Prevalence and Associated Risk Factors of Mental Health among the Students of CSU PIAT

[1]Alvin T. Dulin, [2]Rowena R. Sto. Tomas and [3]Catherine B. Allayban
[1]dulinalvin@yahoo.com
[1]https://orcid.org/0009-0001-9560-5373
[2]rst9398@gmail.com
[2]https://orcid.org/0000-0003-4543-8914
[3]catherineallayban@csu.edu.ph
[3]https://orcid.org/0009-0005-2640-1843
Cagayan State University-Piat Campus, Philippines

Abstract

This study determined the prevalence and associated risk factors of mental health among the students at Cagayan State University in Piat, Cagayan. It utilized the descriptive-quantitative research design to investigate the profile of the students, their mental health status and the risks associated with it focusing on behavioral, social, mental and emotional factors, using a researcher-made questionnaire that was validate and the General Health Questionnaire – 28 or GHQ-28. The study involved 333 students chosen using stratified random sampling. Data on the respondents' demographic and socio-economic profile were analyzed through mean, frequency, and percentages. The weighted mean was used to interpret the students' lifestyle and health-seeking behavior and Likert Scale type scoring based on the scale scoring guidelines was used to interpret the GHQ-28 data. T-test and ANOVA were utilized to determine differences of the mental health status of the students and Pearson-r was utilized to determine relationships among the mental health status and the associated risk factors. The study concludes that the students manifest unusual experiences generally along somatic complaints and social dysfunction. As an effect, they experience associated risks, such as some behavioral, social, mental and emotional risks. Moreover, the students' mental health varies according to their college, birth order, lifestyle and health-seeking behaviors. Intensified health awareness and guidance programs are necessary to address the findings.

Keywords: general health, health seeking behavior, lifestyle and habits, mental health, risk factors to mental health

I. Introduction

College life can be very challenging that it may cause problems on students' mental health as students experience stress due to academic pressure. This is further aggravated by the new normal set-up of education as an aftermath of the COVID-19 pandemic (Gavurova, Ivankova, Rigelsky, Mudarri & Miovsky, 2022).

The Covid-19 pandemic has gone far beyond its physiological, social and economic impacts to humans. Its negative impacts have also been felt on human's psychological well-being. In a global scale, the pandemic has caused disruption, anxiety, stress and stigma. According to Javed, Sarwer, Soto and Mashwani (2020), the restrictive measures to avoid rapid human-to-human transmission such as regional lockdowns, social distancing, isolation and school shutdowns, which required people to stay in their homes affected both the mental and social health of people across ages. Also, a study conducted by Castaldelli-Maia, Marziali, and Martins (2021) reveal that the global rates of anxiety and depression during the COVID-19 pandemic was 21.30 and 24.00%, but in Asia are 17.6% and 17.9% respectively. In the same study, closure of public transport also increases anxiety.

The Philippines records increased pandemic-related mental health problems shown in reports of

increased tendency for suicide and depression increase including calls for assistance on mental health related issues. A significant increase in monthly hotline calls regarding depression, with numbers rising from 80 calls pre-lockdown to nearly 400 was recorded (Ranola, 2021). Additionally, a study conducted by Tee, et.al. (2020), conclude that during the early phase of the pandemic in the Philippines, one-fourth of their respondents reported moderate-to-severe anxiety and one-sixth reported moderate-to-severe depression and psychological impact. Also, according to Frances Prescila Cuevas, head of the National Mental Health Program under the Department of Health, at least 3.6 million Filipinos suffer from mental, neurological, and substance use disorders.

These scenarios are causing much alarm and growing concern among citizens even in the local areas.

Among those who are consistently involved and who are potentially stricken with the psychological burden of the pandemic are the members of the academe. This is because the educational institutions are undeniably one of the major sectors of the society which received the hardest blow of adjustments and restructuring. This is especially because of the new normal system of education that was implemented wherein students, teachers as well as parents have to deal with the rigors of distance learning, taking roles far and beyond what they normally do during the face to face instruction.

Online learning resulted in various problems, risks, and challenges to students and teachers, mostly in HEIs of higher education institutions (Bao as cited by Tria, 2020). Also, a study titled "Impact of the COVID-19 Pandemic on Physical and Mental Health in Lower and Upper Middle-Income Asian Countries: A Comparison Between the Philippines and China" conducted by Tee, et.al. (2021) discovered that Filipino students reported increased depressions rates mainly because they feel afraid online learning and isolation hinders their progress in their studies.

Because of the corona virus, 2.6 million learners were forced to leave school because their parents' underemployment or total lost job. Some had to transfer to local schools to avail of the zero-tuition fee. There was a 10 percent decrease of enrolment rate a year earlier and aside from these, the new normal set-up also resulted in problems such as limited access to internet, no available gadgets. poor connectivity and low financial support (Tria, 2020). In some instances, some universities suspended distance learning because students are not capable financially that affected their access to this learning modality. Another study by Barrot, del Rosario and Llenares (2021) found out that students' biggest problem was associated to their home environment, which greatly impacted their learning and mental wellness.

For teachers, there is the constant challenge to upgrade competencies in both pedagogy and technology. Teachers had to revise and adapt course syllabi and requirements aligned with alternative or remote teaching modalities such as asynchronous and synchronous deliveries. Robosa et.al. (2021) cite some of the challenges faced by teachers in their study. Accordingly, teachers were stressed and burnt-out due to insufficient teaching resources, student management online and extra workloads. They also had difficulty in performing certain virtual tasks and providing a learning environment and feedback mechanisms which are effective for all despite inadequate resources.

For both students and teachers, increased incidence of dropouts, unproductivity issue, time and effort adjustments and withdrawal due to the cost of education torment their minds. In fact, uncertainties of the new normal implicating their mental health caused online class suspensions (Simbulan, 2020).

In response to these, the government institutionalized mental health programs in the new normal wherein the Department of Health partnered with the World Health Organization (WHO) to raise public mental health awareness after the pandemic. The DOH launched interventions and programs involving multiple sectors to address mental illnesses in various places such as communities, workplace and the school, targeting highly vulnerable groups. There is also a project called National Suicide Prevention Strategy, which is a multisectoral approach to provide psychosocial services through "Kamusta Ka? Tara Usap Tayo," Hotline which started on May 2, 2019. In spite of these, may Filipinos have inhibitions in sharing their mental health problems due to fear of being judged or

isolated.

There are few studies on mental health issues in the academe. Javed, Sarwer, Soto and Mashwani (2020) stress that the pandemic's effects on mental health are not studied comprehensively. Most studies focused on dealing with the epidemiology, clinical features, transmission patterns, and management of the COVID-19 outbreak, there has been very little concern expressed over the effects on one's mental health and on strategies to prevent stigmatization. People's behavior may greatly affect the pandemic's dynamic by altering the severity, transmission, disease flow, and repercussions. The present situation requires raising awareness in public, which can be helpful to deal with this calamity.

Considering these premises, the researchers have decided on conducting a study along mental health status among the college students at Cagayan State University Piat Campus. There is a strong call for effective mental health programs in schools because where schools become the source of the problem, then there should begin the solutions, hence this study.

Significance of the Study

This research becomes an avenue towards clearer inquiry on college students' mental health that may lead to the development of the school's programs and projects along mental health, especially in guidance and counselling office, tailored to their unique needs, which eventually provides better support to their over-all well-being and to their studies. Through this study's findings, teachers can better picture students' metal health situation, thereby providing assistive measures that support optimal learning. Moreover, this study provides the opportunity for the students to find out their mental health status and allows them to learn ways to personally address this. Finally, this study promotes mental health awareness, which usually gets the least attention in the academe.

Objectives

Generally, this study determined the prevalence and associated risk factors of mental health among the students of CSU Piat Campus.

The following specific questions were answered:

1. What is the students' profile in terms of the following?

1.1. Demographic

1.2. General Health Status

1.3. Lifestyle and habits

1.4. Health seeking behavior

2. What is the students' mental health status?

3. What are the risk factors associated with mental health considering the following?

3.1. Behavioral

3.2. Social

3.3. Mental

3.4. Emotional

4. Is there difference in the students' mental health status based on their profile?

II. METHODOLOGY

The descriptive-quantitative research design was used in this study. The descriptive-quantitative research design uses numerical data in describing a population's characteristics, conditions and

behaviors by analyzing quantifiable data collected through surveys, questionnaires, or statistical records without manipulating variables (Creswell & Creswell, 2018). In this study, this design was used in describing the students' profile, the status of their mental health status, including its associated risk factors.

The respondents were the students of Cagayan State University Piat campus with a total of 333 students from the four colleges of the campus selected through Stratified Random Sampling. The respondents comprised of the following:

Course	Major	Samples	
AGRI-DAT			27
BSA	Animal Science	24	
	Crop Science	51	102
BSC			62
BSIT			102
BEED	Generalist		13
BSED	English	19	
	Mathematics	12	
	Social Studies	13	44
BTLE	Home Economics		10
Total			333

The researchers used an original questionnaire and the General Health Questionnaire - 28 or the GHQ-28. The questionnaire made by the researchers was utilized to survey the profile and the risk factors associated with mental health among the students. This was validated by two experts before it was administered. The GHQ-28 was used to determine the students' mental health status.

Data on specific objective one, such as the demographic and socio-economic profile of the respondents were analyzed through frequency counts, mean and percentages.

The data on the students' lifestyle are further interpreted following the scale below.

Mean interval		Interpretation
5.15-6.00	-	Very true of myself
4.32-5.14	-	Mostly true of myself
3.49-4.31	-	Slightly true of myself
2.66-3.48	-	Slightly not true of myself
1.83-2.65	-	Mostly not true of myself
1.00-1.82	-	Not at all true of myself

For the health-seeking behavior data, the following scale was used.

Mean interval		Interpretation
1.0-1.79	-	Never
1.80-2.59	-	Seldom
2.60-3.39	-	Sometimes
3.40-4.19	-	Often
4.20-5.00	-	Always

The following scale was used to interpret the GHQ-28 data.

Mean interval	Description	Interpretation

3.25 - 4.00	Much more than usual	Symptom as excessive and beyond what is considered normal
2.50 - 3.24	Rather more than usual	Symptom assessed is experienced more than what is usual
1.75 - 2.49	No more than usual	No difference in the experience of the assessed symptom
1.00 - 1.74	Not at all	No difference in the experience of the assessed symptom

Numbers 1 to 7 assessed somatic complaints. Items 8 to 14 assessed anxiety and insomnia. Items 15 to 21 assessed social dysfunction or isolation. Lastly, items 22 to 28 assessed severe depression.

ANOVA and T-test were utilized to determine mental health status differences among the students.

III. RESULTS

1. Students' Demographic Profile

Table 1 shows the distribution of the frequency and percentage of the students' age, sex, civil status and birth order.

In terms of age, most of the students are 19 years old comprising 114 or 34.23 percent followed by those at age 20 comprising 110 or 33.03 percent of their total. The age group with the lowest number of students is 17 with only 2 or 0.60 percent followed by 24 with 6 or 1.80 percent of the students.

Based on their sex, the distribution shows a slightly higher proportion of females comprised of 175 or 52.55 percent compared to males comprised of 158 or 47.45 percent of the students.

Regarding their civil status, majority of the students are single numbering to 322 or 96.70 percent, with a small number of married at 1.80 percent or only 6 students, separated at 1.20 percent or 4 students, and in a live-in arrangement at 0.30 percent or only 1 student.

In terms of birth order, findings reveal that most of the students are middle children with 129 or 38.74 percent while only 48 or 14.41 percent are the only child in the family.

Table 1. Frequency and Percentage Distribution of the Demographic Profile of the Students

Age	**Frequency (n=333)**	**Percentage**
17	2	0.60
18	36	10.81
19	114	34.23
20	110	33.03
21	38	11.41
22	16	4.80
23	11	3.30
24	6	1.80
Sex		
Male	158	47.45
Female	175	52.55
Civil Status		
Single	322	96.70
Married	6	1.80
Separated	4	1.20
Live-in	1	0.30
Birth Order		
Only child	48	14.41

Last	55	16.52
Middle	129	38.74
First	101	30.33

2. Students' Perceived General Health Profile

Shown in Table 2 is the percentage and frequency distribution of the perceived general health status of the students. As shown in the table, most or 110 or 33.03 percent of the students report that they are in 'very good' general health condition while the rest are in 'good' or 'excellent' condition respectively while only 8 or 2.40 percent are into 'fair' and none is in 'poor' health condition. These findings indicate a high level of self-perceived health status among the student population, implying few health-related concerns impacting their daily lives.

Table 2. Frequency and Percentage Distribution of the Students' General Health Status

General Health	*Frequency (n=333)*	*Percentage*
Excellent	106	31.83
Very good	110	33.03
Good	109	32.73
Fair	8	2.40
Poor	0	0.00

3. Lifestyle Profile of the Students

Table 3 contains the weighted mean distribution of the students' lifestyle choices.

As shown in the table, most of the students are into 'leadership and involvement lifestyle' with the highest weighted mean of 3.74 described as 'slightly true of myself.' This means that they are actively involved in student organizations, clubs and leadership roles in the campus, taking leadership positions and making a positive impact in school community.

The next most prominent lifestyles among students are 'tech-savvy lifestyle' and 'cultural lifestyle' with the weighted means of 3.69 and 3.54 both described as 'slightly true of myself.' These are the students who consider themselves as technology enthusiast, living a lifestyle characterized by interest in gadgets, software development, and staying updated with the latest technology trends as well as students who are passionate about celebrating their heritage respectively.

The least lifestyle being adopted by the students is 'travel and exploration lifestyle' with the lowest weighted mean of 2.79 described as 'slightly not true of myself'.

Table 3. Weighted Mean Distribution of the Lifestyle of the Students

Types of Lifestyles	**Weighted Mean**	**Standard Deviation**	**Descriptive Value**
1. Leadership and Involvement Lifestyle	3.74	1.45	Slightly true of myself
2. Tech-Savvy Lifestyle	3.69	1.34	Slightly true of myself
3. Cultural Lifestyle	3.54	1.66	Slightly true of myself
4. Entrepreneurial Lifestyle	3.47	1.90	Slightly not true of myself
5. Work-Study Lifestyle	3.36	1.53	Slightly not true of myself
6. Athletic or Fitness-Oriented Lifestyle	3.22	1.42	Slightly not true of myself
7. Arts and Creative Lifestyle	3.19	1.50	Slightly not true of myself
8. Social Butterfly Lifestyle	3.08	1.38	Slightly not true of myself
9. Health and Wellness Lifestyle	3.00	1.40	Slightly not true of myself
10. Academic Focused Lifestyle	2.95	1.68	Slightly not true of myself

11. Academic-Athletic Balance Lifestyle	2.93	1.37	Slightly not true of myself
12. Frugal or Budget-Conscious Lifestyle	2.80	1.64	Slightly not true of myself
13. Travel and Exploration Lifestyle	2.79	1.69	Slightly not true of myself

Legend: 5.15-6.00 Very true of myself; 4.32-5.14 Mostly true of myself; 3.49-4.31 Slightly true of myself; 2.66-3.48 Slightly not true of myself; 1.83-2.65 Mostly not true of myself; 1.00-1.82 Not at all true of myself

4. Students' Health-Seeking Behavior

The weighted mean distribution of the students' health-seeking behavior is shown in table 3. Generally, they 'sometimes' practice the health-seeking indicators with the over-all weighted mean of 2.87. Specifically, the students are most concerned of safe sex to prevent health issues, if engaged, with the highest weighted mean of 3.24 described as 'sometimes.' They also 'sometimes' schedule and attend regular medical check-ups with healthcare professionals to monitor and maintain physical health and participate in health promotion programs, community health initiatives, or school wellness programs to support health and well-being with the same weighted mean of 3.02.

Among those that they least practice are making informed decisions about healthcare, including understanding treatment options, potential risks, and benefits with the weighted mean of 2.77 and recognizing the value of seeking assistance when experiencing mental health problems or distress with the weighted mean of 2.76, both described as 'sometimes.'

Surprisingly, the students report that they 'seldom' engage in regular physical activity and exercise to maintain fitness, strength, and overall health with the lowest weighted mean of 2.87.

Table 4. Weighted Mean Distribution of the Health-seeking Behavior of the Students

Health-Seeking Activities	Weighted Mean	Standard Deviation	Descriptive Value
1. Practices safe sex to prevent health issues (if engaged)	3.24	1.64	Sometimes
2. Schedules and attends regular medical check-ups with healthcare professionals to monitor and maintain physical health.	3.02	1.23	Sometimes
3. Participates in health promotion programs, community health initiatives, or school wellness programs to support health and well-being.	3.02	1.03	Sometimes
4. Makes choices that minimize risky behaviors, such as avoiding tobacco and excessive alcohol consumption	2.92	1.57	Sometimes
5. Engages in preventive health measures, such as getting vaccinations, screenings, and health assessments to detect and address health issues early.	2.91	0.99	Sometimes
6. Builds and maintains social support networks, including family and friends, for emotional and psychological well-being.	2.89	1.23	Sometimes
7. Complies with prescribed medication regimens, as directed by healthcare providers, to manage chronic conditions or acute illnesses.	2.88	1.17	Sometimes
8. Actively seeks information and education about health topics, medical conditions and best practices for maintaining well-being.	2.88	1.21	Sometimes
9. Makes dietary choices that prioritize nutritious foods	2.86	0.97	Sometimes

Health-Seeking Activities	Weighted Mean	Standard Deviation	Descriptive Value
and a balanced diet to support physical health and well-being.			
10. Advocates for one's own health needs and rights within the healthcare system and seeking the best possible care.	2.86	1.16	Sometimes
11. Incorporates self-care activities into daily routines, such as getting adequate sleep, practicing good hygiene and managing chronic conditions.	2.81	1.22	Sometimes
12. Practices techniques on how to reduce stress, such as meditation, mindfulness, or relaxation exercises, to manage and reduce stress levels.	2.78	1.07	Sometimes
13. Takes measures to create a safe and healthy living environment, such as reducing exposure to environmental toxins and pollutants.	2.77	1.21	Sometimes
14. Makes informed decisions about healthcare, including understanding treatment options, potential risks, and benefits.	2.77	1.19	Sometimes
15. Recognizes the value of professional assistance when experiencing problems on mental health or distress.	2.76	1.12	Sometimes
16. Engages in regular physical activity and exercise to maintain fitness, strength, and overall health.	2.57	1.05	Seldom
Over-all Weighted Mean	2.87		Sometimes

Legend: 1.0-1.79 (Never), 1.80-2.59 (Seldom), 2.60-3.39 (Sometimes), 3.40-4.19 (Often), 4.20-5.00 (Always)

5. Mental Health Status of CSU-Piat Students

Table 5 presents the general assessment of the general health of CSU Piat students. Among the four indicators, only the somatic complaints indicator ($\bar{x}_w$ = 2.53) and social dysfunction ($\bar{x}_w$ = 2.95) are manifested and were experienced more than usual by the students.

Table 5 General Assessment of the General Health CSU Piat Students

General Health	Overall Weighted Mean	Descriptive Value
Severe Depression	2.36	no difference in the experience of the assessed symptom
Social Dysfunction (Isolation)	2.95	symptom assessed is experienced more than what is usual
Anxiety and Insomnia	2.40	no difference in the experience of the assessed symptom
Somatic Complaints	2.53	symptom assessed is experienced more than what is usual

Legend: 1.00 – 2.49 no difference in the experience of the assessed symptom; 2.50 – 3.24 symptom assessed is experienced more than what is usual; 3.25 – 4.00 participant experiences the symptom as excessive and beyond what is considered normal

6. The Associated Risk Factors of Mental Health

6.1. Behavioral Risk Factors

In Table 6.1., the frequency and percentage distribution of the behavioral risk factors associated to the mental health of CSU Piat students are shown. Looking across all the indicators, it is observed that the

students have the highest risk on lacking goal clarity or experiencing confusion about their goal in life with the highest number of students (198 or 59.46%) agreeing to have it. This is followed by the risk of having an emotional breakdown, particularly on feeling entirely incapable of coping with life's challenges with the second highest frequency of 168 or 50.45 percent. The students are also prone to aggression and irritability, particularly experiencing conflicts resulting from their aggressiveness or irritability with the third highest frequency of 163 or 48.95 percent.

There is also quite a high risk of the students experiencing disrupted sleep patterns leading to insomnia with the frequency of 147 or 44.14 percent. A high number of students also experience oversleeping because of mental health problems with the frequency of 126 or 37.84.

Among the groups of behavioral risks, reduced motivation and productivity is the main risk being experienced by the students having consistently high frequencies. This includes disinterest in the discipline or becoming disinterested in their studies with the frequency of 94 or 28.23 percent; losing interest about their future with the frequency of 82 or 24.62 percent; poor productivity often being lazy in going to school or completing tasks with the frequency of 110 or 33.03 percent; and lacking goal clarity earlier discussed.

The least behavioral risks reported are on the use of illegal drugs or substances and engaging in unprotected heterosexual intercourse, both having the same frequency of 9 or 2.70 percent. The lowest frequency of 6 or 1.80 percent report engaging in unprotected homosexual intercourse.

Table 6.1. Frequency and Percentage Distribution of the Behavioral Risk Factors Associated to the Mental Health of CSU Piat Students

Risk Indicators	Frequency (n=333)	Percentage
1. Substance Abuse		
a. Tobacco Use	17	5.11
b. Drug Abuse	9	2.70
c. Alcohol Use	96	28.83
2. Self-Harm		
a. Suicide Ideation	83	24.92
b. Suicide Attempt	42	12.61
3. Risky Behaviors		
a. Unprotected Heterosexual Intercourse	9	2.70
b. Unprotected Homosexual Intercourse	6	1.80
c. Reckless Driving	60	18.02
d. Impulsivity	70	21.02
4. Reduced Motivation and Productivity		
a. Disinterest in the Discipline	94	28.23
b. Optimism about future	82	24.62
c. Poor Productivity	110	33.03
d. Lack of Goal Clarity	198	59.46
5. Emotional Breakdown	168	50.45
6. Aggression and Irritability	163	48.95
7. Poor Self-care		
a. Poor Hygiene	42	12.61
b. Unhealthy Lifestyle	74	22.22
8. Eating Disorders		
a. Anorexia	72	21.62
b. Overeating	98	29.43
9. Sleep Disturbances		

a. Disrupted Sleep	147	44.14
b. Oversleeping	126	37.84

6.2. Social Risk Factors

Shown in Table 6.2. is the frequency and percentage distribution of the social risk factors associated to the mental health of CSU Piat students.

Data reveal that the students would most likely to experience relationship strain or having difficulty communicating their needs or emotions with their loved ones with the highest frequency of 169 or 50.75 percent. They also feel like others would always give hurtful comments revealed by 167 or 50.15 percent while a significant number of 155 or 46.55 percent report that they feel like they are unliked and 148 or 44.44 percent report having negative self-image and low self-esteem.

Discrimination and social isolation are also reported by a significant number of students as social risk factors with the frequency of 129 (38.74%) and 124 (37.24%).

The least social risk being experienced is reduced social support or the feeling of losing support from friends and family with the frequency of 76 or 22.82 percent.

Table 6.2. Frequency and Percentage Distribution of the Social Risk Factors Associated to CSU Piat Students' Mental Health

Risk Indicators	Frequency (n=333)	Percentage
1. Social Isolation	124	37.24
2. Relationship Strain	169	50.75
3. Stigmatization		
a. Do you feel like you are discriminated?	129	38.74
b. Do you feel like you are unliked?	155	46.55
c. Do you feel like you are excluded from social activities?	123	36.94
d. Do you feel like others would always give hurtful comments?	167	50.15
4. Reduced Social Support	76	22.82
5. Educational Difficulties	121	36.34
6. Negative Self-image	148	44.44
7. Decreased Social Participation	108	32.43

6.3. Mental Risk Factors

Presented in Table 6.3. is the frequency and percentage distribution of the mental risk factors associated to the mental health of CSU Piat students.

Findings reveal that the most experienced risk is difficulty in making decisions reported by 182 or 54.65 percent followed by having paranoia or trust issues against others reported by 173 or 51.95 percent. A big number of students also report having difficulty in solving problems and having difficulty in effectively handling and managing stress reported by 169 or 50.75 percent and 165 or 49.55 percent.

The least reported mental risks are having distorted or irrational thinking reported by 97 or 29.13 percent and having obsessive thoughts with the lowest frequency of 78 or 23.42 percent.

Table 6.3. Frequency and Percentage Distribution of the Mental Risk Factors Associated to the Mental Health of CSU Piat Students

Risk Indicators	Frequency (n=333)	Percentage
1. Cognitive Impairment		
a. Concentration	127	38.14
b. Memory	118	35.44

c. Decision-making	182	54.65
d. Problem-solving	169	50.75
2. Reduced Coping Abilities	165	49.55
3. Decreased Resilience	116	34.83
4. Impaired Thought Patterns		
a. Do you have distorted or irrational thinking?	97	29.13
b. Do you have delusions (false beliefs)?	109	32.73
c. Do you have paranoia (trust issues) against others?	173	51.95
d. Do you have obsessive thoughts?	78	23.42

6.4. Emotional Risk Factors

Table 6.4. shows the frequency and percentage distribution of the emotional risk factors associated to the mental health of CSU Piat students. Among the indicators, the students reveal the highest tendency of experiencing mood swings as an emotional risk factor associated to their mental health reported by 190 or 57.06 percent of the students. Following this is being easily irritated with the frequency of 174 or 52.25 percent and suffering emotionally reported by 170 or 51.05 percent.

The least experienced emotional risks are suffering from intense hopelessness reported by 112 or 33.63 percent and experiencing heightened psychological distress with the lowest frequency of 101 or 30.33 percent.

Table 6.4. Frequency and Percentage Distribution of the Emotional Risk Factors Associated to the Mental Health of CSU Piat Students

Risk Indicators	Frequency (n=333)	Percentage
1. Do you experience heightened psychological distress?	101	30.33
2. Do you suffer from intense sadness?	143	42.94
3. Do you suffer from intense fear?	140	42.04
4. Do you suffer from intense hopelessness?	112	33.63
5. Do you suffer emotionally?	170	51.05
6. Do you have a negative self-perception and low self-esteem?	150	45.05
7. Do you have low self-esteem?	157	47.15
8. Do you have difficulties regulating your emotions?	156	46.85
9. Do you have mood swings?	190	57.06
10. Are you easily irritated?	174	52.25
11. Do you feel you are emotionally instable?	121	36.34

7. Mental Health Status Differences of Students Based on Their Profile

Table 7.1. presents the result of the Analysis of Variance or ANOVA, performed to compare students' mental health status based on their profile.

Results show that a significant difference exists in the mental health status of the students when grouped according to college with the F value of 7.669 and a p value of >.001 which is greater than .05 significance value.

Significant difference was also found when the students are grouped by birth order with an F value of 3.296 and a p value of .021.

A significant difference was also found when the students are grouped according to their lifestyle with an F value of 2.711 and a p value of >.001.

Based on their their health-seeking behavior, they significantly differ yielding an F value of 1.944 and a p value of >.001.

However, no significant difference was noted in the status of their mental health based on their civil status with an F value of .755 and a p value of .520 and general health with an F value of 1.144 and a p value of .332.

Table 7.1. One-Way Analysis of Variance on the Mental Health Status of CSU Piat Students when Grouped According Their Profile Variables

	Sum of Squares	df	Mean Square	F	Sig.	Decision
College	8.065	3	2.688	7.669	>.001	Reject H_o
Civil Status	.843	3	.281	.755	.520	Accept H_o
Birth Order	3.600	3	1.200	3.296	.021	Reject H_o
General Health	1.269	3	.423	1.144	.332	Accept H_o
Lifestyle	77.709	128	.607	2.711	>.001	Reject H_o
Health-seeking Behavior	33.817	54	.626	1.944	>.001	Reject H_o

An independent-samples t-test was conducted to compare the difference in the mental health status between the male and female students.

Table 7.2. shows that the students do not significantly differ based on the means for males (M=2.613, SD=.54) and females (M=2.511, SD=.17) conditions; t (331) = 1.538, p = .125.

Table 7.2. t-test Results Comparing the Mental Health Status of the Students when Grouped according to Their Sex

Groups	n	Mean	SD	T	Df	p	Decision
Male	158	2.613	.54	1.538	331	.125	Accept H_o
Female	175	2.511	.17				

*Significant at .05 level

IV. DISCUSSIONS

The results of this study contribute major findings that the university may utilize to improve the general health conditions of the students.

The students report that majority of them are not in excellent health condition although most perceive to have very good general health condition. This implies that their health status can still be improved to reach optimal conditions, addressing mental health concerns, particularly social dysfunction and somatic complaints among the students. These two mental health issues are the prevailing concerns found to be experienced more than usual by the students at CSU Piat.

Considering the lifestyle choices and health-seeking behaviors of the students, this study finds that because the students mostly have tech-savvy lifestyle, they least engage in regular physical activity and exercise to maintain fitness, strength, and overall health. This posts a major concern among school administrators, particularly the Office of the Student Development and Welfare to address this issue. Activities that further engage the students in physical development and orientation on improving physical habits and productivity can increase the chances of better mental health status of the students. Their energy on leadership and involvement may be channeled to activities that prevent them from over usage of gadgets.

Students' health-seeking behavior being reported only sometimes practiced in majority of the indicators manifest the students' inadequate awareness and knowledge of ways to improve general health and address existing health issues.

With most of them not recognizing the value of asking for the help of professionals signals a more rigid campaign for mental health awareness in school and providing avenues to mainstream their mental health issues. Moreover, with majority of them being most concerned about safe sex to prevent health issues posts issues on sex education to better guide them. Regular medical check-ups with healthcare professionals to monitor and maintain physical health are also a major concern in terms of

the students' behavior in seeking health assistance.

This study provides a better understanding of how to address students' issues on mental health. Firstly, the students report somatic complaints, experiencing unexplained or undiagnosed physical symptoms with majority not feeling perfectly well and in good health. The bodily discomforts, pains or dysfunctions such as unusual pains in their head and tightness if not pressure in their head can manifest mental health issues and general health concerns. In the study of Sperling, Hulett, Sherwin, Thompson and Bettencourt (2023) mental illnesses were discovered to be related with somatic symptoms which were recorded from 5.7 to 80.1 percent. Somatic manifestations included headaches and sleep disturbances confirming this study's result, being that one of the associated risk factors revealed by the students is disturbed sleep patterns and headache.

The study also finds out that the students manifest social dysfunction or isolation, particularly reporting unusual experiences on keeping themselves busy and occupied, satisfied with the way they have carried out their task and making decisions about things. In a similar study, Brandt, Liu, Heim, and Heinz (2022) studied social isolation's effects on mental health. Their research discovered that poor mental health is associated with discrimination and social isolation. These come in the form of social exclusion caused by racism and discrimination during pandemic such as quarantine. For older people, this is due to sociodemographic changes and increased social interactions can prevent them from being isolated.

On the other hand, students report no unusual experiences in terms of anxiety and insomnia although they do experience a few symptoms more than what is usual in terms of having enough sleep and nervousness. The students also do not manifest severe depression.

Considering these mental health issues as the possible causes, the students report risks along behavioral, social emotional and mental aspects. Behaviorally, they lack goal clarity, and experience emotional breakdown, conflicts brought by aggression and irritability and disrupted sleep patterns leading to insomnia. Disinterest in studying and the future also result from mental stress. Students also report of social risks such as relationship strain or having difficulty communicating their needs or emotions with their loved ones, fear of receiving hurtful comments and being unliked. Discrimination and social isolation are also reported by a significant number of students. Mental risks include difficulty in making decisions, having paranoia or trust issues against others, difficulty in solving problems and having difficulty in effectively handling and managing stress. Emotional risk factors include experiencing mood swings, being easily irritated and suffering emotionally.

In terms of variations, the study finds out that students' mental health status significantly differ considering their college, birth order, lifestyle and health-seeking behavior. No difference was found in terms of civil status and general health and sex. Conversely, Gavurova et al. (2022) in their study found significant differences in mental health disorder risk factors of female gender and younger age.

This study was limited to the students' response to the questionnaire and no further inquiry was done to obtain details of their answers. In spite this, this study has robustness of respondents, covering all the colleges of the campus.

V. CONCLUSIONS

The researchers conclude that majority of the students have 'very good' general health condition mostly having a leadership involvement and tech-savvy lifestyle. The students do not fully practice health-seeking behaviors which imply a need for improved health awareness and habits.

On the general health status of the students, it is concluded that they manifest unusual experiences along somatic complaints and social dysfunction; hence, they do not totally have a healthy mental status in spite that they do not manifest anxiety and depression. As an effect, they experience associated risks, such as some behavioral, social, mental and emotional risks.

Along behavioral risks, students experience lack of goal clarity, emotional breakdown, aggression and irritability. There is also quite a high risk of the students experiencing disrupted sleep patterns as a result of their mental health problems. On social risks, students experience relationship strain being subjected to hurtful comments, being unliked, having negative self-image and low self-esteem, discrimination and social isolation. On mental risks, the students experience difficulty in making decisions and having trust issues. They also experience difficulty in solving problems and having difficulty in effectively handling and managing stress. Along emotional risks, students experience mood swings, being easily irritated and suffering emotionally.

The students' mental health varies according to their college or program, birth order, lifestyle and health-seeking behaviors.

VI. RECOMMENDATIONS

Given the lack of fully practiced health-seeking behaviors among students, the university may organize health awareness programs such as workshops, seminars, or campaigns to educate students about the importance of maintaining good health and adopting healthy habits. The campus administration may also improve mental health support services to help students who manifest unusual experiences along somatic complaints and social dysfunction. This may include peer support groups, counseling services, or access health experts.

To address the risk factors, the campus guidance office may conduct educational programs on sleep hygiene. Providing guidance on how to improve sleep quality and manage stress-related sleep disturbances could help students maintain better overall health. Considering the identified social risks, the campus may engage in fostering supportive environments where students feel valued and accepted, in encouraging positive social interactions, in promoting diversity and inclusion, and in offering resources for building self-esteem, which mitigate the negative effects of relationship strain and social isolation. Given the mental and emotional challenges faced by students, the campus may conduct Decision-Making and Stress Management Workshops. These workshops may provide practical strategies for problem-solving, building resilience, and coping with stressors effectively.

Recognizing that mental health varies according to factors such as college or program, birth order, lifestyle, and health-seeking behaviors, the school may consider implementing tailored support programs. These programs may target certain challenges or needs being encountered by students, ensuring that interventions are targeted and effective.

Since most students exhibit leadership involvement and a tech-savvy lifestyle, leveraging these strengths could be beneficial. Encouraging leadership development opportunities and incorporating technology into health promotion initiatives could enhance student engagement and participation.

Lastly, the guidance office may implement regular mental health assessments that may determine students at risk or needing support. These assessments could be integrated into existing health services or academic advising processes, ensuring that students receive timely intervention and support.

A school-based Intervention Program proposed in this study may be adopted by the school's guidance office to improve mental health and address its associated risk factors.

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