

## UNDERSTANDING MENTAL HEALTH IN THE CONTEXT OF THE *PAGDADALA* (WELLBEING- NARRATIVES) OF FILIPINO COLLEGE STUDENTS

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**Abstract:** Education plays a vital role in promoting mental health (MH). However, there is a lack of a unified, holistic, and contextualized understanding and application of MH processes in an educational setting. With that gap, the study explores the wellbeing (the *pagdadala*) of Filipino college students to broaden the traditional understanding and approach of MH in an educational space. To describe and immerse in the narratives of students, the researcher used Decenteceo's *Pagdadala* (Life Narrative) Model. The participants' wellbeing is multi-faceted, mostly about their academic and personal lives. Anchored in empirical studies and fundamental mental health suppositions, the stories of struggles, sentiments, strengths, culture, and lifestyle of Filipino students cover the essential concerns of mental health. Echoing the voice of students, MH, in an educational space, goes beyond the traditional approach. It requires diving into students' life-realities, developing culture-sensitive and student-centered intervention and measures, and collaboration between MH experts and education stakeholders.

**Keywords:** Mental Wellbeing; Mental-Health; Mental Health Literacy; Wellbeing-Centered Education; Decenteceo Pagdadala Model

### INTRODUCTION

Across geographical, cultural, developmental, and socio-economic diversity, problems related to MH (mental health) have been impacting the lives of people negatively (Aldridge & McChesney, 2018; Shelton et al., 2017; WHO, 2013; UNICEF, 2016). As an immersing worldwide concern, there had been a compelling demand and need to address and prevent mental health issues (RA 11036, 2018; Zeeman et al., Gandhi et al., 2016; National Mental Health Association, 2016; UK Mental Health Foundation, 2016; Lawrence et al., 2015; Ogurchukwu et al., 2015;

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Singapore Ministry of Health, 2010; Frith, 2008; Naito, 2007; Chong, 2007)

The practice of MH is commonly attributed to and covered by medical and psychological experts (Siddeswara et al., 2018; Sharma et al., 2017; Zeeman et al., 2017; Frith, 2008). However, the universal guideline has also emphasized the significant role of educational institutions in the promotion and implementation of mental health (American Psychiatric Association, 2016; Rossen & Cowan, 2015; Sobowale et al., 2014; Conlet et al., 2013; Fullerton, 2011). And with such imperative, many educational institutions took an active engagement in promoting and implementing MH (Bjornsen et al., 2017; Puolakka et al., 2014, & Withman, et al., 2008).

The general understanding of MH is that it is a state of being free from a mental disorder and being able to manage life positively and productively (WHO, 2010; Haque, 2005; Jorm, 2000). But how do educational institutions operationalize the said MH principle? Unfortunately, there is no succinct universal guideline in the fusion of MH with the educational system (Harding et al., 2019; Chiumento et al., 2017; Provost's Committee on Student Mental Health 2016; Kutcher, Wei, & Hashish, 2016; McLuckie et al., 2014). Universities act on their volition to determine a specific MH protocol that will work for them. They use the traditional medical and psychological approaches in dealing with MH, which covers counseling and referrals to psychologists and psychiatrists (American Psychiatric Association, 2016; Barden et al., 2015). However, another lingering concern is the disproportionate number of MH experts in relationships with a huge student- population (Moon et al., 2017; Glass, 2016); Goodwin, 2016).

Taking the traditional MH as the only lens, identifying issues leading to MH problems is an added vague area in the implementation of MH in universities. More often, education stakeholders would pay attention to popular mental health problems such as stress, depression, anxiety, (Chen & Jiang, 2019; Buonfiglio, 2016; Ran, et al., 2016), mental disorder, special needs, bullying, hyperactivity, learning disability, and aggression (Akbaba, 2014; Shin, Noh, Jang, Park, & Lee, 2012). However, studies also assert that academic challenges have an unfavorable long-term impact on the wellbeing of students (Pacheco et al., 2017; Provost's Committee on Student Mental Health, 2016; Putwain, 2007; Perry, 2006). In the worst

scenario, academic concerns could push students towards suicide ideation, self-harm, self-neglect, and violence (Tan et al., 2016; Brooks et al., 2015; Wolpert, 2015; Yang et al., 2015; Sobowale et al., 2014). But beyond that, a dearth of studies do not provide a broad index of MH coverage in an educational setting.

Long before MH had surfaced as a need, educational institutions had been using MH-related concepts to organize services for students. For instance, learning should be therapeutic, a safe process, nurturing, empowering, and sensitive to students' state of mind (Pedrini et al., 2015; Vanderlind, 2014; Renzull et al., 2004). It captures all areas of human development (Von der Embse et al., 2018; Marino, et al., 2018; Taylor, 2006): the cognitive (Bonfiglio, 2016; Furnham et al., 2009), emotional (Bonell, 2018), physical (Robotham et al., 2006; Bovier et al., 2002), social (Shelton, et al., 2017; Veugelers, 2007), spiritual (Wilson & Williams, 2013 & Martin, 2007), and ecological (Pacheco, et al., 2017; Flom et al., 2011; Reese & Myers, 2011). Eventually, looking into the holistic competency, students should be able to develop self-mastery, self-esteem, and resilience (Vanderlind, 2014; McDonald 2010; Wyn et al., 2000). With such a commendable resource, how do we blend MH traditional approach with an existing educational culture to develop a holistic student-centered MH program? The perceived challenge now is for the education and MH experts to collaboratively and scientifically work together to discover a mental health approach that is deeply responsive to educational context (Aldridge & McChesney, 2018; Burwell, 2018; Lun & Meng, 2017; Trevisan, 2017).

### **The Goal of the Study**

The educational system is a complex territory. And, to embed MH in an educational landscape is a curricular ramification that demands reflection, planning, empirical inquiry, testing, and consultation. Thus, in an attempt to contribute to the building up of policies and operational guideline in the practice of MH in universities, this study has two modest goals: (1) to present the wellbeing-narratives of Filipino college students, which will serve as the context in conceptualizing MH programs; (2) to enlist possible variants and processes (driven by the first goal), which hopes to expand our trajectory in the scope, operations, and practice of MH in educational setting.

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## METHOD

The study is fundamentally descriptive and participative by which the researcher extracted the data through survey and classroom discussion and by immersing in the lives of students on the campus. To capture the Filipino students' consciousness on how they view life, I used Decenteceo's *Pagdadala* (Wellbeing Narrative) Model (Decenteceo, 1997). I have been using this Filipino-culture-based narrative structure for the last 15 years in my work as a community psychologist and researcher. It has been useful in understanding the journey, worldview, struggles, and aspirations of the Filipino people in a narrative form. It is also a tool in extracting indigenous concepts, resources, and strengths, which can be used to address specific concerns. Since the research intends to explore mental health in the context of Filipino college students, it is only appropriate to use an organic concept that is not only familiar but connects with the sensibility, culture, and way of life of the participants.

Mental health is an unfamiliar concept to the majority of the Filipinos. It is hardly used in conversations to allude to mental health concerns. Directly using MH concept to identify MH-related issues might generate misconceptions and unsupported assumptions due to the lack of orientation and encounter with MH processes. Also, it can brush off their connection to the most significant stories of their lives, which may directly or indirectly impact MH. In this regard, the *pagdadala*, a culturally grounded concept and experience, is an appropriate lingo to help participants be aware of and articulate their narratives. Thus, in the survey and classroom discussions, I focussed my inquiry on two areas of the *pagdadala* model:

1. The *Dinadala* (the Wellbeing-Narrative). *Ano ang iyong dinadala* (What is your current Wellbeing-narrative)? The question captures a broad area in a person's wellbeing, which appears current, urgent, meaningful, and inspiring. *Dinadala* does not only refer to a specific problem. But it leads to layers of issues that contribute to a person's current consciousness. It also echoes life-programs that project strengths as well as weaknesses.
2. The *Pagdadala ng Dinadala* (the way a person carries wellbeing-narratives). *Paano ang iyong pagdadala ng iyong dinadala* (How do you manage your life)? The question describes how the participants deal with their lives. Again, the question can generate

varied answers on thoughts, emotions, behaviors, relationships, experiences, and beliefs.

Lastly, it is important to qualify my role in this endeavor to set clear my predicaments and possible subjective take on the procedures. As an insider (full-time psychology instructor and part-time counselor) in the participants' university, I am substantially familiar with the educational system and academic climates of the university, such as the curriculum, institutional activities, learning environment, student services, and pedagogical practices. On those notes, I know the issues, struggles, aspirations, and concerns of the students, which they had brought to my attention during the counselling services and classroom discourses. And an important aspect, in as much as I had directed my consciousness to the objectivity of the study, I was fully aware that my subjective inclinations and personal encounters with the students were an inevitable portion of my rationality. Nevertheless, the research scenario is clear: I was part of the university system, and the students' wellbeing and mental health were my primary interest.

### **Participants**

The 633 participants were the researcher's students in Psychology courses. They are female (378) and male (255), enrolled in different academic programs, and with age ranging from 18 to 23. They were purposely chosen to access students' information and participation easily. The participants represent 7.9 % of at least 8000 total student population. With the permission of the institution to conduct the study, the students received credit points in a psychology course for participating in the research. The researcher sought the consent of the participants and approval from the university research committee. The participants were also informed about the non-life-risk of the research process and the aspect of confidentiality about personal data and circumstances. The identity of the university was not disclosed to protect the privacy of the participants and the institution.

### **Data Gathering Procedure**

The data collection had two parts. First, the researcher gathered the participants' random answers to the two *pagdadala* questions, which I mentioned earlier in the method section. In the first thirty minutes of my one-and-half hours class, I explained (using the Filipino and English language) the rationale of the study, questions, expected behaviors,

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confidential aspect, and the time allotted to answer the questions. I told the students that the fundamental goal of the study was to understand their *dinadala* and *pagdadala* that might be impacting their lives (personal development and academic performance). I also mentioned that the other goal is to generate insights into improving the university services for students. I did not mention anything about mental health concepts and processes. I encouraged the students to be spontaneous and to write as many answers as they can in as long as it connects with their usual *dinadala* or *pagdadala*.

In the second part, I collated and itemized participants' responses to develop the survey questionnaire in a checklist format. The rationale for the second survey is that the students (in the first survey) might have limited concepts in their mind to label their answer on the *dinadala* and *pagdadala* queries. Now, by coming up with a list of possible answers drawn and organized from the collated perception in the first survey, the students will be able to broaden their responses. I administered the second survey questionnaire two weeks after the first survey. I took at least four class sessions to discuss with the students all the items in the survey. This process helped the students and the researcher to have a common description or narrative of all the *dinadala* and *pagdadala* items. I instructed the students to check the categories, which they believe have been impacting their personal growth and academic life.

### **The data analysis**

With my role as a researcher, teacher, and counselor, I involved the students in the analysis of the data through individual, focused group discussion (FGD), and class discussion. It covered exchanging of ideas, clarifying thoughts, and retelling of narratives. As the source of data, they are the best to clarify and organize responses to themes and categories. Meanwhile, returning the data to the students minimizes subjectivity on the part of the researcher. Hence, making sense of the data emanates from the feedback of the participants and not solely on the interpretation of the researcher. The researcher also looked into the conceptual interaction between the data and the existing literature (mainly from the areas of MH, psychology, and education) to inquire and clarify certain claims or suppositions. And to prevent unfounded speculation, I hope to raise more questions to instigate curiosity and unearth meaningful practice of MH in higher education settings.

**RESULTS**

The data, in tables 1 and 2, by percentage, were organized in descending order. On the other hand, the English translation of participants’ responses, which were in the Filipino language, does not depict the exact meaning of the word. It is the closest English translation and general representation of the narratives. For instance, *nakakapagod na pag-aaral* (academic stress) does not only point to academic learning. The participants associated it with learning dispositions, school climate, teaching styles, interests, peers, or personal issues. Therefore, the data are generic descriptors of students’ *dinadala* and *pagdadala*. But if we go deeper into the stories of 633 students, we can generate a variety of operations to explain, for example, the *nakakapagod na eksam* (exam anxiety). Again, the research goal is to construct a general thematic picture of the *dinadala* and *pagdadala* (the wellbeing of students).

**The *Dinadala* (Students’ Wellbeing-Narratives)**

The students’ wellbeing-narratives are multi-faceted (Table 1). The participants narrated popular MH concerns such as the lack of sleep (72 %), depression (33 %), suicide ideation (10 %), alcohol addiction (2 %), becoming violent (2 %), victim of sexual abuse (1 %), self-infliction (2 %), and drug addiction (.5 %). On the other hand, the students also articulated other life-burden themes related to academic concerns and personal issues such as the relationship with significant individuals, emotional setbacks, thought processes, aspirations, socio-economic difficulty, and human growth (Tables 1 & 2).

**The *Pagdadala* of *Dinadala* (Students’ Way of Managing Wellbeing-Narratives)**

The *pagdadala* of *dinadala* (Table 2), as described by students, operates in different directions and levels. The appropriateness or inappropriateness of behaviors, thoughts, and feelings are not at all vivid to exemplify MH. But it provides a broader picture of the struggles, sentiments, strengths, culture, and lifestyle of Filipino students.

Table 1: The *Dinadala* (Students’ Wellbeing-Narratives)

The <i>Dinadala</i>			
<i>Nakakapagod na pag-aaral</i> Academic Stress	94 %	<i>Mga nakaraan</i> Memories of the past	16 %

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<i>Responsibilidad sa pamilya</i> Responsibility in family	92 %	<i>Pabago-bago ng nararamdaman</i> Being moody	15 %
<i>Kailangan ng pera</i> Financial concerns	87 %	<i>Nakakalitong paniniwala</i> Confusion on religion	13 %
<i>May kinalaman sa pamilya</i> Family concerns	85 %	<i>Bakit sila meron ako wala</i> Material insecurity	12 %
<i>Nakakapagod na eksam</i> Exam anxiety	83 %	<i>Sino ba talaga ako</i> Identity and gender confusion	8 %
<i>Kulang sa tulog</i> Lack of sleep	72 %	<i>Sabay trabaho at aral</i> Working student	7%
<i>Teacher na walang pake</i> Inconsiderate teachers	68 %	<i>Mahirap makitira sa kamag-anak</i> Difficulty living with relatives	6 %
<i>Kinabukasan ng bansa</i> Future of the Philippines	62 %	<i>Bakit hindi ako matalino</i> Intellectual insecurity	4 %
<i>Nag-uumpaw na projects</i> Too many school projects	58 %	<i>Mahiyain</i> Being shy	4 %
<i>Parang hindi ko kaya</i> Lack of self-confidence	52 %	<i>Naghiwalay ang magulang</i> Parents separated	4 %
<i>Walang gana sa pag-aaral</i> Lack of motivation to study	51 %	<i>Timbang ko</i> Body weight	4 %
<i>Sobrang dami ang aaralin</i> Information overload	47 %	<i>Dagdag trabaho sa student organization</i> Added responsibility in student organization	4 %
<i>Subject na mahirap ipasa</i> Difficult subjects	40 %	<i>Pinapahiya/ Pinagtatawanan</i> Being bullied	2 %
<i>Away mag-syota</i> Conflict in romantic relationship	48 %	<i>May sakit ako</i> Medical conditions	2 %
<i>Mahirap magmemorya</i> Unable to memorize loads of information	42 %	<i>Badtrip sa teacher</i> Conflict with a teacher	2 %
<i>Away sa kaibigan</i> Conflict with friends	35 %	<i>Naadik sa inom</i> Alcohol addiction	2 %
<i>Depresyon</i> Depression	28 %	<i>Kinakatakutan/ Napapraning</i> Phobia/ anxiety	1 %
<i>Problema sa paligid/ sa pinas</i> Problems of Society	31 %	<i>Naabuso ako</i> Victim of sexual abuse	1 %
<i>Walang control sa emosyon</i> Inability to manage emotions	30 %	<i>May masamang nangyari</i> Experience of traumatic violence	1 %
<i>Pangit ba ako</i> Insecurity with physical look	26 %	<i>Nag-asawa ng maaga</i> Marital relationship	.7 %
<i>Hindi ko masabi</i> Inability to say thoughts & feelings	25 %	<i>May anak ako</i> Being a single parent	.6%
<i>Nagkamali ako</i> Wrong decisions in life	23 %	<i>Sabi ng doctor may topak daw ako</i> Psychological disorder	.6 %
<i>Hindi ko gusto ang course</i> Forced to take the course	19 %	<i>Gumagamit ako ng droga</i> Drug Addiction	.5 %
<i>Nakakalitong buhay</i> Confused about life	22 %	<i>Naadik sa sex</i> Sex addiction	.3 %
<i>Ano magiging trabaho</i> Unsure about the future career	20 %	<i>Ampon lang ako</i> I am adopted	.3 %

**Table 2: The *Pagdadala* of *Dinadala* (Students’ Way of Managing Wellbeing-Narratives)**

<b>Students’ <i>Pagdadala</i> of <i>Dinadala</i></b>			
<i>Nag-iinternet</i> Use social media and web browsing	92 %	<i>Nagyoyosi</i> Smoke	12 %
<i>Nagdadasal</i> Pray	89 %	<i>Naiisip magpakamatay</i> Suicide ideation	10 %
<i>Kinakausap kaibigan</i> Talk to friend	53 %	<i>Bisihin ang sarili</i> Make self-busy	9 %
<i>Maglaro sa computer games</i> Play computer games	45 %	<i>Uminom</i> Drink intoxicating liquor	8 %
<i>Tambay kasama barkada</i> Hangout with friends	42 %	<i>Naaaway ang pamilya</i> Conflict with family	7 %
<i>Makinig ng myusik</i> Listen to music	35 %	<i>Kausapin ang magulang</i> Talk to parents	5 %
<i>Mag-isa</i> Be alone	32 %	<i>Napapraning</i> Getting confused	5 %
<i>Nagkakasakit</i> Getting physically sick	28 %	<i>Magdrawing o painting</i> Engage in creative arts	3 %
<i>Magmoling</i> Go to shopping malls	26 %	<i>Usap sa teacher</i> Talk to teachers	3 %
<i>Sinasarili na lang</i> Keep problems to self	24 %	<i>Usap sa kapatid</i> Talk to brother or sister	3 %
<i>Ikinakain na lang</i> Eat	23 %	<i>Nagiging violente</i> Becoming violent	3 %
<i>Manood ng movies</i> Watch movies	22 %	<i>Nature Tripping</i> Nature Trips	2 %
<i>Natutulog</i> Sleep	22 %	<i>Mag gym</i> Go to gym	2 %
<i>Nagbabasa ng libro</i> Reading books	21 %	<i>Napapabayaang ang sarili</i> Neglect Personal Hygiene	2 %
<i>Nagiging magagalitin</i> Getting angry	17 %	<i>Usap sa counselor</i> Talk to university counselor	2 %
<i>Maglaro ng sports</i> Engage in sports	16 %	<i>Magdroga</i> Use illegal drugs	1 %
<i>Manahimik</i> Be quiet	15 %	<i>Sinasaktan ang sarili</i> Self-infliction	1 %
<i>Kumanta o sumayaw</i> Sing or dance	12 %	<i>Magwala/ Magrebelde</i> Conscious self-destruction	.5 %
<i>Magpokus sa pag-aaral</i> Focus on studies	12 %	<i>Maglayas</i> Stow away from home	.5 %

## **DISCUSSION**

In this section, I would like to focus my reflections on two areas: (1) mental health in curriculum and (2) mental health as holistic wellbeing of students.

### **MH in the Curriculum.**

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Since there is a need and demand to infuse mental health in the educational system, we have to situate MH in the curriculum. But how do we highlight MH in an educational curriculum? The curriculum is a complex educational system. And it means that by seriously planning the fusion of MH and education, we can explore different areas of the curriculum. To position MH in an educational arena, let us explore further the succeeding curricular areas.

### **1. Mental Health Literacy.**

The participants' wellbeing-narratives mark the inadequacy in managing different aspects of human life. Unfortunately, managing life is not part of the curriculum. The curriculum is mainly about academics. If that is the case, where do the participants get information in dealing with their life challenges? If students are inept in self-directing a positive and productive life, how do we expect them to deal with mental health issues? Mental health is fundamentally about managing life (Rush, 2008). Thus, students need a sort of literacy in nurturing life and dealing with life challenges. The question is, "Should there be a specific course on MH?" If yes, what will be the content?

### **2. Pedagogy and MH.**

The participants have identified life-challenges related to classroom pedagogical processes (academic stress- 94 %; inconsiderate teachers - 68 %; overwhelming school projects – 58 %; information overload -47 %; difficult subjects – 40 %; conflict with a teacher- 2 %). Studies have asserted that these burdens can impact mental health and wellbeing (Schachar, 2015; De-Vries & Wilkerson, 2003). On that claim, the academic and human interactions between students and educators are a viable index of MH application. But the question is, how can teaching and learning processes shape and nurture the MH of students? How do we design a pedagogical strategy that considers MH and students' burdens?

With the lack of MH experts, teachers, when trained, have an important role to play in shaping and nurturing students' MH and wellbeing (Shute, 2012; Hornby & Atkinson, 2003). With teachers' longer hours of encounter with students, they should be aware of the human factors that affect learning and MH (Von der Embse et al., 2018; Eggen & Kauchak, 2010). Educators cannot be purely academicians (Walker, 2010; Deleon

et al., 2005). Studies suggest that teachers have to consider activities like coaching, counseling, consultation, mindfulness, and other therapeutic processes (Kelly & Nieuwerburgh, 2016). On the other hand, schools also have to provide opportunities to nurture teachers' wellbeing and mental health (Kidger et al., 2016; Shin, Lee, Kim, & Lee, 2012).

### **3. Assessment and MH.**

The evidence from empirical researches will not deny the fact that students' negative reactions (in the form of stress and anxiety) towards standardized assessment can build adverse impact not only on their academic performance but their self-perception and self-confidence (Parkison, 2018; Woods & Foster, 2018; Wilson & Scalise, 2006). The participants, at 83 %, identified assessment as one of their curricular burdens (Table 1). Now, how do we plan an assessment that considers students' MH? How do we assess students who have diverse learning capacity, potential, and limitations?

### **4. Learning Environment and MH.**

The structural design of a learning environment and space organization reflects the university's understanding of mental health. Studies have emphasized that a safe, nurturing, and therapeutic working space contribute, directly and indirectly, to mental health (Saini, 2016; Reese & Myers, 2011, & Perry, 2006). The students mentioned how a specific space (nature, bedroom, sports ground, creative hall, and shopping mall) helps them cope with life-burdens. To help visualize, how do we design a university mental-health-centered learning space?

### **5. Student Services and MH.**

Student services are commonly known as a support system outside the classroom. It covers counseling, facilitating enrolment, regulating student organizations, organizing curricular and non-curricular activities, notifying students-at-risk, and listening to concerns (Jithoo, 2018; Ran et al., 2016; Gillet, 2016). But how do we highlight student services that capture MH? How will a university reconstruct student services to address the myriad of burdens and attract young people to seek help? In this study, Only 2 % of the participants mentioned availing counseling services.

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## **6. Research and MH.**

Improvement in a curriculum can only happen with scientific research (Wolpert et al., 2015; Warner et al., 2006; Adelman & Taylor, 2000). On that note, MH-education integration has to take ground in the realities of education stakeholders. It necessitates scientific exploration. Any human procedure that is imposed without empirical scrutiny, liberal consultation, and pilot studies is a perilous adventure. Although the traditional practice of MH has its unprecedented reputation in the medical and psychological field, there is still unmapped MH application in the areas of education.

### **MH: Students' Holistic Wellbeing.**

The wellbeing of students is not a secluded area in the educational curriculum and the area of MH. The problem is, we tend to overemphasize one area and disregard the other areas. Studies suggest that we look into the synergy between MH, wellbeing, and education (Young et al., 2015; Taylor, 2006; Berman, 2005). Echoed by previous studies and narratives of the participants, there are seven areas of wellbeing that can expand the MH approach in an educational setting. These can be explored further in developing mental health literacy, counseling, student-services, pedagogical strategy, forming MH research agenda, and other curricular programs.

#### **1. Physical Wellbeing and MH.**

Mental health is physical wellbeing (Walen et al., 2015; Hawkin et al., 2007). Our physicality is essential in academic success. Randomly, the participants have identified themes related to physical life such as financial concern (87 %), lack of sleep (72 %); getting physically sick (28 %), sleeping (22 %), engaging in sports (16 %), smoking (12 %), drinking intoxicating liquor (8 %), and using of illegal drugs (1 %). With those responses, how do students manage their physical wellbeing? What information do they have in living a physically healthy lifestyle? How do we inform students about the value of physical wellbeing in shaping MH?

#### **2. Emotional Wellbeing and MH.**

Managing emotions, specifically the negative ones, is not at all easy. (Bouffard, S. & Savitz-Romer, M., 2012; Hagenauer et al., 2010). Unfortunately, dealing with emotions such as academic stress (94 %), exam anxiety (83 %), depression (28 %) being moody (15 %), suicide

ideation (10 %), and becoming violent (3 %) is not part of the curriculum. How can a university fill-up the gap in the students' lack of emotional-management literacy? How do we inform students about the impact of emotions on MH?

### **3. Cognitive Wellbeing and MH.**

Cognition is a well-searched human element in the fields of psychology and education (Chen & Jiang, 2019; Zadina, 2015; Furnham et al., 2009). Until the current time, cognition is considered a volatile area in the teaching and learning processes. That is why there are varying perspectives in framing cognition. In this study, the participants specifically articulated areas of concern such as overwhelming school projects (58 %), information overload (47 %), unable to memorize loads of information (42 %), difficult subjects (40 %), reading books (21 %), and getting confused (5 %). Is there a link between cognitive burdens to mental health? How do we help students know their cognitive capacity, potential, and limitation? Can MH index predict academic achievement?

### **4. Social Wellbeing and MH.**

Social relationship, with its intricacies, is an inevitable portion of human life (Shelton et al., 2017; Ran et al., 2016; Wilks & Spivey, 2010; Veugelers, 2007). It has become one of the driving forces in making life decisions. It is either we get inspired, or we get embroiled with our social connection. The students mentioned about family concerns (85 %), talk to a friend (53 %), conflict in a romantic relationship (48 %), conflict with friends (35 %), and problems of society (31 %). The data reflect social consciousness that has its influence on participants' life. But how do Filipino students build their social consciousness? How do we inform them of a positive and productive social interaction? How do we nurture students' MH with interpersonal strengths?

### **5. Communication Wellbeing and MH.**

We use communication to positively connect with people (Saleh et al., 2018; Singh, McKay, & Singh, 1998). It is also the root cause of many social conflicts. Although communication is a given output in any teaching and learning process, how do students use it to enhance MH and human development? How do teachers use this powerful human tool to transform

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classroom practice? In the data, the participants stipulated some aspects of communication: the use of social media and web browsing (92 %), inability to express thoughts and feelings (25 %), and keeping problems to self (24 %). Given that example, how does the aspect of communication build MH? How do we use the area of communication to stir awareness of MH? How does digital social media communication impact MH and human development of college learners?

#### **6. Environmental Wellbeing and MH.**

We seek refuge on specific space to reflect, to breathe, to reenergize, to reconnect with strength, to redeem self-confidence, or to release negative vibes (Aldridge & McChesney, 2018; Oberle et al., 2018; Reese & Myers, 2011). On the other hand, there is an environment that evokes violence, reinforces negative experiences, and traumatic memories. Playing computer games (45 %), staying alone in room (37 %), going to shopping malls (28 %), watching movies (22 %), being quiet (15 %), and nature tripping (3 %) are examples of how the participants use their environmental space to deal with their *dinadala* and *pagdadala*. Space is a requisite in any learning process. How do we design a learning space that sparks resilience, positivity, and empowerment? How do we use our classroom to magnify MH awareness, holistic wellbeing, and integral human development?

#### **7. Spiritual Wellbeing and MH.**

Spirituality, regardless of its nature or perspective, plays an important role in the life of the participants. Responses such as pray (89 %), lack self-confidence (58 %), insecurity with the physical look (26 %), unsure about the future career (20 %), confused about life (22 %), and confusion on religion (13 %) manifest the participants' belief system. Meanwhile, there have been studies that attest to the significant contribution of spirituality in human life (Manning, 2017; Westerland et al., 2015; Wilson & Williams, 2013). Even in the area of psychotherapeutic intervention, the spiritual aspect has been utilized to address MH concerns. Now, how do we use the element of spirituality to promote MH and curve human development? How do spirituality influence students' *dinadala* and *pagdadala* consciousness?

## CONCLUSION

Mental health is a malleable multifaceted concept beneath a complex human process, utterly intertwined with educational elements. On such note, this study proposes possibilities in extending the understanding and practice of MH in the Philippine educational setting. In the realm of ubiquitous culturally bound *dinadala* and *pagdadala* consciousness, what seems prevalent is that genetic, medical, behavioral, and psychological history of students is not the only driving force in making sense of MH. To substantiate MH, we have to dive into students' life realities, interests, aspirations, and perceptions. Without negating the customary lens and transcending the stigma of psychological dysfunctionality, we can probably equate MH as life-ethos of positivity and productivity. Rather than using MH as a radar to students' psycho-social disconnections, we program MH literacy by highlighting the path to maturity, resilience, grit, creative and critical thinking, and integral wellbeing. However, to rivet a realistic and practical MH rationality, we need a dynamic, empowering, and culture-sensitive measures (protocols, policies, contingencies, components, strategies, instruments, and environment), which is propelled by multi-disciplinary research, student-centered wellbeing framework, and collaborative exchange of thoughts between MH experts education stakeholders.

Personally, as a Filipino psychologist and educator, I am more comfortable to ask the question, “*Ano ang iyong dinadala or pagdadala?*” (What is your wellbeing-narrative?). Connecting to a cultural worldview and sensibility, I believe, is the appropriate way to unfold and understand the mental health and wellbeing of Filipino college students. Thus, weaving MH into the consciousness of Filipino students, it has to commence with a story, their story – the story of their *dinadala* and *pagdadala*.

### **Declaration of Interest.**

The author has no conflict of interest to disclose. And this non-funded research assured the welfare of the participants through standard ethical protocols.

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