

Sustaining Mental Health Programmes in Philippine Higher Education Institutions: Aligning Policies, Evaluating Impact and Responding to COVID-19 Challenges

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☞ This study investigates the sustainability of mental health programmes in Philippine higher education institutions amid the COVID-19 pandemic, examining the extent to which programmes align with the Philippine Mental Health Act, integrate monitoring and evaluation mechanisms, and respond to the needs of students, faculty and staff. Using a descriptive qualitative design, the study combines a scoping review of 23 institutional documents with focus group discussions involving key stakeholders. The findings reveal that higher education institutions prioritised awareness campaigns, counselling services and wellness initiatives during the COVID-19 pandemic, which accelerated the adoption of online counselling and preventive education. Programme implementation was, however, uneven: monitoring and evaluation systems were inconsistently applied, stigmatisation continued to limit help-seeking and access to services varied across institutions. Limited resources and institutional readiness further constrained programme sustainability. The study highlights the importance of embedding robust monitoring systems, expanding stigma-reduction initiatives and ensuring equitable access to mental health services. Sustaining these programmes requires the alignment of systemic, motivational and behavioural strategies, so that mental health support becomes a lasting component of higher education practice.

Keywords: mental health programmes, higher education institutions, COVID-19 pandemic, Philippine Mental Health Act, monitoring and evaluation

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Ohranjanje programov za duševno zdravje v filipinskih visokošolskih ustanovah: usklajevanje politik, ocenjevanje vpliva in odzivanje na izzive pandemije covid-19

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~ Ta študija preučuje trajnostnost programov za duševno zdravje v filipinskih visokošolskih ustanovah med pandemijo covid-19, pri čemer preučuje, v kolikšni meri so programi usklajeni z zakonom o duševnem zdravju na Filipinih, vključujejo mehanizme spremljanja in ocenjevanja ter odgovarjajo na potrebe študentov, profesorjev in osebja. Študija uporablja opisni kvalitativni pristop in združuje pregled 23 institucionalnih dokumentov ter diskusije v fokusnih skupinah, v katerih so sodelovale ključne interesne skupine. Ugotovitve kažejo, da so visokošolske ustanove med pandemijo covid-19 dale prednost ozaveščevalnim kampanjam, svetovalnim storitvam in pobudam za dobro počutje, kar je pospešilo uvedbo spletnega svetovanja in preventivnega izobraževanja. Izvajanje programov pa je bilo neenakomerno: uporaba sistemov spremljanja in ocenjevanja ni bila dosledna, stigmatizacija je še naprej omejevala iskanje pomoči, dostop do storitev pa se je med ustanovami razlikoval. Omejenost virov in institucionalne pripravljenosti je dodatno omejevala trajnostnost programa. Študija poudarja pomen vključevanja robustnih sistemov spremljanja, širitve pobud za zmanjševanje stigmatizacije in zagotavljanja enakopravnega dostopa do storitev duševnega zdravja. Za trajnostnost teh programov je potrebno usklajevanje sistemskih, motivacijskih in vedenjskih strategij, da bo podpora duševnemu zdravju postala trajna sestavina visokošolske prakse.

Ključne besede: programi duševnega zdravja, visokošolske ustanove, pandemija covid-19, zakon o duševnem zdravju na Filipinih, spremljanje in ocenjevanje

Introduction

The COVID-19 pandemic significantly impacted the mental health of people worldwide (Htay et al., 2020; Cvitković et al., 2024), **resulting in disruptions** to everyday routines and heightened levels of stress and anxiety, hence creating a greater demand for mental health services, especially within higher education institutions (HEIs).

Before the pandemic, mental health had emerged as a critical issue within HEIs, driven by the intersectional social identities of students and academic stress (Cleofas, 2020; Flatt, 2013; Clark, 2017), both of which affect educational performance (VanderLind, 2017). Studies have indicated a lack of comprehensive strategies addressing student mental health (Pogrmilovic et al., 2021; Plata, 2020; Winzer et al., 2018). Nonetheless, online platforms have shown potential in improving communication and fostering well-being (Barrable et al., 2018). Overall, the mental health programmes implemented by HEIs have exhibited minimal effects, with their long-term efficacy dependent on their integration as a permanent component of the institution and their ability to address the potential for student attrition (Douwes et al., 2019). Although supervised methodologies, such as mindfulness and cognitive-behavioural techniques, demonstrate significant efficacy (Martineau et al., 2017), evaluations reveal a lack of evidence regarding programme sustainability (Litwiller et al., 2021; Reis et al., 2022).

Post-pandemic evaluations reveal that specific therapies, such as mindfulness and cognitive-behavioural therapy (CBT), maintain efficacy (Worsley et al., 2022) but the long-term sustainability of these strategies is still uncertain. A restricted number of programmes were systematically implemented or assessed, highlighting a continual shortcoming in policy and practice (Suyo-Vega et al., 2022). Although HEIs have advanced in implementing short-term solutions, comprehensive long-term frameworks remain underdeveloped.

Many studies on the mental well-being of college students during the pandemic have indicated that students who are engaged in remote learning often experience high levels of stress due to factors such as hectic schedules, challenging classes and issues with internet connectivity (Son et al., 2020; Rotas & Cahapay, 2020), while the lack of private study spaces and inadequate housing arrangements further contribute to their distress (EDUCAUSE, 2021). Limited social interaction with friends and lecturers (Rahmawati, 2021), difficulty in understanding the lecture material, and a higher workload represented added challenges for students during online learning (Sriati, et al., 2024), while various challenges further aggravate the difficulties of students with disabilities (EDUCAUSE, 2021). A pre-pandemic whole-system approach to addressing higher

education students' mental health issues has been emphasised (Nurunnabi et al., 2020, Chessman et al., 2020), along with the need for regular and compassionate university communication (ACE, 2020), and immediate and efficient mental health assistance (Ballester, 2021) utilising online platforms (Toquero, 2020).

The Philippine Mental Health Act of 2018 (*Republic Act No. 11036*, 2018) aims to provide comprehensive mental health services and protection for individuals with mental health conditions in the Philippines. It establishes a national mental health policy to enhance mental healthcare access, promote mental health education and integrate mental health services into the healthcare system. The Act emphasises the rights of individuals with mental health needs, including protection from discrimination, access to treatment and rehabilitation. It also mandates mental health programmes in educational institutions and workplaces in order to promote mental well-being. An investigation conducted by Steptoe et al. (2007) indicated the extent of depressive symptoms among university students aged between 17 and 30 years in 23 countries, thus highlighting the need to establish and manage a sustainable support system focusing on mental health problems in universities. One innovative response would be to explore the transformation of existing psychotherapeutic interventions from manual to electronic-based approaches, in the form of smartphone implementation of web-based psychotherapy, or so-called Digital psychotherapy (Andrews et al., 2018; Weightman, 2020). Moreover, it may be useful to develop a brief intervention to improve access to effective psychological interventions (Taylor et al., 2019).

Theoretical Framework

The present research on mental health programmes in Philippine higher education institutions (HEIs) is guided by three interconnected theories – Ecological Systems Theory (EST), Self-Determination Theory (SDT) and the Theory of Planned Behaviour (TPB) – which collectively offer a comprehensive understanding of the processes by which programmes are developed and maintained. Each theory provides a unique but complementary perspective: EST places mental health in the context of larger systems, SDT describes how intrinsic motivation is cultivated and TPB outlines how intentions become actions.

Ecologically, Bronfenbrenner's EST (1979) highlights the fact that mental health is not merely a personal concern but one influenced by several interacting systems. The well-being of students depends on their immediate relationships, the institutional policies of their universities and the broader cultural context, such as the Philippine Mental Health Act and societal attitudes

towards stigma. This situational mapping avoids a limited perspective of mental health and shifts attention to the layers of influence that need to be addressed in programme planning.

From this systemic platform, Self-Determination Theory (Deci & Ryan, 1985; Ryan & Deci, 2000) highlights the psychological needs responsible for making mental health programmes successful. When programmes promote autonomy by allowing individuals a sense of agency, encourage competence by providing coping skills and support relatedness by establishing spaces of belonging, they do more than offer services; they promote intrinsic motivation for participation and long-term wellness. SDT therefore adds the motivational richness needed to complement the structural emphasis of EST.

The Theory of Planned Behaviour (Ajzen, 1991) builds on this approach by explaining how supportive systems and psychological readiness become actual behaviours. The intentions of employees and students to get help rely on their attitude towards mental health, the norm within their institutions and their perceived behavioural control, i.e., their belief that they have the ability and access to seek support effectively.

Research Problem and Research Questions

The present research addresses a gap in mental health studies by offering interdisciplinary perspectives within the context of a pandemic. The findings may inform the development of innovative, disruption-responsive mental health policies and help address the limited availability of such programmes in Philippine HEIs. Specifically, the study examines how HEIs sustain mental health programmes by (1) identifying institutional priorities, (2) analysing framework development, (3) assessing monitoring and evaluation mechanisms, and (4) examining responsiveness during crises such as the COVID-19 pandemic. Guided by these aims, the study seeks to answer the following research questions:

1. What are the mental health priorities of the developed programmes?
2. How was the programme framework developed? What consultation processes were undertaken to develop the mental health programmes in various institutions?
3. What monitoring and evaluation mechanisms were used to measure the programmes' effectiveness?
4. In what ways were the programmes responsive to the pandemic?

Method

The research employs a descriptive qualitative approach conducted in two phases in order to achieve a systematic examination of both institutional documents and stakeholder views. The design was selected to offer a thorough description of how mental health programmes are created, aligned to policy and maintained in Philippine HEIs.

Participants

The participants were selected using a stratified sampling method, with specific criteria guiding the selection. Eligible participants included individuals responsible for developing mental health-focused programmes at the HEI, mental health practitioners, academic or administrative staff partners, and student leaders aged 19 or older who are currently enrolled in an HEI (Table 1).

Table 1

Participants of the study

Key Stakeholder	<i>n</i>
Human Resource Manager	1
Faculty Union President	1
Non-Teaching Personnel President	1
Graduate Student Council President	1
College Dean	1
Institute Director	2
College Associate Dean	4

Note. *n* - number of individual participants.

Instrument

The primary research instrument consisted of a semi-structured interview and a focus group discussion (FGD) guide, supplemented by an informed consent form. The instrument was designed to elicit comprehensive insights into the design, implementation and responsiveness of mental health programmes in Philippine HEIs during the COVID-19 pandemic.

The informed consent form outlined the study's purpose, scope and ethical considerations, ensuring that the participants were fully aware of their rights, including voluntary participation, the option to withdraw at any time

and confidentiality safeguards.

The interview and FGD guide covered key areas such as awareness of institutional mental health programmes, programme components, target recipients, development processes, consultation mechanisms, and monitoring and evaluation strategies. Tailored prompts were included for different stakeholders: administrators and programme designers, faculty and staff, and students and student leaders. The guide concluded with open-ended questions to capture additional insights and recommendations.

In order to ensure validity, the instrument underwent expert review by senior researchers in education and psychology, who assessed the clarity and relevance of the questions, as well as their alignment with the study objectives. Feedback from this process informed revisions to wording and sequencing. A pilot interview was also conducted to check flow, comprehensibility and timing, which further refined the final version.

Research Design

Research was conducted in two phases.

Phase 1: Document Review

The initial step was an evaluation of publicly available mental health policies and programmes on the official websites of HEIs ($n = 23$). Twenty-one private and two public institutions were considered since they had published accessible materials describing their mental health programmes. The scoping process identified higher education institutions (HEIs) with existing academic staff and student mental health programmes that involve mental health professionals to address the mental health needs of students, instructors and staff. The investigation examined the programmes' alignment with the Philippine Mental Health Act (RA 11036) and the HEIs' pandemic-related innovations for academics. Similar design programmes were documented and institution-specific programmes were contextualised. This phase produced (1) a description of the mental health programme and staff of each HEI, (2) a logical framework for designing and developing programmes aligned to the Philippine Mental Health Act, and (3) a description of processes and best practices for implementing the identified mental health programmes.

Phase 2: Focus Group Discussions (FGDs)

The second phase verified and built upon Phase 1 results through FGDs between the stakeholders who were most directly engaged in programme

design and delivery. The FGDs were conducted both in- person and via video conferencing with key stakeholders, including programme developers, advocates, implementers and institutional heads involved in creating mental health programmes in the selected HEIs. These discussions aimed to gather insights into the priorities, frameworks, processes and monitoring mechanisms used in developing and evaluating mental health initiatives within the respective institutions. Additionally, the participants were asked to reflect on the responsiveness of the programmes to the COVID-19 pandemic and to provide recommendations for improving mental health services in HEIs.

Data Analysis

The FGD sessions were recorded and transcribed verbatim before undergoing a thematic coding process. Open coding revealed patterns of ideas, which were further developed into categories in terms of programme priorities, framework building, monitoring systems and the ability to respond to disruptions.

Triangulation was ensured by cross-checking FGD themes and the findings of Phase 1 documents, in order to ensure consistency between institutional texts and stakeholders' accounts. Themes were also provided to a sub-sample of participants for checking and validation, which enhanced the validity of the analysis.

The research was guided by Lincoln and Guba's (1985) paradigm for achieving trustworthiness in qualitative inquiry. Credibility was enhanced by triangulation and member checking; transferability was facilitated by offering rich descriptions of the contexts in the institutions that were researched; dependability was met by an audit trail of analytic choices; and confirmability was enhanced by reflexive memoing and peer debriefing among members of the research team.

Results and Discussion

Phase 1: Scoping Review on the Alignment of the Programmes with the Philippine Mental Health Act (RA 11036)

Mental health is critical to the well-being and academic success of students in HEIs. Programmes that provide resources and support are essential for fostering a positive academic environment. In the Philippines, mental health programmes in HEIs are still evolving, with many institutions only recently prioritising these initiatives in response to the COVID-19 pandemic (Toquero, 2020). Phase 1 of the study involved a scoping review of mental health

programmes in HEIs, assessing their alignment with the Philippine Mental Health Act and exploring their response to the unique challenges posed by the pandemic.

On Support for Students

The scoping review revealed that mental health programmes in HEIs primarily focused on raising awareness, supporting at-risk students and facilitating access to mental health services. From the perspective of Ecological Systems Theory (Bronfenbrenner, 1979), these efforts reflect the interaction between multiple environmental systems; for instance, the microsystem involves direct interactions between students and mental health professionals, while the exosystem reflects the influence of institutional policies, such as the Philippine Mental Health Act, on programme development.

Raising awareness through social media campaigns, student wellness programmes and workshops illustrates how the mesosystem – the connections between students and their institutional environments – plays a critical role in shaping student well-being. Programmes that aim to improve awareness and well-being also engage broader community support, involving families, schools and other social institutions. These multi-level interventions align with Bronfenbrenner's theory by addressing both immediate and extended environmental factors that influence mental health (Bronfenbrenner, 1979).

Identifying and Supporting At-Risk Students

Mental health programmes that identify and support at-risk students address core psychological needs as described by Self-Determination Theory (SDT) (Deci & Ryan, 1985). SDT posits that the fulfilment of autonomy, competence and relatedness is essential for psychological well-being. Programmes that provide online psychological testing, counselling services and peer facilitation empower students by giving them a sense of control over their mental health (autonomy), improving their ability to cope with challenges (competence) and fostering connections through peer support systems (relatedness).

For example, the provision of online counselling via platforms like Zoom and MS Teams offers students flexible access to mental health support, helping them feel more competent in managing their emotional and academic challenges. Peer facilitation programmes, whereby students are trained to provide psychosocial support to their peers, foster a sense of community and belonging, thus addressing the need for relatedness. These interventions are critical for ensuring that at-risk students do not feel isolated or unsupported, especially during times of crisis such as the pandemic.

Facilitating Access to Mental Health Services

Ajzen's Theory of Planned Behaviour (TPB) helps explain variation in the use of available services. Even where programmes existed prior to the pandemic, subjective norms influenced by attitudes towards mental health, dominant institutional norms and perceived accessibility determined help-seeking behaviour. Institutions that devoted resources to awareness campaigns and normalised discussions of mental health established subjective norms favourable for utilisation. Systematic referral systems also raised students' and staff's perceived control of behaviour, making it simpler to follow through on intentions to seek support. Conversely, where stigma remained or services were inadequately communicated, attitudes and perceived obstacles reduced the chance that individuals would make use of available assistance. TPB therefore highlights the inadequate availability of programmes, while institutional culture and communication strategies determine whether people translate their needs into action.

HEIs that implement structured referral systems, whereby teachers work with guidance counsellors to support students, address students' perceived behavioural control by making services easily accessible. Referral systems to external professionals, such as psychiatrists or hospitals, further reduce barriers to accessing specialised care. Additionally, the use of networks and linkages with other institutions for continuous professional development ensures that faculty and staff are well equipped to provide the necessary support, reinforcing the subjective norms that normalise help-seeking behaviour. By addressing these key factors, HEIs can create an environment where students feel empowered and supported in managing their mental health challenges.

On Support to HEI Personnel

The examination of documents revealed that HEIs provide essential mental health support to their employees through various initiatives, including (1) webinars and training on mental health awareness, (2) wellness programmes, and (3) access to mental health resources.

Webinars and Training on Mental Health Awareness

HEIs have organised webinars and seminars to enhance mental health awareness among their employees; for instance, one university conducted seminars focusing on how to assist staff and students experiencing psychological and emotional distress. This aligns with Ecological Systems Theory (EST), which emphasises the importance of the microsystem, where individual interactions occur, and the mesosystem, where connections between individuals

and their institutional environment are crucial (Bronfenbrenner, 1979). By equipping employees with the skills to recognise warning signs of distress in their colleagues and students, these programmes foster a supportive microsystem that encourages early intervention.

Moreover, a webinar on self-care strategies during crises illustrates the proactive approach taken by HEIs to support their employees' mental health. This initiative directly addresses the need for **autonomy and competence** outlined in SDT (Deci & Ryan, 1985). Employees who learn self-care techniques gain a sense of control over their well-being, which can empower them to manage stress more effectively.

Wellness Programmes

Many HEIs have introduced wellness programmes aimed at enhancing the mental and physical health of employees; for example, the Tele-Health and Wellness Programme encourages an active lifestyle through personalised exercise sessions. This initiative aligns with SDT's focus on relatedness, as it fosters connections between employees and promotes a sense of community within the institution (Ryan & Deci, 2000). Additionally, wellness programmes designed to educate staff on managing stressors reflect a whole-systems approach by integrating mental health into the institutional culture.

Training for security and support staff on handling mental health crises is another important initiative that illustrates the application of TPB (Ajzen, 1991). By equipping personnel with the skills to manage crises, HEIs shape the subjective norms surrounding mental health support. When employees are trained to recognise and respond to mental health issues, it encourages a culture of support and reduces the stigma associated with seeking help.

Access to Mental Health Resources

In order to combat the stigma surrounding mental health, HEIs are actively working to create inclusive environments that ensure equitable treatment for employees facing mental health challenges. This is consistent with EST, which underscores the importance of the macrosystem, including cultural attitudes towards mental health. By emphasising inclusivity and reducing stigma, HEIs can create an environment that supports open discussions about mental health and encourages employees to seek help without fear of discrimination.

Access to mental health resources, such as counselling services and psychological evaluations, plays a crucial role in supporting employees. During the pandemic, HEIs expanded their counselling services online, making them more accessible to faculty and staff. This initiative reflects the principles of TPB

by enhancing perceived behavioural control: when employees can easily access mental health support, they are more likely to engage with these services (Ajzen, 1991). Furthermore, the implementation of online counselling provides a convenient means for employees to prioritise their mental health from the comfort of their homes, reinforcing the importance of institutional support in enhancing well-being.

Phase 2: Themes Underpinning the Responsiveness of Mental Health Programmes in Philippine HEIs to Disruptions

The following section outlines the results of Phase 2 of the study, incorporating responses from the participants to discuss the priorities of the mental health programmes, the development of the programme framework, monitoring and evaluation mechanisms, and the responsiveness of these programmes to the pandemic.

Priorities of Mental Health Programmes

The participants indicated varying levels of awareness regarding the mental health programmes at their institutions. While some recognised the overarching goals and relevant departments, others had a more nuanced understanding of the programme's framework. The following points summarise the mental health priorities expressed by the study participants.

Wellness

When discussing the components of the mental health programmes, wellness emerged as a critical focus. One participant shared, “...to my knowledge, it also provides support to any mental health-related issues. Not just mental health issues, it is also focused on the general and overall wellness of the faculty and staff.” This emphasis on overall wellness aligns with SDT, which posits that fulfilling basic psychological needs such as competence and relatedness is essential for promoting well-being (Ryan & Deci, 2000). By prioritising wellness, HEIs create an environment that supports both personal health and community building, fostering a sense of belonging among faculty and staff.

Provision of Counselling Services

Another priority identified is the provision of counselling services. One participant noted, “[It includes] mental therapeutic sessions for faculty and students. Based on my knowledge, most of the recipients of this service are students. Services were available even in the time of the pandemic and after the pandemic.” This responsiveness highlights the importance of accessible mental health resources,

which aligns with TPB (Ajzen, 1991). When mental health services are readily available, it increases the perceived behavioural control of individuals seeking help, thereby enhancing their likelihood of engagement with these services.

Target Recipients

All personnel, including students, faculty and staff, are considered priorities within the university's mental health programme. One participant emphasised that this was the case, "*regardless of employment status, including the regular, the permanent, the casual, and the contractual employees*". This inclusive approach resonates with EST, as it acknowledges the interconnectedness of different roles within the institution and the collective responsibility for mental health support (mesosystem). By recognising the needs of all community members, HEIs can foster a more cohesive support system.

Development of the Programme Framework

The development of the programme framework is crucial for establishing effective mental health initiatives. The participants highlighted various processes involved in this development.

Collection of Feedback

The participants noted the importance of gathering feedback during council meetings in order to ensure quality and promote collaboration. This participatory approach is essential for creating programmes that meet the needs of the community, reflecting the principles of EST. When stakeholders are actively involved in the decision-making process, it enhances the relevance and effectiveness of the programmes implemented (Bronfenbrenner, 1979).

Bronfenbrenner's ecological theory emphasises the ways in which programme outcomes are influenced across a range of systems. At the microsystem level, face-to-face interactions between students and counsellors or peer facilitators were found to be essential to promoting well-being, particularly during the pandemic. At the mesosystem level, connections between faculty, administrators and student groups determined whether mental health services were promoted and utilised. At the macrosystem level, the Philippine Mental Health Act gave a national policy framework, but cultural norms concerning stigma habitually restricted its translation into practice. The ecological model clearly suggests that **successes were achieved when institutions promoted coherence across such layers, integrating mental health not only in individual counselling services but also in institutional culture and national discourse.** In contrast, programmes failed where institutional linkages or stigma weakened otherwise strong structures.

Legal Compliance and Benchmarking

The alignment of mental health initiatives with relevant laws, such as the Safe Spaces Act (RA 11313) and the Magna Carta for Persons with Disability (RA 7277), underscores the importance of adhering to regulations that guide programme development. One participant mentioned that the university follows these laws to ensure compliance and comprehensive mental health initiatives. Benchmarking against best practices from other institutions allows HEIs to enhance their programmes, reflecting an understanding of the broader context in which they operate. The alignment of HEI policies and programmes on mental health with those of national laws relevant to mental health shows the interrelationship of the exosystem (institutional policies) and the macrosystem (national mandates) through the lens of EST.

Needs Analysis

The identification of community needs is vital for the successful implementation of programmes. By conducting thorough consultations and collaborating within the university, the participants emphasised that programmes could be tailored to meet the specific needs of their communities. Specifically, one of the participants stated that needs analysis must focus on different levels, “...at the level of the faculty, level of the supervisors, level of the experts...Because not all needs are known by each sector”. Another participant reiterated a similar targeted needs analysis strategy for students in particular, “For example, they [the Office of Student Affairs] can provide data on how many students have these concerns and we talk about it. What are the specific concerns of students? And we also refer students.” This targeted approach fosters a sense of ownership and commitment among stakeholders, promoting engagement and support for mental health initiatives for each sector. Such an approach resonates with EST, specifically the interrelationship between the exosystem and the microsystem: there is a need to align institutional policies (exosystem) to the personal needs of each stakeholder or sector (microsystem).

Monitoring and Evaluation Mechanisms

Monitoring and evaluation are critical for assessing the effectiveness of mental health programmes. The participants noted that while evaluation forms provide a structured method for measuring programme effectiveness, there are challenges related to the dissemination of results. One participant remarked, “we did not receive a report like feedback on it, but the activities were done continuously. I can't recall in any of our meetings that there are results that have been described when it comes to the engagement of the faculty.” This highlights a gap

in the monitoring system. The need for improved evaluation mechanisms was also raised by one of the participants: “...I saw the report...they were able to help (people). But with regards to effectiveness, I am not sure.”

The feedback reflects the importance of transparency and communication in fostering a culture of continuous improvement. By implementing a robust evaluation framework, HEIs can enhance their monitoring processes and ensure that mental health programmes remain responsive to the needs of students and staff, which is consistent with the objectives of TPB (Ajzen, 1991).

Responsiveness of the Programmes to the Pandemic

The participants expressed their views on the effectiveness and responsiveness of mental health programmes during the COVID-19 pandemic.

Accessible Counselling Services

The participants highlighted the provision of counselling services, stating that such services aided the understanding and acceptance of mental health assistance during the pandemic. One participant mentioned the implementation of bereavement sessions and wellness activities, reflecting the adaptability of programmes in response to emerging needs. This responsiveness showcases how HEIs can fulfil the psychological needs outlined in SDT, particularly relatedness and competence, by providing timely and relevant support (Ryan & Deci, 2000).

Flexible Activities

The adaptability of the institutions was evident in their flexible approach to offering activities in both face-to-face and virtual formats. One participant noted the importance of this flexibility, stating that it catered to students and employees in diverse contexts. This adaptability aligns with EST, which emphasises the need for systems to respond effectively to changes in the environment (Bronfenbrenner, 1979).

Preventive Education and Wellness Checks

An integral aspect of the programme’s response involved preventive education and regular wellness checks. One participant articulated the necessity of these components, highlighting their role in maintaining mental health for optimal productivity. By focusing on preventive measures, these patterns support SDT. Programmes like peer facilitation, wellness breaks and cyber-counselling worked because they spoke directly to the psychological needs of autonomy, competence and relatedness. Students and staff appreciated having

opportunities to take action in pursuing help, to build skills for resilience and to bond as part of a larger whole. These programmes were adopted not merely because they were available, but because they made participants feel agentic and accepted. Conversely, programmes that were presented mainly as policy compliance, and not as something offering choice or belonging, were less likely to engage the community in a meaningful way. SDT explains why some interventions that were structurally sufficient did not attract strong participation: they did not address these fundamental motivational needs.

Offering Recreational Activities

A range of recreational activities were made available to help employees cope during challenging times. Participant P8 shared that the university offered tea breaks, sharing sessions and creative pursuits, thus reinforcing the importance of relatedness and community support as described in SDT.

Implementation of Wellness Breaks

The participants discussed the introduction of wellness breaks, which provide essential breathing space for students and employees. One participant, P7, noted that the continuation of wellness breaks beyond the pandemic signifies their institutionalisation and sustained impact. This reflects a recognition of the need for ongoing support and well-being, which aligns with the overall goals of mental health programmes.

Despite these encouraging efforts, the participants reported that maintaining mental health programmes is limited by restricted budgets, unequal institutional readiness and differential acceptance on university campuses. One of the participants stated that, *“In designing (mental health programmes)...it was a challenge...because there was no funding...(yet) it was approved by the Board of Regents as policy.”* The same participant also mentioned that not all people easily accept talking about mental health, which makes it hard to implement these programmes regularly. This reinforces the fact that funding, institutional readiness and cultural consensus all contribute to influencing the sustainability of programmes.

Specifically, ongoing stigma mirrors the difficulty in changing subjective norms, as described by TPB, thus underscoring the need to institutionalise openness and acceptance.

Combining the aforementioned three approaches fortifies the explanation of the results: EST locates institutional behaviours in wider systems, SDT accounts for the motivational conditions under which programmes are rendered significant, and TPB elucidates how conditions are translated into tangible actions.

Together, these theories demonstrate that promoting mental health programmes in HEIs demands alignment across various levels: policies have to establish enabling systems, programmes have to address psychological needs, and institutional strategies have to influence attitudes and norms conducive to help-seeking. When these levels converge, mental health interventions tend to move beyond compliance and are more likely to be embedded in institutional practice and culture.

The integration of the aforementioned theories within the systems of mental health practices in HEIs also underscores why some gaps persist. Weaknesses in monitoring and evaluation, for instance, not only express technical deficiencies but also systemic disconnections (EST), lost opportunities to involve participants in significant feedback (SDT), and narrow communication that determines perceptions of transparency and accountability (TPB). Likewise, present stigma can be deciphered as a macrosystem challenge (EST), an obstacle to relatedness and belonging (SDT), and a determiner of attitudes and subjective norms (TPB). By interweaving these strands, the research emphasises the fact that maintaining mental health in HEIs cannot depend on stand-alone interventions but requires systemic congruence, motivational awareness and cultural change.

Implications for Policy and Practice

Based on the study's findings from both Phase 1 and Phase 2, several key implications for policy and practice emerge. First, HEIs should reassess the social contexts and environments of their students, faculty and staff, as mental health concerns often stem from role strain. In order to address this, the creation of a comprehensive database detailing the mental health profiles of students, faculty and non-teaching personnel would enable institutions to better understand and address these intersecting stressors.

While many HEIs already offer a range of mental health services, increasing awareness about the availability and accessibility of these services remains a critical area for improvement. HEIs should continue to raise awareness within their communities to ensure mental health services are visible and accessible across the institution. Moreover, administrative support must be reinforced to sustain institutional commitment to improving existing mental health programmes, such as providing essential facilities, promoting wellness breaks and refining employee policies, while also implementing new initiatives.

It is also crucial that HEIs hire trained professionals to provide mental health services and equip existing staff – such as officials, faculty and non-teaching personnel – with the skills to promote well-being and identify those in need

of psychological and emotional support. Finally, HEIs should revisit and improve their monitoring and evaluation systems for mental health programmes. Enhancing these mechanisms is essential in order to maintain the effectiveness and efficiency of mental health initiatives, thus ensuring they remain responsive to the evolving needs of the academic community.

Limitations of the Study

The study acknowledges several limitations. First, the scope of the document review was limited to HEIs with publicly available mental health policies, potentially excluding institutions with informal or unpublished programmes. Second, the focus group discussions may not have captured all of the relevant perspectives, as participation was restricted to key stakeholders. Additionally, the study was conducted during the COVID-19 pandemic, which may have influenced the findings due to the unique and evolving challenges of this period. Finally, there is a limitation in the generalisability of the findings, as the study focuses on HEIs in the Philippines and contextual factors may differ in other regions.

Implications for Future Research

Future research could explore several areas in order to further understand and improve mental health programmes in HEIs. Longitudinal studies are recommended to assess the long-term impact of mental health interventions, particularly post-pandemic. Comparative studies between HEIs in different regions or countries could also provide insights into best practices. Additionally, more research is needed to explore the mental health needs of discriminated and vulnerable populations within HEIs, such as female students; students with diverse sexual orientation, gender identity, expression and sex characteristics (SOGIESC); students with disabilities; students from low-income backgrounds; and students from historically-marginalised groups (e.g., those with minority ethnic backgrounds, students from immigrant families). The effects of interventions that promote inclusive classroom environments (Košir & Žugelj, 2023; Bartulović & Kušević, 2024) can also be explored. Finally, developing and evaluating innovative, scalable mental health interventions using digital platforms would be beneficial, particularly in response to resource limitations and the need for flexible service delivery models.

Conclusions

The study concludes that while mental health programmes in Philippine HEIs have evolved in response to the pandemic and the requirements of the Philippine Mental Health Act, there are still significant areas for improvement. The alignment of programmes with legal frameworks has fostered a structured approach to mental health, but challenges remain in the areas of stigma, resource allocation and monitoring effectiveness. The findings highlight the need for continued institutional support, capacity building and comprehensive evaluation mechanisms in order to ensure that these programmes remain responsive to the evolving needs of the academic community. By addressing these challenges, HEIs can create a more supportive environment that promotes the mental well-being of students, faculty and staff.

Ethical Statement

This study has been approved by the Philippine Normal University (PNU) Research Ethics Committee (REC) with REC code 11121-195.

Data Availability Statement

The data supporting the findings of this study are not publicly available due to ethical and confidentiality considerations and cannot be shared.

Disclosure Statement

The authors have no conflict of interest to declare.

In the preparation of this article, the authors used ChatGPT (version 5.2) on 22 September 2025 for language editing purposes. The specific prompt used was: "Please edit the following academic manuscript for language clarity, grammar, coherence, and overall readability. Improve sentence structure and flow while preserving the original meaning, argument, and citations. Do not add new content, references, or interpretations. Ensure that the tone is formal, concise, and suitable for submission to a peer-reviewed journal. Retain all technical terminology and in-text citations exactly as written. Provide a polished version of the text." No content generated by the tool was used without critical review and substantive revision by the authors. The authors assume full responsibility for the final content and its scholarly integrity.

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