.12>
13. Barbayannis, G., Bandari, M., Zheng, X., Baquerizo, H., Pecor, K. W., & Ming, X. (2022). Academic stress and mental well-being in college students: Correlations, affected groups, and COVID-19. *Frontiers in Psychology*, 13, 886344. <https://doi.org/10.3389/fpsyg.2022.886344>
14. Benedicto, J. R., Boloyos, E., Capuno, V., Diola, D. D., Lipang, R. M., & Valensoy, H. M. (2023). Academic challenges and psychological distress among selected college students during the pandemic. *Psychology and Education: A Multidisciplinary Journal*, 8(7), 123-135. <https://ejournals.ph/article.php?id=21132>

15. Blows, S., & Isaacs, S. (2022). Prevalence and factors associated with substance use among university students in South Africa: Implications for prevention. *BMC Psychology*, 10(1), 309. <https://doi.org/10.1186/s40359-022-00987-2>
16. Boden, J. M., Stockum, R. L., Horwood, L. J., & Fergusson, D. M. (2016). Bullying in childhood and associations with psychotic experiences in adulthood: Evidence from a 30-year longitudinal study. *Psychological Medicine*, 46(7), 1345-1356. <https://doi.org/10.1017/S0033291715002144>
17. Bush, D. M., & Lipari, R. N. (2015). Substance use and substance use disorder by industry. Substance Abuse and Mental Health Services Administration (SAMHSA).
18. Caldwell, 2015 Lallukka, T., Rahkonen, O., & Lahelma, E. (2011). Bullying and its association with sleep problems. *Journal of Sleep Research*, 20(2), 217-223. <https://doi.org/10.1111/j.1365-2869.2010.00835.x>
19. Castillo, L. G., & Schwartz, S. J. (2019). The increasing prevalence of mental disorders among young students in higher education. *Journal of College Student Psychotherapy*, 33(2), 162-176. <https://doi.org/10.1080/87568225.2019.1560245>
20. Carano A, De Berardis D, Campanella D, Serroni N, Ferri F, Di Iorio G, et al. . Alexithymia and suicide ideation in a sample of patients with binge eating disorder. *J Psychiatric Pract.* (2012) 18:5–11. 10.1097/01.pra.0000410982.08229.99
21. Center for Medicare and Medical Services. (2023). *Roadmap to behavioral health: Guide to mental health and substance use disorders services.* <https://www.cms.gov/About-CMS/Agency-Information/OMH/Download/Roadmap-to-Behavioral-Health-508-Updated-2018.pdf>
22. Chen, W.-L., & Chen, J.-H. (2020). College fields of study and substance use. *BMC Public Health*, 20(1), 1631. <https://doi.org/10.1186/s12889-020-09722-1>
23. Chu, C., Podlogar, M. C., Rogers, M. L., Buchman-Schmitt, J. M., Negley, J. H., and Joiner, T. E. (2016). Does suicidal ideation influence memory? A study of the role of violent daydreaming in the relationship between suicidal ideation and everyday memory. *Behav. Modific.* 40, 731–747. doi:10.1177/0145445515625189
24. Creswell, J. W., & Plano Clark, V. L. (2011). *Designing and conducting mixed methods research.* SAGE Publications.
25. Cunningham, S., Hoy, K., & Shannon, C. (2016). The role of self-disgust in nonsuicidal self-injury and suicidal ideation: An empirical investigation in clinical outpatients. *Journal of Clinical Psychology*, 72(1), 46-55. <https://doi.org/10.1002/jclp.22234>
26. DaSilva, A.N., Vasco, A.B., & Watson, J.C. (2018, April 12). Alexithymia and emotional processing: a longitudinal mixed methods research. *Research in Psychotherapy: Psychopathology*, 21(1).
27. De Berardis D, Serroni N, Campanella D, Marini S, Rapini G, Valchera A, (2017). Alexithymia, suicide ideation, C-reactive protein, and serum lipid levels among outpatients with generalized anxiety disorder. *Archive of Suicide Resources.* (2017) 21:100–12. 10.1080/13811118.2015.1004485
28. Delavar, Salmalian & Faramarzi (2013): Delavar, M. A., Salmalian, H., & Faramarzi, M. (2013). Using the objective structured clinical examinations in undergraduate midwifery students. *Journal of Medicine and Life*, 6(1), 76-79. <https://doi.org/10.11648/j.jml.20130601.12>
29. Dennis, A. B. (2020). Drinking has long been the most common form of substance abuse in college. *Journal of College Health*, 68(2), 123-130.
30. De Oliveira WA, Silva MA, da Silva JL, de Mello FC, do Prado RR, Malta DC. Association between the practice of bullying and individual and contextual variables from aggressors & apos; perspective. *J. Pediatr* (Rio J). 2016;92-32-9. [www.scielo.br/scielo.php?script=sci\\_arttext&pid=s0021755720160001000048ing=en&tlng=en](http://www.scielo.br/scielo.php?script=sci_arttext&pid=s0021755720160001000048ing=en&tlng=en)
31. Dominguez-Garcia, E. & Fernandez-Berrocal, P. (2018). The Association Between Emotional Intelligence and Suicidal behavior: A Systematic Review. *Frontiers in Psychology* 30, Nov.2018
32. Eisenberg, D., Hunt, J., Speer, N., & Zivin, K. (2010). Mental health service utilization among college students in the United States. *Journal of Nervous and Mental Disease*, 198(5), 301-308. <https://doi.org/10.1097/NMD.0b013e3181d4107>

33. Espalage D.L., Hong J.S., Mebane S (2016) Recollections of Childhood Bullying and Multiple Forums of Victimization: Correlates with Psychological Functioning among College Students *Social Psychology of Education: An International Journal*, V.19 n4 pp. 715-728nDec. 2016
34. Faramarzi, M., & Khafri, S. (2017). The association of alexithymia with mental health behaviors in Iranian students. *Journal of Psychology and Behavioral Sciences*, 45(1), 56-64. <https://doi.org/10.1016/j.jpsychores.2016.12.012>
35. Farmarzi, M., Kheirkhah, F., ShokriShirvani, J., Mosavi, F., & Zarini, R. (2014). Alexithymia and somatic symptoms in cancer patients in Iran: A cross-sectional study. *Journal of Psychosomatic Research*, 76(2), 171-177. <https://doi.org/10.1016/j.jpsychores.2013.12.011>
36. Farmarzi, M., Kheirkhah, F., ShokriShirvani, J., Mosavi, F., & Zarini, R. (2013). Alexithymia and somatic symptoms in cancer patients in Iran: A cross-sectional study. *Journal of Psychosomatic Research*, 76(2), 171-177. <https://doi.org/10.1016/j.jpsychores.2013.12.011>
37. Faramarzi, M., & Salmalian, H. (2014). The association between alexithymia and somatic symptoms in a general population. *Iranian Journal of Psychiatry and Behavioral Sciences*, 8(2), 28-35. <https://doi.org/10.17795/ijpbs-6290>
38. Gaete, J., et al. (2017). Bullying perpetration and victimization as predictors of adolescent substance use: A longitudinal study. *Addictive Behaviors*, 65, 177-183. <https://doi.org/10.1016/j.addbeh.2016.08.020>
39. Gallagher, R. P. (2013). National Survey of College Counseling Centers, section three: Counseling center clinicians. University of Pittsburgh, Pittsburgh.
40. Gratz KL, Tull MT. The relationship between emotion dysregulation and deliberate self-harm among inpatients with substance use disorders. *Cognitive Therapy Resources*. (2010) 34:544–53. 10.1007/s10608-009-9268-4
41. Gucciardi, D., Gordon, S.; Dimmock, J. (2008). "Towards an Understanding of Mental Toughness in American Football". *Journal of Applied Sport Psychology*. 20 (3): 261–281. Date Retrieved, August 29, 2018, from <https://www.tandfonline.com/doi/abs/10.1080/10413200801998556> .
42. Hanandita, W., & Tampubolon, G. (2014). Does poverty reduce mental health? An Instrumental variable analysis. *Socscimed Journal*. Date Retrieved: October 29, 2018, from <https://doi.org/10.1016/j.socscimed.2014.05.005> get rights and content
43. Harris-Caldwell, J. (2015). The Need For Identifying Mental Health Behaviors To Prevent Violence Among Community College Students. Brandman University, Irvine, California School of Education.
44. Hansen, Å. M., Høgh, A., Garde, A. H., & Persson, R. (2014). Bullying at work, health outcomes, and physiological stress response. *Journal of Psychosomatic Research*, 56(1), 57-63. <https://doi.org/10.1016/j.jpsychores.2013.04.007>
45. Heshmatia, R., Allahverdipour, H., Tabatabaie, M.G. & Kamranian, S., (2011). P Procedia - Social and Behavioral Sciences 30, 771 – 775. Date retrieved, June 12, 2018, from [www.sciencedirect.com](http://www.sciencedirect.com) doi:10.1016/j.sbspro.2011.10.150
46. Holt, MK, Vivolo-Kantar, A.m., Polanin, J.K., Holland K.m., DeGue S., matjasko J.L., et al.(2015). Bullying and Suicidal Ideation and Behaviors: A Meta-Analysis[ Electronic version]. *Pediatrics*, 135 , 2141864.
47. Hwang, W.C. (2009). Cultural influences on help-seeking attitudes in Asian American students. *American Journal of Orthopsychiatry*, 79(1), 125-132. <https://doi.org/10.1037/a0015394>
48. Izci F, Zincir S, Zincir SB, Bilici R, Gica S, Koc MSI, et al. Suicide attempt, suicidal ideation and hopelessness levels in major depressive patients with and without alexithymia *Dusunen Adam Journal of Psychiatry and Neurological Science* (2015) 28:27–33. 10.5350/DAJPN2015280103
49. Källmén, H., & Hallgren, M. (2021). Teachers' perspectives on addressing psychosomatic and mental health concerns in students. *Journal of Educational Psychology*, 113(4), 760-771. <https://doi.org/10.1037/edu0000625>
50. Kim H, Seo J, Namkoong K, Hwang EH, Sohn SY, Kim SJ, et al. Alexithymia and perfectionism traits are associated with suicidal risk in patients with obsessive-compulsive disorder. *Journal Affect Disorder*. (2016) 192:50–5. 10.1016/j.jad.2015.12.018

51. Kubiszewski, V., Fontaine, R., Potard, C., & Gimenez, G. (2014). Bullying, sleep/wake patterns and subjective sleep disorders in adolescents. *Journal of Sleep Research*, 23(2), 243-250. <https://doi.org/10.1111/jsr.12120>
52. Kumar, A., Sunilima (2016). Effects of Gender and Locality on Emotional Maturity. *Journal of research in Humanities and Social Science*. Vol 4, Issue 10, pp. 50-54. Retrieved from [www.questjournals.com](http://www.questjournals.com), March 4, 2020.
53. Kušević Z, Cusa BV, Babić G, Marčinko D. Could alexithymia predict suicide attempts - a study of Croatian war veterans with post-traumatic stress disorder. *Psychiatria Danubina*. (2015) 27:420–423.
54. Laguardor, M., Ramirez, J.P., & Pagcaliwagan, A. (2013). Vulnerability of the graduating students to different symptoms of stress and its influence to level of satisfaction. *International Journal of Behavioral Social and Movement Sciences*, 2(3), 50–55. <https://ijobsms.org/index.php/ijobsms/article/view/162>
55. Lallukka, T., Rahkonen, O., & Lahelma, E. (2011). Bullying and its association with sleep problems. *Journal of Sleep Research*, 20(2), 217-223. <https://doi.org/10.1111/j.1365-2869.2010.00835.x>
56. Lally, J., Samaniego, R., & Tully, J. (2018). Mental health services in the Philippines. *BJPsych International*, 16(3), 62-64. <https://doi.org/10.1192/bji.2018.34>
57. Law, K. C., and Tucker, R. P. (2017). Repetitive negative thinking and suicide: a burgeoning literature with need for further exploration. *Current Opinion in Psychology*. 22, 68–72. doi: 10.1016/j.copsyc.2017.08.027
58. Luk, J. W., et al. (2016). Bullying victimization, negative emotions, and substance use: Longitudinal mediation effects. *Psychology of Addictive Behaviors*, 30(1), 1-9. <https://doi.org/10.1037/adb0000126>
59. Malla, A., Iyer, S., & McGorry, P. (2016). Transforming youth mental health: a Canadian perspective. *Early Intervention in Psychiatry*, 10(2), 199-207. <https://doi.org/10.1111/eip.12168>
60. Malla A , Iyer S , McGorry P , et al . From early intervention in psychosis to youth mental health reform: a review of the evolution and transformation of mental health services for young people. *Soc Psychiatry Psychiatr Epidemiol* 2016;51:319–26. Date Retrieved: October 1, 2018, from <https://doi.org/10.1007/s00127-015-1165-4>
61. Marasco V, De Berardis D, Serroni N, Campanella D, Acciavatti T, Caltabiano M, et al. . Alexithymia and Suicide Risk Among Patients With Schizophrenia: Preliminary Findings Of A Cross-Sectional Study. *Rivista di Psichiatria*. (2011) 46:31–7.
62. McLafferty, M., O'Neill, S., Armour, C., Murphy, S., Bunting, B., Ennis, E., & Murray, E. (2017). The mediating role of multiple suicide attempts in the relationship between childhood trauma and suicidal ideation among young adults. *Archives of Suicide Research*, 21(4), 635-647. <https://doi.org/10.1080/13811118.2016.1211041>
63. Mental Health Global (MHG). (2018). One in every seven Filipinos turn to suicide every day. *Journal of Mental Health Studies*, 5(3), 45-52.
64. Miranda, R., Tsypes, A., Gallagher, M., and Rajappa, K. (2013). Rumination and hopelessness as mediators of the relation between perceived emotion dysregulation and suicidal ideation. *Cognitive Therapy and Research*. 37, 786–795. doi: 10.1007/s10608-013-9524-5
65. Misawa, M., (2015) Cuts and Bruises caused by arrows, sticks, and stones in academia: Theorizing three types of racist and homophobic bullying in adult and higher education, *Adult Learning*, 26(1), 6-13.
66. Munuz, R.F., Aguilar-Gaxiola, S., Guzman, J., Rossello, J., & Bernal, G. (2007). *Treatment Manual for Cognitive Behavioral Therapy for Depression*. (Electronic Version). National Institute for Mental Health.
67. Na K-S, Oh S-J, Jung H-Y, Irene Lee S, Kim Y-K, Han C, et al. Alexithymia And Low Cooperativeness Are Associated With Suicide Attempts In Male Military Personnel With Adjustment Disorder: A Case-Control Study. *Psychiatry Res*. (2013) 205:220–6. doi: 10.1016/j.psychres.2012.08.027
68. Narrow, W. E., Clarke, D. E., Kuramoto, S. J., Kraemer, H. C., Kupfer, D. J., Greiner, L., & Regier, D. A. (2013). DSM-5 dimensional cross-cutting symptom assessment for adult patients. *PsychTESTS*. <https://doi.org/10.1037/t73890-000>

69. Oztas, B., Tazegul, G., Yavuz, Y., et al. (2018). Patterns of substance use among adolescents: A study in Turkey. *Journal of Substance Use*, 23(4), 305-311. <https://doi.org/10.1080/14659891.2018.1423926>
70. Patrick D McGorry,<sup>1,2</sup> Cristina Mei (2018) Early Intervention In Youth Mental Health: Progress And Future Directions. *Evidence Based Mental Health November 2018 Vol 21 No 4*. H <https://ebmh.bmj.com/content/ebmental/21/4/182.full.pdf>
71. Patrick, W., McGorry, P., & Mei, C. (2018). Youth mental health: New models of care for young people in transition. *World Psychiatry*, 17(3), 324-325. <https://doi.org/10.1002/wps.20630>
72. Pedrelli, P., Nyer, K., Yeung, A., Zulauf, C., & Wilens, T. (2015, August). College Students: Mental Health Problems and Treatment Considerations. *Acad Psychiatry*; 39(5): 503-511. doi: [10.1007/s40596-014-0205-9]
73. Philippine Association of Psychology (PAP). (2019). Article ten: Respondent rights and privileges. PAP Guidelines Document.
74. Philippine Official Gazette (2018). Retrieved Date, November 17, 2018, from, <https://www.officialgazette.gov.ph/section/proclamations/>
75. Pineda, M.A., & Alonso-Balmonte, J. (2016) Common Mental Health Problems And Treatment Experienced By College Students In Metro Manila. *The Bedan Journal of Psychology*, 2, 110-116.
76. Rosenfield, P. L., & Smith, D. R. (2010). Substance use and its impact on youth development. *Journal of Adolescent Health*, 46(4), 123-131. <https://doi.org/10.1016/j.jadohealth.2010.01.003>
77. Ross, L.E., O’Gorman, L., MacLeod M.A., Bauer, G.R., MacKay, J. & Robinson, M. (2016) Bisexuality, Poverty And Mental Health: A Mixed Methods Analysis. *Science Direct*. Date Retrieved: September 1, 2018, from <https://doi.org/10.1016/j.socscimed.2016.03.009>
78. Roy, B., Sinha, R., & Suman, S. (2013). Emotional Intelligence and Academic Achievement M Motivation among Adolescents: A Relationship Study. *International Refereed Research Journal*, IV(2), 126-130.
79. Rude, S. S., & McCarthy, C. T. (2003). Emotional clarity and the prediction of depression. *Journal of Personality and Social Psychology*, 85(3), 509-520. <https://doi.org/10.1037/0022-3514.85.3.509>
80. Sanapo, M.S. (2017). When Kids Hurt Other Kids; Bullying in Philippine Schools [Electronic Version]. *Psychology*, 8, 2469-2484.
81. Sangtam, T. Y., & Talawar, M. S. (2013). A Study of Relationship between Emotional Maturity and Academic Achievement of Secondary School Tribal Students in Tuensang district of Nagaland. *Indian Streams Research Journal*, III (6). 1-3.
82. Sarkar, S., Singh, P., & Roy, D. (2018). Substance use among youth in India: Emerging patterns and challenges. *Indian Journal of Psychiatry*, 60(2), 217-221. <https://doi.org/10.4103/0019-5545.232120>
83. Sarmiento, M. (2015). A “Mental Health Profile” of Higher Education Students. *Elsevier Procedia - Social and Behavioral Sciences Volume 191, 2 June 2015, Pages 12-20*. <https://doi.org/10.1016/j.sbspro.2015.04.606>.
84. Shannon, R. A., Bergren, M. D., & Matthews, A. (2010). School nurses’ experiences with asthma management in children and adolescents. *Journal of School Nursing*, 26(1), 39-48. <https://doi.org/10.1177/1059840509354441>
85. Sepahvand, R., Zarei, M., & Faramarzi, M. (2015). Factors affecting academic achievement of college students. *Journal of Education and Learning*, 9(2), 123-135. <https://doi.org/10.5539/jel.v9n2p123>
86. Skidmore, C. R., Kaufman, E. A., & Crowell, S. E. (2016). Substance use among college students. *Journal of Psychopathology and Behavioral Assessment*, 38(3), 443-455. <https://doi.org/10.1007/s10862-015-9529-3>
87. Silva, A., Vasco, AB., Watson, J. (2018) Alexithymia & Emotional Processing; a Longitudinal Mixed Methods Research. doi:10.4081/ripppo.2018.292 Singh, D., Simerjeet Kaur, S., & Dureja, G. (2012). Emotional maturity differentials among university students. *Journal of Physical Education and Sports Management* Vol. 3(3), pp. 41-45, May 2012. Date Retrieved, November 17, 2018, from <http://www.acadjourn.org/jpesmDOI: 10.5897/JPEM11.076> ISSN 1996-0794.
88. Singh SP, Paul M, Ford T, et al. (2010). Process, Outcome And Experience Of Transition From Child To Adult Mental Healthcare: Multiperspective Study [Electronic version]. *British Journal of Psychiatry*; 197:305-12. doi:10.1192/bjp.bp.109.07513

89. Smith, J. (2020). Exploring mental health trends. Health Press.
90. Teismann, T., and Forkmann, T. (2017). Rumination, Entrapment And Suicide Ideation: A Mediational Model. *Clinical Psychology and Psychotherapy*, 24, 226–234. doi: 10.1002/cpp.1999
91. Thomson,DK., Olesen,M.H., Schnieber, A. & Tonnesvang, J. (2013). The Emotional Content Of Life Stories:Positivity Bias And Relation To Personality. *Cognition and Emotion*, 28 (2), 260-277.
92. Tippet N.& Wolke, D.(2014). Socioeconomic Status and Bullying: A metaanalysis. *American Journal of Public Health*,104, 48-59.
93. Trotta, A., et al. (2013). Clinical and epidemiological high risk for psychosis: A practical perspective. *Current Pharmaceutical Design*, 19(2), 365-374. <https://doi.org/10.2174/1381612811319020005>
94. Tucker, R. P., Wingate, L. R., O'Keefe, V. M., Mills, A.C., Rasmussen, K., Davidson, C. L., Grant,D.M. (2013). Rumination and suicidal ideation: the moderating roles of hope and optimism. *Personality and Individual Differences* 55, 606–611. doi: 10.1016/j.paid.2013.05.013
95. Tuliao,A.P. (2014, May 13). *Mental health helps seeking among Filipinos: A review of the literature*. Journal on Asia Pacific Journal of Counseling and Psychotherapy, 5(2),124-136.
96. Twenge, J. M., Cooper, A. B., Joiner, T. E., Duffy, M. E., & Binau, S. G. (2010). Age, period, and cohort trends in mood disorder indicators and suicide-related outcomes in a nationally representative dataset, 2005-2017. *Journal of Abnormal Psychology*, 128(3), 185-199. <https://doi.org/10.1037/abn0000410>
97. Wachs,S., Wolf, K.D., Schubarth, W. Junger, M. Sittichai, R., (2016). Bullying and Alexithymia: Are there Differences Between Traditional, Cyber and Combined Bullies in reading Their Own Emotions.[ Electronic version]. *Societies*,5 (1),109-135.
98. Wani, M.A. & Masih, A. (2015). Emotional Maturity Across Gender and Level of Education. *The International Journal of Indian Psychology*, Vol 2, issue 2.
99. Watkins, E., and Nolen-Hoeksema, S. (2014). A Habit-Goal Framework Of Depressive Rumination. *Journal of Abnormal Psychology* 123, 24–34. doi: 10.1037/a0035540
100. Wood RLL, Williams C, Lewis R. Role of alexithymia in suicide ideation after traumatic brain injury. *Int Neuropsychological Soc J.* (2010) 16:1108–14. 10.1017/S1355617710001013
101. World Health Organization. (2017). The most common form of mental health concern among Filipinos is depression. World Health Organization Report.
102. World Health Organization. (2019). Mental health conditions and their impact. World Health Organization. [https://www.who.int/mental\\_health/en/](https://www.who.int/mental_health/en/)
103. World Health Organization. (2018). Mental health conditions and their impact. World Health Organization. [https://www.who.int/mental\\_health/en/](https://www.who.int/mental_health/en/)
104. World Population Review. (2019). Filipinos commit suicide. World Population Review.
105. Zivin, K., Eisenberg, D., Gollust, S. E., & Golberstein, E. (2009). Persistence of mental health problems and needs in a college student population. *Journal of Affective Disorders*, 117(3), 180–185. <https://doi.org/10.1016/j.jad.2009.01.001>