Research Article

Mental Well-Being of AIMS Students During the Pre-Pandemic: A Case Study

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ABSTRACT

Using the Qualitative method, 25 AIMS students participated, sharing their mental health perceptions, status, and recommendations through Focus Group Discussions (FGD). Demographics show participants aged 18-22, mostly male, single, and Roman Catholic, with a significant representation from maritime programs. Clinical profiles reveal varied family arrangements, active campus involvement, full study loads, and some engagement in drinking and smoking. Mental health is mostly associated with cognition, with concerns including eating habits, sleep, medical issues, anxiety, and depression. Family-related stressors are primary, leading to emotion-focused coping strategies. Physical/social activities, education, and psycho-spiritual practices are suggested for promoting mental health on campus. The findings inform the development of mental health initiatives for the institution, emphasizing holistic well-being.

The study findings indicate that mental health, as perceived by these students, predominantly revolves around cognitive aspects. Concerns encompass eating habits, sleep patterns, medical issues, anxiety, and depression. The primary stressors identified are related to family dynamics, leading students to employ emotion-focused coping strategies.

To promote mental health on campus, students recommend a multifaceted approach encompassing increased participation in physical and social activities, heightened educational efforts and awareness, and the incorporation of psycho-spiritual practices. These insights serve as a foundation for the development of tailored mental health initiatives within the institution, emphasizing the holistic well-being of AIMS students.

Keywords: *Anxiety, Asian Institute of Maritime Studies (AIMS), Coping Strategies, Mental Health, Stress*

Introduction

The World Health Organization, as stated by Ozorio in 2011, provided a definition of mental health as "a state of mental well-being that allows individuals to effectively deal with life's challenges, realize their potential, learn, work, and contribute to their community." How individuals cope with life's stresses varies based on what they perceive as effective in handling difficult situations. These coping strategies play a significant role in determining their mental health status. Given these definitions, it is crucial to emphasize the importance of maintaining good mental health. This ensures that people not only strive for personal success but also play a role in empowering others. Sustaining good mental health involves going beyond self-focus and discovering the capacity to support others, highlighting the significance of individual mental health management.

Conversely, using controlling or coercive methods to protect adolescents from making risky decisions may push them further toward pursuing autonomy in unintended directions, as observed by Davis and McQuillin (2021) and cited in Bohnsack (2021). Carter (2018) argued that parents who are overly controlling and maintain a managerial role can provoke rebellion in their children. Many teens with overly controlling parents may outwardly agree with strict rules but then break them when given the chance. This behavior doesn't necessarily indicate disobedience but rather a need to regain a sense of control over their lives. In the latter scenario, where adolescents experience mental health problems due to overly controlling or coercive parenting, there are significant consequences that often accompany these issues. According to the Centers for Disease Control and Prevention (2021), poor mental health in adolescence goes beyond simply feeling down; it can have a wide-ranging impact on various aspects of a teenager's life. Adolescents with poor mental health may encounter difficulties in school, struggle with decision-making, and experience negative effects on their overall health.

Furthermore, these mental health challenges often coincide with other health and behavioral risks, such as an increased likelihood of engaging in drug use, experiencing violence, and engaging in risky sexual behaviors that can lead to the transmission of HIV, STDs, and unintended pregnancies. Since many health behaviors and habits are established during adolescence and persist into adulthood, it is of paramount importance to support young people in developing and maintaining good mental health.

This study is aimed to examine the occurrence of similar cases in AIMS campus in relation to the findings of related literature on mental health. Some referral cases on mood problems, suicidal tendencies, and aggressive behavior were reported to the Guidance and Counselling Office (GCO) from July to November, 2019. These cases were managed through counseling session and sessions with parents and 'guardians. Data generated from this study will be utilized to design intervention programs which include preventive and remedial measures for those afflicted with mental health issues.

Statement of the Problem. This research investigated the mental health of the participants specifically, to answerthe following questions:
1. What is demographic and clinical profile of the AIMS students?
2. What is the perception of AIMS students towards mental health?
3. What is the current mental health status of the AIMS students?
4. What programs can AIMS students recommend to promote positive mental health in the institution?

Significance of the Study. The results of this study will be of great significance to the following groups: the guidance personnel, faculty, and students and administrators. The guidance personnel will help the school in the development of programs focused on suitable strategies to deal with the peculiarities of mental health issues. On the other hand, the guidance personnel can recommend a program specifically designed for students to prevent the development of mental health problems and its consequences wherein faculty acting as advisers will maintain contact with students. Lastly,

students can avail of the services of a revitalized mental health program.

Scope and Limitations of the Study. This study was limited to the mental health issues of college students of AIMS and therefore was not intended to compare findings between genders. The bases in collecting data were the Focus Group Discussion (FGD) and individual medical profile from Student Welfare Services-Health Services Unit (SWS-HSU). The schedule of interviews was adjusted depending on the availability of participants which were held in the Student Welfare Service-Guidance and Counseling Office (SWS-GCO). Some interviews were cancelled due to overlapping of activities. Sessions were not recorded so the facilitator summarized the notes at the end of the focus group discussion. The FGD, supported by the medical profile of students though robust in content, were limited only to a few students.

The generalizability of the findings was restricted to populations who have similar characteristics or groups that share traits similar to those of the participants of this study, such as year level, course program, age, family profile and others.

Methods

Research Design. The study employed a qualitative method of data gathering and analysis. Data was collected through Focus Group Discussion (FGD) and was interpreted through the use of thematic analyses. FGD is frequently used as a qualitative approach to gain an in-depth understanding of social issues by obtaining data from a purposely selected group of individuals rather than from a statistically representative sample of a broader population (Nyumba, 2018). Thematic analysis, on the other hand, is a technique to identify, analyze, and interpret patterns. It categorizes data into different themes that can be analyzed. Researchers use this method to gain a more indepth understanding of the data.

Data obtained from demographic and clinical profiles, as well as from the qualitative responses of the research participants, served as useful data in examining the perspectives regarding the concept of mental health, the ways of keeping self in good mental health condition, the health issues experienced in the past, and the ways to promote mental health practices in school.

Sampling. A total of 25 students participated in this study. Purposive sampling, a method of handpicking the samples, was utilized in this study to ensure that the group of respondents is a representative sample, which demonstrates the characteristics chosen to identify the sample, areclosely represented by the characteristics chosen to identify research participants. The Social Welfare Service (SWS) administered three batches of FGDs from participants referred by the peer facilitators and recruited by the SWS Head, a Registered Guidance Counselor who expressed interest in the design of mental health practices for the campus in the 2nd and 3rd Trimester of the academic year, 2019-2020. The conduct of FGD was subject to the availability of participants at the time the study was conducted.

Research Participants. Below is the demographic profile of participants elucidating their ages, religion, gender, ordinal position, living arrangement, involvements in organization, type of study load, concernswith their professor, and overall health status. Respondents are 25 AIMS students across programs/ year levels, with ages ranging from18-22, all single, Roman Catholics with female subjects being outnumbered by 21 male participants who belong to BSMarE, BSMT, or BS NAME programs.

Participants' classification of ordinal position is distributed among the participants from the eldest to the youngest post, with the middle post yielding the highest number of participants, 16succeeded by the eldest, 8, and youngest, 1. Out of 25 participants, 21 are living with their immediate families, 1 with relatives, and 3 are living alone with good housing conditions recorded for all participants.

Moreover, respondents' involvement in organizations is quite high with 22 engaged in organizations in/outside the campus, and having full study load, 2 studying and managing a businessat the same time, while one didn't indicate a specific answer. Among the participants, 13 expressed problems with professors.

Data generated from the students' medical profile (Sept 2019) indicated that 9 are occasional drinkers, 2 are alcoholic drinkers, and 2 are smokers. Six of the participants are overweight, and five are reported as obese. As a result, 13 respondents were advised to reduce weight, 12 to modify their lifestyle and 2 to monitor their blood pressure.

Research Instrument. The FGD was guided by an unstructured questionnaire formulated and validated by the SWS Head upon review of literatures and data obtained from students. The following questions were utilized in the conduct of the FGD:
1. What is your idea of mental health?
2. What are the health issues you experienced in the past?
3. What are your sources of stress?
4. How do you keep yourself in good mental health condition?
5. In what ways can we promote positive mental health practices in school?

Prior to the conduct of FGD, participants signed a contract of voluntary participationfor the research. They also filled up a personal information sheet indicating their demographic profiles such as gender, religion, type of academic load, living arrangement, etc. To further substantiate their individual information, the clinical profile of the participants, which was filed at the Health and Services Unit (HSU), was also used in this study.

Data Collection Procedure. The Peer Facilitators group was given the orientation by the SWS Head regarding the study and was tasked to invite students who would like to be part of the design of the mental health intervention program on campus. Students who expressed interest in the study were scheduled for FGD depending on their availability. Interviews were conducted in three batches during their free time. FGDs were not recorded but summarized at the end of each group interview. The conduct of FGD began in the month of November 2019 and ended in January 2020.

Data Analysis. The open-ended questions were treated with thematic analysis, specifically to determine students' perceptions of mental health, their mental health issues, sources of stress, coping styles, and recommendations on mental health practices on the campus. Themes were created from the respondents' qualitative answers according to their relevance to the questions.

Result and Discussion
Demographic and Clinical Profile. The participants were 25 AIMS students across all programs/year levels, with ages ranging from 18-22, all single, Roman Catholics, with female subjects being outnumbered by 21 male participants who belong to BSMarE, BSMT and BSNAME programs.

Participants' classification of ordinal position is distributed among the participants from the eldest to the youngest post, with the middle post yielding the highest number of participants, 16 succeeded by the eldest, 8, and youngest, 1. Out of 25 participants, 21 are living with their immediate families, 1 with relatives, and 3 are living alone with good housing conditions recorded for all participants. Moreover, respondents' involvement in organizations is quite high with 22 engaged in organizations in/outside the campus, and having full study load, 2 studying and managing a business at the same time, while one didn't indicate a specific answer.

Data generated from the students' medical profile (September 2019) indicated that 9 are occasional drinkers, 2 alcoholic drinkers, and 2 are smokers. Six of the participants are overweight, and five are reported as obese. As a result, 13 respondents were advised to reduce weight, 12 to modify lifestyle and two to monitor their blood pressure.

Mental Health Perception. More than half of the participants revealed that they equate mental health with cognitive dimension of well-being. Most participants believed that mental health describes how individuals think, followed by those who described it as a combination of thoughts and feelings. Only a small fraction of participants defined mental health as a combination of thoughts, feelings, and behav-

ior. A review of literature mentioned that research proponents differ in some ways regarding their definition of mental health. WHO's view of mental health as a state of complete well-being (Ozorio, 2011) has evolved to a broadened definition. The Center for Disease Control and Prevention (2021) posited that mental health includes emotional, psychological, and social well- being. It affects how we think, feel, and act. Some respondents missed its holistic development which now includes the physical, emotional, social, and even the spiritual dimension, thus each dimension has to be enhanced to enable students maximize their capabilities and cope effectively with their challenging developmental tasks.

It is important to broaden the concept of mental health for individuals to sustain good/positive mental health condition. To be able to understand and regulate one's behavior, one must increase awareness of the interplay of the different dimensions of mental health -the physical, emotional, social, and cognitive among others.

Table 1. Participants' Concept of Mental Health

Cognitive Perspective	*Combination of thoughts, feelings, and behaviors*
Paano tumatakbo ang utak mo at kung pano kamakisalamuha sa ibang tao.	*It is how you react in your environment, involving theway of thinking. Pag hindi makontrol ang emotions nakakaaffect sa iba.*
Kapag alam mo sa sarili mo na mahaba ang patience mo,then suddenly mabilis kang mainis, not normal or abnormal na ang mental health.	*It is a mental condition. It affects how you react toother people. It has an effect to your body.*
Status ng pag-iisip. It is how you handle the situation.	*Affected emotions, kapag hindi maganda ang iniisip it will reflect on how you will act.*
Mindset, problem in mental health, hindi nagagawa andisang bagay ng maayos, hindi pinagiisipan ang mga desisyon, danger sa sarili.	*Taong may problema na di kinaya ang problema,nabaliw, depression, stressful.*
Problema sap ag-iisip, parang bata pa lang problema.	*Issue, anxiety, self-proclaimed issue*
Problema sa utak, pinanganak na kulang sa pag-iisip.	*Procrastination, unproductivity*
Kapag hindi nakokontrol ang utak.	*Paano tumatakbo ang utak mo at kung pano ka makisalamuha sa ibang tao.*
Paano madevelop yung mental thinking para masabi nahealthy ka.	
Paghahandle ng problems, paano nakakapag isip ng maayos.	
State of being mentally fit.	
More on sa utak, kapag dinadamdam	
Iniisip ng tao.	

Current Mental Health Status. Themes extracted were concerns with eating habits (2), sleeping difficulties (5), andmedical procedure as health issues. Three participants added that they have mental healthconcerns such as insecurities, anxiety, and depression. More than one-fourth have health issues which should be a point of concern since the promotion of health does not only involve prevention/treatment of disease, impairment or disability but also the promotion of mental health. Health issues may be an antecedent to a development of vulnerability to mental health issues or vice versa.

As shown in the Health Services Unit (HSU) medical profile of the participants, fewadmitted

being chronic drinkers, and some of them were advised to reduce weight and modify lifestyle. Therefore, health literacy (capacity to obtain and process and understand basic health information and services) is vital to making appropriate health decisions.

Healthy eating habits like setting a dietary goal should be encouraged, otherwise, theseindividuals are likely to develop further mental health concerns, as weight problem is associated with reduced psychological well-being, alcoholism, depression and low self-esteem.

Table 2. Participants' Health Issues and Mental Health Concerns

Medical Procedure	Lack of Sleep	Eating Habits	Mental Health Issues
Surgery	Sleeping habits – 3 hours of sleeping	Eating habits-2 meals a day only or skips meal due to work overload	Mental HealthDepression Insecurities-Anxiety (hindinakakatulong)

With reference to sources of stress, four themes were extracted. Two-thirds of the respondents' primary source of stress originated from family expectations and finances. Other stressors include uncertainty about the future and one's career path, self-expectations, and mental health. One of the respondents mentioned about problem with friends and another one highlighted traffic as his stressor. These findings were supported by other literature.

According to the Mental Health Center (2016), family relationships can substantially affect mental health, behavior, and even physical health. Numerous studies have shown that social relationships, particularly family relationships, can have both long- and short-term effects on one's mental health. Depending on the nature of these relationships, mental health can be enhanced or impacted negatively.

Table 3. Participants' Source of Stress

Academics	Family	Career	Self-expectations
Academics- pressure from workload,professors, organization	Family expectations, family emergencies,family finances, role in the family	Career, future seems uncertain	Self-pressure,insecurities, capabilities, mentalhealth

Related to respondents' coping strategies, data generated two themes, the problem-focused and emotion-focused strategies. Responses under the emotion-focused seek forms of comfort to relieve self from stress while those under the problem-focused strategy signify ways of actively doing things, doubling efforts and trying harder to make things work.

Some behaviors can serve either function depending on the individual's reason for using them. For instance, seeking support is emotion-focused if the goal is to gain emotional support and reassurance, and problem-focused if the goal is to get practical helpor advice. Majority of the participants utilized emotion-focused strategies more than the problem- focused ones, specifically the leisure activities that provide relief and comfort.

Problem-based coping, as discussed by Morin (2021), proves valuable when you find

the need to alter your circumstances, such as removing a stress-inducing element from your life. For instance, if you are in an unhealthy relationship, addressing your anxiety and sadness may be best achieved by terminating the relationship, rather than solely attempting to soothe your emotions. On the contrary, emotion-based coping comes into play when it becomes necessary to manage your emotions, either because you do not wish to change your situation or because external circumstances are beyond your control. For instance, if you are mourning the loss of a loved one, it is crucial to address your feelings in a healthy manner, as the circumstances cannot be altered.

 According to Belyh (2019), those who use emotion-focused feel that the situation is not something they have a control over, and they do not have the ability to manage or control the cause or root of the problem. For teenagers, a

usual strategy of this type is to call friends and meet up with them for an all-night party, with a lot of booze. They will simply drown themselves in alcohol so they can forget their frustrations, even if only for a night or two. This can be a temporary escape from stress. However, students must be warned in resorting to this coping strategy for it can become addictive and may lead to a much severe mental health problem.

Table 4. Participants' Coping Style with Stressors

Problem-focused Strategies	*Emotion-focused Strategies*
Positive thinking motivate self, look at the bright side, expect the worst, and prepare yourself	*Eating comfort foods (chocolate, ice cream) Eating*
Time management	*Communication with God and serving in church (choir member Connection with God, praying*
Reflecting on resources wasted, failing grades, plan for the future. *Remind myself to let go things beyond one's control.* *Writing problems, reflect at the end of the day.*	*Doing things that you really like: singing, listening to pop music watch funny movies. Aliwin ang sarili, maglaro ng mobile games, computer games, travel, going to the mall, playing basketball, bond with family*
Communicating with friends or best friends. *Communication with family and friends. Talking with few friends.*	*Alcohol – 1 bottle/3x a week, oo nakakatulong gives himcourage to release his emotions*
Communicating with friends/ bestfriends *Communication with family and friends, Talking with few friends*	*Does not think the source of stress*
	Communicating with friends/ bestfriends, family
	Using social media
	Taking care of Pet (kalapati)
	Seek help from psychometricians/ guidance associates
	Taking a rest

Proposed Mental Health Program. More than half of the respondents suggested some mental health practices in the campus. Responses from research question #3 were grouped into three themes, the physical/social activities, educational, and psycho-spiritual activities.

Physical/Social activities surfaced as the most frequent response to promoting mental health in the campus, succeeded by the educational and psycho spiritual programs. Under these physical and social activities is the respondents desire to engage in competition or opportunities where they can enhance their endurance and social skills.

Related to educational programs are information relevant to become proactive in handling developmental tasks such as planning one's career, sustaining motivation, and commitment to one's endeavor among others. Of equal importance too is the psycho- spiritual program wherein students are provided with a venue for self-expression alone or confession with a priest - a way of engaging mind and spirit in handling mental health issues. These suggestions serve as a springboard for the institution to conceptualize a mental health program for students. From the perspective of a broadened, revolutionized, contextual concept of mental health, students' health issues, effective and efficient mental health program can be strategically designed.

While treatments such as medication and psychotherapy are undeniably valuable, individuals dealing with mental health conditions often require ongoing efforts to improve their well-being, even on a day-to-day basis. Some

common self-help recommendations people receive include exercising, meditating, and cultivating mindfulness, which have proven effective for many. However, there are other well-established methods that don't receive as much attention but can be easily integrated into daily routines (Pombo, 2019).

These often-overlooked strategies encompass adopting healthy sleep patterns, engaging in regular physical activity, honing coping skills, problem-solving abilities, and interpersonal aptitude, as well as mastering emotional management. The presence of protective and supportive environments within one's family, at school, and within the broader community is also crucial (WHO, 2021).

Nonetheless, Morin (2021) contends that not all coping techniques are created equal. It can be tempting to opt for quick relief strategies that may, in the long run, lead to more significant problems. Therefore (Pombo, 2019), discovering the right coping mechanism demands time and patience, but its impact on one's emotional state can be profound. If you have encountered limited success with the techniques you've attempted thus far or are interested in expanding your coping toolkit, consider these seven coping mechanisms recommended by mental health professionals: radical acceptance, deep breathing, opposite-to-emotion thinking, engaging the five senses, mental reframing, and cultivating emotional awareness.

Table 5. Positive Mental Health Practices in School

Educational Activities	Physical/Social Activities	Psycho-spiritual Activities
Career path and career orientation	Games/Sports (competition)	AIMS confession hotline
Posters for consultation inthe guidance office	Field trips and out bound tour (trekking)	Freedom wall
Motivational talks Monthly seminar Openforum	Social activities	

Overall, the mental health condition of respondents suggest that they cope using emotion-focused strategies prior to using problem-focused strategies with majority experiencing pressure from academics and expectations from family. Out of the twenty-five participants, more than half of them suggested some mental health practices in the campus.

Based on the results generated, the concept of mental health elicited two themes: primarily mental health as a cognitive dimension of well-being and followed by a combination of thoughts, feelings, and behavior. Most participants believed that mental health describes how individuals think.

Issues on mental health demonstrated 8 themes related to (1) health issues which include (a) eating habits, (b) sleeping difficulties, (c)and medical procedures, [2] sources of stress which pertain to (a) family, (b) uncertainty of the future and one's career path, (c) self-expectations, and (3) coping mechanisms which refer to (a) emotion-focused strategies and (b) problem-focused strategies with (a) commonly utilized by participants.

Lastly, the proposed mental health program illustrated three themes: physical/social; educational; and, psycho-spiritual activities. All data were integrated to serve as guidelines for promoting mental health awareness on campus.

Beyond awareness, the promotion of mental health is equally essential as it reinforces the ongoing importance of caring for one's mental well-being. According to the World Health Organization (WHO) (n.d.), mental health promotion encompasses actions aimed at strengthening the policy environment and employing strategic communication to facilitate network building, engage stakeholders, enhance mental health literacy, and promote behavioral change. Mental health promotion interventions enhance overall well-being and are implemented in the environments where people live, work, learn, and flourish. These interventions encompass mental health programs in schools and workplaces, early childhood initiatives, social support and community engagement efforts, women's empowerment initiatives, anti-discrimination programs, and other endeavors

that address the social determinants of mental health. To maximize their impact, mental health promotion activities must be closely interconnected with mental health services and involve various sectors, both within and beyond healthcare, such as education, labor, social welfare, justice, and the environment.

Conclusion and Recommendations

The research questions were answered based on the responses of the participants and the implications on mental health practices:

Majority of respondents perceived mental health as a function of cognition, while a few described it as a combination of thoughts and feelings. This may serve as guidelines in promoting mental health awareness, a revolutionized concept of mental health to destigmatize mental health concerns. An individual with mental health problems must be viewed from a holistic perspective and handled using a holistic strategic approach.

The current status of the mental health of respondents suggests that a few have health issues, and generally use emotion-focused strategies to deal with their self-doubts, family, and academic concerns. Promoting mental health awareness should include collaboration among significant others, family, and school authorities, wherein individuals with mental health problems must be assisted to utilize a combination of emotion-focused and problem-focused strategies.

Respondents suggested mental health programs on the campus include physical/social, educational, and psycho-spiritual activities which can serve as a springboard for institutional initiatives in sustaining good/positive mental health on the campus.

Recommendations

The following can serve as guidelines to promote mental health awareness:

1. Promotion on the new definition of mental health that can be disseminated through forums, posters, discussions, etc. to destigmatize mental health problems and encourage help-seeking behaviors for those afflicted with these problems.

2. Symposiums for parents focused on enhancing communication skills and identifying warning signs of mental health problems among young adults.

3. Symposiums and fora for faculty on mental health awareness, specifically those who have several referral cases to SWS-GCO.

4. Online recollection week (3 days) wherein students are required to go through the activities supervised by assigned faculty. Homework is submitted on a daily basis and at the end of the recollection, students will receive feedback from the assigned supervisor.

5. Information dissemination/consultation regarding health education initiatives (eg. healthy eating options, ways to cook healthy food, and the importance of keeping hydrated, which include the availability of potable water).

6. Forums on the ramifications of risky behaviors and lifestyle choices (chronic alcoholism, smoking, poor diet, lack of exercise and sleep, etc.) on one's career path and well-being be included. This way, students are assisted not only in addressing: specific health problems but also in developing problem-solving capabilities as well.

Acknowledgement

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