

# Students and Faculty Experiences, Perceptions and Knowledge on Distress during the COVID-19 Pandemic: A Descriptive Cross-sectional Study

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## ABSTRACT

**Background and Objective.** The University of the Philippines Manila (UPM) subcommittee on students in distress was convened during the COVID-19 pandemic to develop “plans, programs and mechanisms” to deal with students experiencing distress and mental health concerns. This study was conducted as one of the activities of the Subcommittee to inform policy to address the following research objective: to describe the experiences, perceptions, and knowledge of both students and faculty members of UP Manila regarding distress.

**Methods.** An online survey tool was created using the results from seven online focus group discussions among 20 faculty of UP Manila. The survey was conducted for one month among faculty and students sampled from the seven colleges of UP Manila and the three extension campuses of the Schools of Health Sciences. The different categories which were consistently perceived as important by both faculty and students as well as those with disparity in the perceptions between faculty and students were described and discussed.

**Results.** A total of 136 faculty (F) and 290 students (S) participated in the study, representing 39% vs 98% (F vs S) of the target sample, respectively.

Results showed that among the effects of stressors for students, avoidance of schoolwork (F79 vs S70.3%) and sleep disturbance (F79.4 vs S72.4%), were perceived by both faculty and students as the most frequently perceived response of students to stress.

Among the causes of stress, unclear boundaries between school and home (F73.5 vs S63.1%), family duties (F76.5 vs S50.7%), lack of socialization (F89 vs S57.6%), limited recreational activity (F76.5 vs S64.8%), adapting to new ways of socialization (F67.6 vs S53.8%), and internet



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signal (F99.3 vs S88.3%) were perceived by both faculty and students as the most frequently perceived causes of stress.

Among the coping mechanisms, connecting with friends online (F86.8 vs S69.7%), listening to music (F72.8 vs S78.3%), browsing social media (F82.4 vs S81%), viewing movies (F84.6 vs S74.5%), and sleeping or resting (F67.6 vs S84.1%) were perceived by both faculty and students as the most employed by students to cope with stress.

Results also show that there were marked disparities in the perceptions of faculty and students. Among the effects of stressors, the largest disparities were in non-performance in academics (F86 vs S51.7%) and academic failure (F76.5 vs S53.8%).

Of the causative factors, the largest disparities were in the areas of death (F94.1 vs S14.5%) or sickness in the family (F66.9 vs S0%), family issues (F82.4 vs S24.5%), financial concerns (F89 vs S36.9%), absence of physical connectedness and interaction, (F94.9 vs S23.8%) lack of socialization (F89 vs S57.6%), owning a gadget (F73.5 vs S22.1%), and lack of funds for the internet (F79.4 vs S22.4%).

Among the support systems available in the university (psychosocial, academic and wellness activities of the colleges), 70% of the faculty perceived that the students were aware of the support process offered by the university. In contrast, 28% of students were aware of the support services offered to them.

**Conclusion.** This study shows that UP Manila faculty and students perceived stress due to the effects of COVID-19 on teaching, learning, and everyday living. Distress among student respondents was commonly perceived to be caused by family concerns, environmental restrictions, connectivity issues, and experiencing a sense of lack. While support services and mental health programs have been in place within the university, only 28% of students perceive that students in distress were aware of the process in receiving support.

*Keywords: coping strategies, student stress, faculty perceptions, mental health, COVID-19, education*

## INTRODUCTION

The COVID-19 pandemic drastically affected all aspects of society on a global scale from economic and social upheaval, public health dilemmas, food shortages, unemployment, and mental health problems.<sup>1</sup>

In public health and epidemiological studies, psychological distress, defined as a state of emotional suffering consisting of depression and anxiety symptoms<sup>2</sup>, is used as an indicator of mental health status of the population<sup>3</sup>. During the pandemic, the global prevalence of psychological distress was reported to be 50.0% (95% CI 41.8 – 58.2%) among the general population.<sup>4</sup>

The education sector has not escaped the damage brought about by COVID-19. Studies report a higher prevalence of post-traumatic stress disorder, depression, and anxiety among university and medical students compared to the general population.<sup>5,6</sup> Literature suggests that online learning is a primary source of stress among students.<sup>7-9</sup> According to Poalses and Bezuidenhout<sup>10</sup>, the online learning stressors are rooted in the increased demand for both new technological skills and productivity as well as information overload. If not managed well, increased stress and anxiety levels will continuously be prevalent within schools, colleges, and universities.<sup>11</sup> Consequently, experiencing increased stress and anxiety levels also increase students' risks for developing psychological issues.

The sudden shift from face-to-face to online instruction requires adjustments from medical students and teachers especially when it comes to navigating technological, individual, domestic, institutional, and community challenges brought about by the pandemic.<sup>12</sup> Without preparation and available support, these academic challenges could potentially cause the development of stress and anxiety among students in higher education.

In the Philippines, health sciences students experienced increased academic workload because of the online learning adaptations described as “a rollercoaster ride of successes and challenges”.<sup>13</sup> In the University of the Philippines Manila (UPM), from 2018 to 2022, the Department of Psychiatry and Behavioral Medicine of the Philippine General Hospital (PGH)<sup>14</sup> reported a 40 percent increase in student referrals. A total of 300 students consulted as opposed to the 181 students assessed pre-pandemic (i.e., Academic Year 2018-2019). The Guidance Counseling Program of the Office of Student Affairs (OSA)<sup>15</sup> also reported a marked increase in consultation from students seeking mental health support from the start of the pandemic in 2020 (n=271) to the peak of the pandemic in the year 2021 (n=313 cases).

The mental and psychosocial health of students are one of the primary concerns in the university especially during the COVID-19 pandemic. To address this, the university created the Psychosocial Wellness Network (PSWN), a collaborative linkage between the OSA and the colleges within UPM. The PSWN aims to work collectively to promote a healthy

campus climate by implementing strategic programs. These programs include the mandatory annual physical examination and mental health evaluation before attending face-to-face classes, the creation of a mobile app (LiftUP) for online counseling services, and the implementation of the online mental health survey among others. Additionally, a working algorithm was developed to streamline the process of referring students to appropriate services in cases of distress. Parallel to the referral system in place, mentoring programs were initiated constituting academic support from within the colleges. More supports were rendered including webinars that promote mental health, self-care practices, and work-life balance and the enforcement of wellness checks within and outside classes. Despite these initiatives, mental health concerns among students remained evident.

Cognizant of the increasing mental health concerns experienced by Filipino students<sup>16</sup>, the University of the Philippines System established a *Subcommittees on Students in Distress* within each constituent campus. The subcommittees were formed to generate plans, programs, and mechanisms that would address distress and mental health concerns experienced by university students. To inform the policies of the subcommittee, it was important to determine the perceptions of both students and faculty on the causes and effects of the pandemic on distress.

To do that, two online cross-sectional surveys were conducted to address the following objectives. The general objective of our study was to describe the experiences, perceptions, and knowledge of both students and faculty members at UP Manila regarding distress. Specifically, we intended to describe the 1) effects of distress on students based on students and faculty perceptions; 2) common causes of distress among students and the faculty's perceptions on these causes; 3) common activities students engage in to cope with distress and the faculty's perceptions of these activities; and 4) perception of faculty and students on the available psychosocial and academic support for students.

## METHODS

### Study design

This study is framed using a mixed methods exploratory sequential design. According to Creswell, this design starts with a qualitative data collection and analysis, which then builds on the quantitative data collection and analysis, and ends with the interpretation of the analyses from the two phases.

### *Phase 1, Qualitative Phase: Creation of the Online Survey*

The surveys were based on the qualitative input drawn from the seven (7) focused group discussions that were conducted among UPM faculty and staff members last September 13-17, 2021. The focus group discussions were conducted across five UP Manila units including the Central

Administration, College of Pharmacy, College of Public Health, School of Health Sciences, and the National Teacher Training Center for the Health Professions. Participants of the focus group discussions were purposely selected and invited. Each focus group was composed of both faculty members and staff members per college unit. The focus groups were guided by a semi-structured questionnaire that asked about perceptions on students' experiences of distress.

All of these interviews were recorded and transcribed manually. All transcriptions went through an open coding process using the analytical software ATLAS.ti version 9. The qualitative analyses yielded 120 codes, which were clustered into categories that constituted the themes. The generated themes were used to frame the constructs in the online survey. In the process of outlining the items, iterative modifications were done to ensure that the items constituting the online survey are aligned to the study's research objectives. Two questionnaires with different framing were prepared. Basically, the same constructs were being measured per item. However, one questionnaire is constructed such that the perceptions and experiences of faculty members are being asked, while the other questionnaire is concerned about those of the students.

The pre final version of the online survey consisted of 15 items (Appendix A). Before actual implementation, the survey was piloted among a selected group of students to improve the survey's comprehensibility, clarity, and consistency. Revisions and improvements were made thereafter to generate the final version of the online survey, which were then used to collect data from both UPM student and faculty respondents.

### *Phase 2, Quantitative Phase: Administration of the Online Survey*

Framed by a survey research design, the subcommittee employed two online cross-sectional surveys. The first survey (student survey) determined the perceptions and experiences of students when it comes to distress (Appendix A), whereas the second survey (faculty survey) determined the perceptions of faculty members on their perceptions on students' experiences when it comes to distress (Appendix B). Both surveys were administered through the subcommittee from 10 January 2022 until 2 February 2022. Notably, all components of this study have been conducted virtually within UPM premises.

Quantitative data sets were analyzed using IBM SPSS Statistics version 29.0. Categorical variables were described in percentages and 95% confidence intervals. The students' perceptions were described with those of the faculty members. The different categories with disparity in the perceptions were enumerated and discussed. The researchers did not attempt to determine statistically significant differences between the student perceptions versus the faculty perceptions as this was already assumed to be disparate.

While the findings of this study are largely represented by the quantitative results, it is important to acknowledge that our findings are directly informed by the qualitative process done during the focus groups. The use of a mixed

method design sets this study apart from typically developed surveys in the university that are grounded on solely positivist methodologies.

### Sampling Procedures

The target population included students and faculty members from the eight college units of UPM and the three extension campuses of the Schools of Health Sciences in Baler, Koronadal, and Tarlac. For the student survey, stratified random sampling was employed in selecting respondents from the roster of student enrollees as the sampling frame. The college or school units served as the strata. The target was to get the perceptions of 10% of the student population. For the faculty survey, all faculty members were encouraged to participate through a memo from the Office of the Vice Chancellor for Academic Affairs (OVCAA). The target was to get the perceptions of 25% of the faculty.

The criteria for inclusion for the student survey were students of UP Manila who 1) were enrolled in any of the courses from any of the above-mentioned college and school units during the Academic Year 2020-2021, 2) experienced online classes in UPM, and 3) have responded to the online survey. It is also important to note that students from the College of Medicine were considered undergraduate students and are eligible for the survey. Irregular students, graduate students (master's and PhD), students on leave of absence, and students who did not complete the survey were excluded. For the faculty survey, the inclusion criteria were 1) all faculty members who taught courses online during the Academic Year 2020-2021, and 2) have responded to the online survey. There were no exclusion criteria for the faculty.

In terms of sample size, a conservative approach was utilized where a minimum sample size of 296 students was required to observe at least 50% of the statistic of interest with 95% confidence level and a margin of error of 5%. The conservative approach was likewise applied for the sample size calculation for the faculty members. A minimum sample size of 349 faculty was required to observe at least 50% of the statistic of interest with 95% confidence level and a margin of error of 5%. Proportionate allocation was employed to distribute the minimum sample size to the categories of the stratifying variable (college unit/school).

To recruit respondents, the Student Relations Officers (SRO) of each college or school unit was requested to deploy the online student survey. Moreover, the subcommittee arranged the administration of the faculty survey through a memo from the Office of the Vice Chancellor for Academic Affairs addressed to the deans of the concerned units. Both online surveys had an explanatory message detailing the study aims and informed consent. The faculty members and students were likewise informed of the voluntary nature of the survey. Only those who consented were given access to the online survey questions. All respondents were free to withdraw at any time by not completing the survey.

Although stratified random sampling was employed, selection bias could exist considering that the respondents were assumed to act willingly and voluntarily. It could be assumed that those with negative experiences would have been less likely to volunteer. The response rates could also have been influenced by a student's internet access. Recall bias might have existed due to the respondents' ability to recall significant events and forget insignificant events. Since there was no analysis by groups and no analysis of outcomes, there were no sources of performance biases or detection biases. The study had no follow-up and thus, there was no attrition bias.

### Variables

- Perception – operationally defined in this study as the understanding and insight of faculty and students on how students experience and cope with distress.
- Stress – any feeling of emotional, psychological or physical tension triggered by an event.
- Distress – pain or suffering affecting the body, a bodily part, mind, heart, and spirit.
- Home factors – aspects in the home including family dimensions, role shifting, family-related concerns (death in the family, unemployment of a family member, financial issues, and family crises) and deprivation from socialization and diversity in activity engagements.
- Environmental factors – factors apart from home factors such as prolonged community quarantines and mobility restrictions.
- Connectivity factors – needs for online schooling such as electronic devices and internet access.
- COVID 19 – refers to the global pandemic caused by the virus SARS-CoV-2.
- University support – policies, programs, and services offered to UP Manila students for health and wellness (e.g., reading and wellness break, flexible time submission of requirements, mindfulness activities in class, asynchronous sessions, and counseling sessions)

### Ethical Considerations

Data sets from the focus group discussions and the two surveys were initially intended to be analyzed only for internal use. The analyses were supposed to inform the development of programs, guidelines, and recommendations to promote UP Manila students' mental health and well-being. As an afterthought, the subcommittee arrived at a decision to consider publishing the results of the surveys. To ensure ethical research practice, the subcommittee contacted the UPM Research Ethics Board to consult about the possibility of publicizing the results of the surveys. Consequently, a study protocol was written by the subcommittee and after a preliminary review, the study protocol was granted an exemption with registration number: UPMREB 2022-0507-EX. The analyses of the survey data sets were conducted after obtaining ethics approval. Also, this study did not receive any external funding.

## RESULTS

A total of 290 students participated in the study representing 98% of the target sample size. The top three college respondents were College of Medicine (28.3%), College of Arts and Sciences (20%), and School of Health Sciences (17.6%). Meanwhile, only 136 faculty members participated in the survey, equivalent to 39% of the target sample size. More than half of the faculty (58%) had the academic rank of Associate Professor. All who participated completed the questionnaire.

The study determined how faculty and students perceived the effects of stress among students. Among the effects of stress (Faculty vs Students), avoidance of schoolwork (79. vs 70.3%) and sleep disturbance (79.4 vs 72.4%) were identified by both faculty and students as among the factors that were commonly experienced by students as a result of stress (Table 1). The largest disparity between the perception of faculty

members and students regarding how students are affected by stress were in the following areas: non-performance in academics (86 vs 51.7%) and academic failure (76.5 vs 53.8%).

Among home factors (Table 2) causing distress, unclear boundaries between school and home (73.5 vs 63.1%) and family duties (76.5 vs 50.7%) are among the factors that were perceived by both faculty and students as among the more common stressors. All home factors causing distress in students have disparity between faculty and students' perceptions. The largest disparities, however, are in the areas of death in family (94.1 vs 14.5%), sickness in family (66.9 vs 0%), family issues (82.4 vs 24.5%), and financial concerns (89 vs 36.9%).

Among environmental factors (Table 3) that students consider stressful, lack of socialization (89 vs 57.6%), limited recreational activity (76.5 vs 64.8%), and adapting to new ways of socialization (67.6 vs 53.8%) were among the factors perceived by both faculty and students as among the

**Table 1.** Frequency Analysis Showing Perceptions of Faculty Members and Students on the Question "How are students affected by stress?"

Consequences of Distress	Faculty (n=136)		Students (n=290)	
	No. of Responses	% (95% CI)	No. of Responses	% (95% CI)
<i>Non-performance in academics</i>	117	86.0 (79.4, 91.1)	150	51.7 (45.97, 57.44)
<i>Academic failure including low grades</i>	104	76.5 (68.6, 83.3)	156	53.8 (48.03, 59.48)
<i>Avoid schoolwork</i>	108	79.4 (72, 85.58)	204	70.3 (64.89, 75.39)
<i>Sleep disturbance</i>	107	79.4 (71.2, 84.95)	210	72.4 (67.05, 77.33)
<i>Changes in eating habits</i>	80	58.8 (50.41, 66.87)	178	61.4 (55.68, 66.86)
<i>Excessive sadness</i>	91	66.9 (58.68, 74.43)	148	51.0 (45.28, 56.76)
<i>Irritability</i>	87	63.97 (55.64, 71.71)	220	75.9 (70.69, 80.53)
<i>None</i>	0	0 (0.0, 2.179)	2	0.7 (0.1155, 2.26)

**Table 2.** Frequency Analysis Showing Perceptions of Faculty Members and Students on the Question "What concerns at home do students have that causes them distress?"

Home factors causing distress	Faculty (n=136)		Students (n=290)	
	No. of Responses	% (95% CI)	No. of Responses	% (95% CI)
<i>Family duties</i>	104	76.5 (68.8, 83.03)	147	50.7 (44.94, 56.42)
<i>Conflicting priorities (home and school)</i>	113	83.1 (76.08, 88.7)	125	43.1 (37.49, 48.86)
<i>Family issues</i>	112	82.4 (75.26, 88.08)	71	24.5 (19.79, 29.68)
<i>Helping family members</i>	59	43.4 (35.23, 51.81)	75	25.9 (21.07, 31.14)
<i>Financial concerns of family</i>	121	89.0 (82.84, 93.45)	107	36.9 (31.49, 42.57)
<i>Home unconducive as a learning environment</i>	111	81.6 (74.44, 87.46)	126	43.4 (37.82, 49.21)
<i>Lack of privacy</i>	105	77.2 (69.59, 83.67)	134	46.2 (40.52, 51.97)
<i>Household chores</i>	84	61.8 (53.39, 69.65)	131	45.2 (39.51, 50.93)
<i>Unclear boundaries between school and home</i>	100	73.5 (65.64, 80.43)	183	63.1 (57.43, 68.51)
<i>Lack parental support</i>	63	46.3 (38.06, 54.74)	33	11.4 (8.097, 15.43)
<i>Lack fraternal support from siblings</i>	38	27.9 (20.89, 35.92)	20	6.9 (4.383, 10.27)
<i>Unemployment of a family member</i>	39	28.7 (21.55, 36.7)	39	13.4 (9.877, 17.75)
<i>Sickness in family</i>	91	66.9 (58.68, 74.43)	0	0 (0.0, 1.028)
<i>Death in family</i>	128	94.1 (89.14, 97.23)	42	14.5 (10.78, 18.89)
<i>None</i>	0	0.0 (0.0, 2.179)	10	3.4 (1.765, 6.06)

environmental factors causing distress. The largest disparities are in the areas of absence of physical connectedness and interaction (94.9 vs 23.8%) and lack of socialization (89 vs 57.6%).

Problems on internet signals were perceived by both faculty and students as the top connectivity issue that caused students' distress (99.3% vs 88.3%). The largest disparities are in the areas of access or owning a gadget (73.5 vs 22.1%) and lack of funds for the internet (79.4 vs 22.4%).

Both faculty (98%) and students (95%) perceived the COVID-19 pandemic as a significant stressor for students.

Table 4 summarizes the responses of faculty and students on their perceptions on the coping strategies of students towards distress. Connecting with friends online (86.8 vs 69.7%), listening to music (72.8 vs 78.3%), browsing social media (82.4 vs 81%), viewing movies or series (84.6 vs 74.5%), and sleeping or resting (67.6 vs 84.1%) are among those identified by both faculty and students as highly

engaged coping strategies towards distress. Among the coping strategies with the largest disparity between faculty and students are social media catharsis (64.7 vs 17.9%), online games (72.8 vs 39%), and arts (47.1 vs 23.8%).

Respondents were also asked about their perceptions of the support received by students in distress (Table 5). All the choices have disparities in perceptions between those of faculty and students. Findings revealed that the faculty has a tendency to overestimate the support that students received. Particularly, sixty-nine percent of faculty perceived that students in distress received support in the form of health wellness, technical support, and connectivity. Only 33% of students perceived that health and wellness support was received by students in distress.

In terms of perceptions about academic support provisions for students by their colleges (Table 6), faculty perceptions were consistently higher than that of the students' perceptions. Flexible deadlines (86.8 vs 78.6%) and no fail

**Table 3.** Frequency Analysis Showing the Perceptions of Faculty Members and Students on the Question “What environmental factors do you think students consider stressful?”

Environmental factors causing distress	Faculty (n=136)		Students (n=290)	
	No. of Responses	% (95% CI)	No. of Responses	% (95% CI)
<i>Navigating virtual environment</i>	72	52.9 (44.53, 61.22)	114	39.3 (33.81, 45.03)
<i>Interaction with people in the community</i>	48	35.3 (27.61, 43.6)	97	33.4 (28.19, 39.03)
<i>Absence of physical connectedness and interaction</i>	129	94.9 (90.09, 97.72)	69	23.8 (19.16, 28.95)
<i>Lack of socialization</i>	121	89.0 (82.84, 93.45)	167	57.6 (51.84, 63.19)
<i>Adapting to new ways of socialization</i>	92	67.6 (59.44, 75.11)	156	53.8 (48.03, 59.48)
<i>Limited recreational activity</i>	104	76.5 (68.8, 83.03)	188	64.8 (59.2, 70.16)
<i>None</i>	0	0.0 (0.0, 2.179)	19	6.6 (4.109, 9.859)

**Table 4.** Frequency Analysis Showing the Perceptions of Faculty Members and Students on the Question “How do students cope with distress?”

Coping strategies toward distress	Faculty members (n=136)		Students (n=290)	
	No. of Responses	% (95% CI)	No. of Responses	% (95% CI)
<i>Deep conversation and spending time with family</i>	61	44.9 (36.65, 53.28)	127	43.8 (38.16, 49.55)
<i>Connecting with friends online</i>	118	86.8 (80.27, 91.71)	202	69.7 (64.18, 74.74)
<i>Practicing spirituality such as meditation or prayers</i>	80	58.8 (50.41, 66.87)	90	31.0 (25.91, 36.54)
<i>Doing exercise</i>	94	69.1 (60.98, 76.45)	139	47.9 (42.22, 53.69)
<i>Sports activities</i>	43	31.6 (24.22, 39.79)	40	13.8 (10.18, 18.13)
<i>Arts like painting or playing instruments</i>	64	47.1 (38.78, 55.47)	69	23.8 (19.16, 28.95)
<i>Listening to music</i>	99	72.8 (64.86, 79.77)	227	78.3 (73.25, 82.74)
<i>Browsing social media</i>	112	82.4 (75.26, 88.08)	235	81.0 (76.21, 85.24)
<i>Social media catharsis (ranting or voicing out ideas online)</i>	88	64.7 (56.4, 72.39)	52	17.9 (13.83, 22.67)
<i>Online games</i>	99	72.8 (64.86, 79.77)	113	39.0 (33.47, 44.67)
<i>Movies or Series</i>	115	84.6 (77.74, 89.92)	216	74.5 (69.23, 79.25)
<i>Sleeping and resting</i>	92	67.6 (59.44, 75.11)	244	84.1 (79.59, 88.01)
<i>Isolation - “Me’ time</i>	59	43.4 (35.23, 51.81)	195	67.2 (61.68, 72.46)
<i>Eating favorite dishes</i>	71	52.2 (43.81, 60.51)	173	59.7 (53.93, 65.19)
<i>Willingness to seek mental health consultation</i>	61	44.9 (36.65, 53.28)	56	19.3 (15.07, 24.16)
<i>None</i>	0	0.0 (0.0, 2.179)	0	0.0 (0.0, 1.028)

policy (64 vs 52.1%) were among those that were perceived by both faculty and students as among the highest academic support provided by their college. The largest disparities were in the areas of mentoring (68.4 vs 37.9%), teacher support (82.4 vs 43.8%), and teacher availability (82.4 vs 45.5%).

Table 7 shows the responses of faculty and students on their perceptions on the psychosocial support received by students during the conduct of classes. Wellness check (59.6 vs 53.4%), open communication (73.5 vs 47.9%), and strict reading break (73.5 vs 47.9%) were among those perceived by both faculty and students as most commonly employed. Talk time (52.2 vs 19.7%) and open communication (73.5 vs 47.9%) were among those with the largest disparity between faculty and students.

Two-thirds of the faculty respondents (72%) perceived that students were aware of the processes for seeking mental

health consultation. They also perceived that students were aware of how to avail of guidance and counseling services from OSA. In contrast, only 43% of students were aware of the process for seeking mental health consultation and two-thirds (72%) have no knowledge of accessing counseling services from OSA.

Table 8 shows the responses of faculty and students on their perceptions on the availability of wellness-related activities of their college. Stress management (39 vs 22.8%) was the most readily available form of student support perceived by both faculty and students. Student visitation was perceived as the most unavailable form of student support by both faculty and students (3.7 vs 3.4%). The largest disparities were in the areas of crisis management (31.6 vs 5.5%) and psychological first aid (37.5 vs 10%). The faculty respondents perceived that only 13.2% of students were not aware of

**Table 5.** Frequency Analysis Showing the Perceptions of Faculty Members and Students on the Question “What support do students in distress receive?”

Support received	Faculty (n=136)		Students (n=290)	
	No. of Responses	% (95% CI)	No. of Responses	% (95% CI)
Health wellness	94	69.1 (60.98, 76.45)	97	33.4 (28.19, 39.03)
Technical support	94	69.1 (60.98, 76.45)	17	5.9 (3.567, 9.036)
Connectivity	94	69.1 (60.98, 76.45)	8	2.8 (1.289, 5.171)
Financial	49	36.0 (28.29, 44.36)	30	10.3 (7.22, 14.26)
No support	9	6.6 (3.275, 11.79)	143	49.3 (43.58, 55.06)

**Table 6.** Frequency Analysis Showing the Perceptions of Faculty Members and Students on the Question “What academic support was benefited by the students in their college?”

Academic support provided	Faculty (n=136)		Students (n=290)	
	No. of Responses	% (95% CI)	No. of Responses	% (95% CI)
Mentoring	93	68.4 (60.21, 75.78)	110	37.9 (32.48, 43.62)
Teacher support	112	82.4 (75.26, 88.08)	127	43.8 (38.16, 49.55)
Teacher availability	112	82.4 (75.26, 88.08)	132	45.5 (39.84, 51.28)
Dedicated teacher consultation hours	73	53.7 (45.26, 61.94)	95	32.8 (27.54, 38.32)
No fail	87	64.0 (55.64, 71.71)	151	52.1 (46.31, 57.78)
Flexible deadline	118	86.8 (80.27, 91.71)	228	78.6 (73.62, 83.05)
Not applicable	1	0.74 (0.037, 3.57)	19	6.6 (4.109, 9.859)

**Table 7.** Frequency Analysis Showing the Perceptions of Faculty Members and Students on the Question “In the conduct of classes, what psychosocial support has been employed?”

Psychosocial support employed	Faculty (n=136)		Students (n=290)	
	No. of Responses	% (95% CI)	No. of Responses	% (95% CI)
Mindfulness exercises	28	20.6 (14.42, 28)	57	19.7 (15.38, 24.53)
Talk time	71	52.2 (43.81, 60.51)	57	19.7 (15.38, 24.53)
Reflective writing	36	26.5 (19.57, 34.36)	80	27.6 (22.67, 32.95)
Wellness check	81	59.6 (51.15, 67.57)	155	53.4 (47.69, 59.14)
Open communication	100	73.5 (65.64, 80.43)	139	47.9 (42.22, 53.69)
Spirituality exercise	11	8.1 (4.327, 13.62)	18	6.2 (3.837, 9.449)
Strict reading break	104	76.5 (68.8, 83.03)	150	51.7 (45.97, 57.44)
Not applicable	3	2.2 (0.5641, 5.885)	35	12.1 (8.686, 16.21)

**Table 8.** Frequency Analysis Showing the Perceptions of Faculty Members and Students on the Question “Do you have any of the following wellness-related activities in your college?”

Wellness related	Faculty (n=136)		Students (n=290)	
	No. of Responses	% (95% CI)	No. of Responses	% (95% CI)
<i>Stress management</i>	53	39.0 (31.05, 47.36)	66	22.8 (18.21, 27.85)
<i>Crisis management</i>	43	31.6 (24.22, 39.79)	16	5.5 (3.3, 8.62)
<i>Psychological first aid</i>	51	37.5 (24.22, 39.79)	29	10.0 (6.93, 13.87)
<i>Referral system</i>	113	83.1 (76.08, 88.7)	83	28.6 (23.64, 34.03)
<i>Student visitation</i>	5	3.7 (1.359, 7.959)	10	3.4 (1.765, 6.06)
<i>Not aware</i>	18	13.2 (8.29, 19.73)	169	58.3 (52.53, 63.86)

the wellness related activities in their college, whereas the student respondents perceived that 58% of students were not aware of these activities.

## DISCUSSION

The distress phenomenon within the academic context remains a concern throughout the pandemic.<sup>17</sup> While distress is not considered a medical condition, the experience of distress is associated with “burnout”, an occupational syndrome resulting from chronic workplace stress that has not been managed and characterized by energy depletion, exhaustion, feelings of negativism or cynicism, and reduced efficacy.<sup>18</sup>

This cross-sectional survey revealed that the transition to online learning and work in the pandemic context may be a cause of distress among UP Manila students both from the perception of students and faculty members. Similar studies ascertained the distress situation among college students in the United States of America<sup>19</sup>, China<sup>20</sup>, Germany<sup>21</sup>, Belgium<sup>22</sup>, and the Philippines<sup>23</sup> have been published in the past two years.

The distress experienced by Filipino college students or learners in higher education comes from stressors drawn from academic, personal, and family contexts. This study did not consider academic stressors.<sup>24</sup> However, with regards to the personal and family stressors, unclear boundaries between school and home, and family duties are among the factors that were perceived by both faculty and students as among those that are most common. An empirical study presents the importance of family relationships during pandemic periods when promoting preventive health behaviors of Filipino undergraduate students.<sup>25</sup>

The imposition of quarantine protocols, prolonged homestay, and discrimination due to COVID-19 infection were suggested as among the environmental factors that caused psychological distress among Filipinos during the pandemic.<sup>26</sup> The distress may have been exacerbated by the transition to online teaching and learning where students are expected to stay at home to do their schoolwork while constantly navigating the online and virtual learning environments with inevitable difficulties.<sup>12,27,28,29</sup> For students,

staying at home may have exacerbated the need to fulfill multiple social roles in the family, such as helping in the household, taking care of young family members, and studying. Nikiforidou and Holmes<sup>30</sup> found that the emergence of these “dual identities” negatively impacted students, but it also provided them with opportunities to actively balance their responsibilities when such conflict is addressed. However, when these irregularities in a person’s social roles are not resolved, it can lead to feelings of inauthenticity and internal conflict.<sup>31</sup> In the Philippine context, family obligation, more than academic and performance goals, is central to Filipino students’ motivation.<sup>32</sup> This implies that when faced with social or environmental conflicts such as the COVID-19 pandemic, Filipino students are more likely to prioritize their family roles over their academic responsibilities. From the perspective of faculty members, however, these social conflicts may be limited, or may not exist, as their perceptions about student distress could stem solely from their role as educators.

Lack of socialization, limited recreational activity, and adapting to new ways of socialization were among the environmental factors perceived by both faculty and students as causing distress. However, these could be confounding factors in the distress situation among students.<sup>33</sup> The study concludes that even though outdoor activities and social gatherings were restricted, Filipino university students could still adjust and keep a generally positive perception of their health.

Internet signal was perceived by both faculty and students as among the connectivity issues that cause students’ distress. The internet connectivity problems in the Philippines became more obvious during the COVID-19 pandemic when it came to online learning and teaching.<sup>29,34</sup> Aside from having fluctuating internet connection, Filipino students from poorer households are more likely not to own a laptop or a gadget to be used for school.<sup>35</sup> While some universities and schools provided laptops or computers for students to loan or borrow, the funds to buy postpaid or prepaid internet were unsustainable and limited. In this study, there was a large disparity between faculty and students’ perceptions on access to or owning a gadget (73.5 vs 22.1%) as a source of stress.

The distress brought about by the COVID-19 pandemic can be dealt with through coping.<sup>36</sup> Coping is a process of



dealing with and attempting to overcome problems and difficulties including 'stress'. A qualitative study by Serrano and Reyes<sup>23</sup> proposed that Filipino university students will 'bend' but not 'break' as they cope with the global health crisis. Consequently, they proposed the "B.E.N.D" Model of Coping with Psychological Stress characterized by four interrelated phases: befuddling, enduring, navigating, and developing. Theoretically, they believe Filipino students undergo these phases as they cope with psychological distress during the COVID-19 pandemic. In the context of online teaching and learning, practical strategies to manage and promote mental health among students were proposed by<sup>15</sup>: open cameras only when necessary, avoid requiring school uniforms during online classes, take regular classroom breaks and avoid multitasking, mental health promotion training for teachers, and promote self-care activities.

According to Villadolid<sup>37</sup>, there are two types of coping strategies: approach and avoidant. Approach coping strategy denotes positive reframing, preparation, acceptance, soliciting emotional comfort, and exploring informational assistance. In contrast, the avoidant coping strategy includes denial, substance use, venting, behavioral disengagement, self-distraction, and self-blame. Given the exhaustive list of coping strategies in the context of students in distress, it is clear that our findings only considered approaching coping strategies such as connecting with friends online, physical activity, leisure, social media, and sleeping. We consider this a limitation in our study since learning about the avoidant coping strategies employed by university students can further make program development in mental health and support within universities more realistic, needs-based, and authentic. Nevertheless, these results on approach coping still validate Liu et al's.<sup>31</sup> finding that during the COVID-19 pandemic, student coping is characterized by a here-and-now (present and immediate future) perspective instead of a pre-COVID or post-COVID mindset.

Flexible deadlines and no fail policies were among those that were perceived by both faculty and students as among the highest academic support provided by their college. Consistent with our findings, a local study by Rotas and Cahapay<sup>29</sup> listed a range of teaching and learning strategies that could promote academic support including finding a good space and time, borrowing learning resources, seeking support from peers, approaching teachers, practicing time management, doing learning tasks ahead, and extending the time for learning tasks.

In the context of psychosocial support, wellness check, open communication, and strict reading break were among those perceived by both faculty and students as most commonly employed. These are consistent with Zarzycka<sup>38</sup> and Vasquez<sup>39</sup> studies which were found to be effective in mitigating the negative psychosocial effects brought by the pandemic. As a limitation, our study did not explore the impacts of psychoeducation, an informative process to inform and guide students in understanding their experiences

of distress and coping, which was found by several studies as an adjunct tool in improving students' well-being during the pandemic.<sup>40,41</sup>

Disparity of perceptions between faculty members and students was established by this research. The reasons why there is a difference was never explored and is beyond the scope of this study but a probable lack of communication between faculty and students as well as generational gaps can be a major reason for this. The reasons for this dissimilarity in perceptions may be addressed in future studies. What is important is that the disparities of perceptions between faculty and students were documented. Recognizing that these disparities exist is an important consideration in informing policies and programs addressing mental health concerns of students.

Local studies provide evidence-based information that can readily inform the improvement of mental health programs in universities rather than constantly recreating new ones. Doing so will enable the establishment of sustainable and long-standing mental health programs that students will become more familiar with during their stay on campus. In creating support services and mental health programs for distressed students the "co-design process" may be considered.<sup>42</sup> In this process, students and all involved groups work together to design the program from the beginning until the end. The design will be based both on evidence and participants' lived experiences. The program is a result of a participatory process.

## CONCLUSION

This study showed that the effects of COVID-19 on teaching, learning, and everyday living are perceived differently by UP Manila faculty and students. Student respondents perceive distress to be caused commonly by family concerns, environmental restrictions, connectivity issues, and experiencing a sense of lack. Only positive coping strategies were employed by students. There are disparities between the perceptions of faculty and students regarding how students perceive distress. These findings may be utilized to inform programs, policies, and research on distress within the context of higher education.

While support services and mental health programs have been in place within the university, students did not perceive these to be readily available. Local studies with empirical evidence are readily available to inform the improvement and development of existing mental health programs and support services for students.

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All authors certified fulfillment of ICMJE authorship criteria.

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## APPENDICES

### Appendix A. Questionnaire 1

#### [For Students] Survey on Distress among UP Manila Students

This short survey aims to obtain information on how UP Manila students experience and cope with distress. Please take note that you will be completing this survey as a student of UP Manila and your answers should reflect your own distress experiences and perceptions. Your participation is voluntary.

Findings from this survey will be used by the Subcommittee on Students in Distress in developing intentional and context-focused psychosocial interventions for students. This survey will only take 10-15 minutes of your time. Thank you for your participation.

*UP Manila's Subcommittee on Student in Distress under the OVCAA*

\*\*\*\*\*

I have read the University of the Philippines System Privacy Notice for Personnel. I understand that for the UP System to carry out its functions as the National University pursuant to the UP Charter, exercise its right to academic freedom under the 1987 Constitution, pursue its legitimate interests as allowed by the Data Privacy Act of 2012, and comply with legal obligations, lawful issuances or orders of other public authorities, as well as contractual obligations to me, UP must necessarily process my personal and sensitive personal information. By filling out and submitting this form, I CONSENT to and recognize the authority of the UP System (including its constituent universities and the offices thereunder) to process my personal and sensitive personal information pursuant to the abovementioned privacy notice and applicable laws.

- Yes
- No

\*\*\*\*\*

#### *Survey on Distress among UP Manila Students*

##### **Demographic Profile**

- Email address
- Student No
- College
- Academic Degree Program
- Year Level

##### **Questions**

1. How are you affected by stress? Check all that apply.  
[Stress is any feeling of emotional, psychological or physical tension triggered by an event.]
  - Non performance in academics
  - Academic failure including having low scores
  - Avoiding schoolwork
  - Sleep disturbances
  - Changes in eating habits
  - Excessive sadness
  - Irritability
  - None
  - Other
  - Home is uncondusive as a learning environment
  - Lack of private space and/or privacy
  - Household chores
  - Unclear boundaries between home and school
  - Lack of parental support
  - Lack of fraternal support from siblings
  - Unemployment of a family member
  - Sickness in the family
  - Death in the family
  - None
2. Which of the following CONCERNS AT HOME can cause you distress? (Check all that apply)
  - Family duties
  - Conflicting priorities (home and school)
  - Family issues
  - Helping family members with online tasks
  - Financial concerns of family
3. Which of the following ENVIRONMENTAL FACTORS can cause you distress? (Check all that apply)
  - Navigating in a virtual environment
  - Interaction with people in the community
  - Absence of physical connectedness and interaction
  - Lack of socialization
  - Adapting to new ways of socialization
  - Limited recreational activity

4. Which of the following can usually cause you distress when any of these connectivity issues arise? (Check all that apply)
  - Access or owning a gadget for class (laptop, tablet)
  - Internet signal
  - Lack of funds for internet
  - Fluctuating electricity
5. Which of the following can cause you distress when you lack any of these? (Check all that apply)
  - Physical interaction
  - Social support from family
  - Social support from friends
  - Community mobility
  - Leisure and recreation
  - None
6. Is the COVID-19 pandemic a significant stressor to you personally?
  - Yes
  - No
7. How have you been coping with distress? (Check all that apply)
  - Having deep conversation and spending time with family
  - Connecting with friends online or through group calls
  - Practicing spirituality such as meditation or prayers
  - Doing exercise
  - Engaging in sports activities
  - Engaging in the arts like doing painting or playing instruments
  - Listening to music
  - Browsing social media such as Facebook, TikTok, Instagram etc.
  - Social media catharsis, e.g., ranting or voicing out ideas in Facebook
  - Resorting to online games
  - Watching movies or series
  - Sleeping and resting
  - Isolating oneself to have a "me" time
  - Eating favorite dishes and delicacies
  - Willingness to seek mental health consultation
  - None
8. Were you able to receive any of the following support from the university? (Check all that apply)
  - Health and wellness services
  - Technological support, e.g., laptop and gadget
  - Connectivity support, e.g., internet subsidy, data allowance
  - Financial support
  - No support
9. Does your college/unit implement any health and wellness program for students?
  - Yes
  - No
  - I don't know
10. Have you benefited from any of the following ACADEMIC SUPPORT from your college? (Check all that apply)
  - Mentoring
  - Teacher support/advising
  - Teacher availability for academic consultation
  - Teacher having dedicated consultation hours
  - No fail policy
  - Flexible deadline
  - Not applicable
11. In the conduct of your on-line classes, did your faculty implement any of the following teaching-learning strategies? (Check all that apply)
  - Flexible deadline for teaching learning activities
  - Recorded video lectures
  - Synchronous lectures
  - Asynchronous activities
  - Multiple takes of an online exam
12. In the conduct of your classes, did your faculty provide any of the following psychosocial support? (Check all that apply)
  - Mindfulness exercises
  - Talk time
  - Reflective writing activities
  - Wellness check
  - Open communication for sharing
  - Spiritual exercises like praying or silence
  - Strict observance of reading break
  - Not applicable
13. Are you aware of the process for seeking mental health consultation in UP-PGH?
  - Yes
  - No
14. Do you know how to avail guidance and counseling services from the Office of Student Affairs?
  - Yes
  - No
15. Do you have any of the following wellness-related activities in your college? (Check all that apply)
  - Stress management
  - Crisis management
  - Psychosocial first aid
  - Referral system for counseling
  - Student visitation
  - Not aware of any wellness related activities

Appendix B. Questionnaire 2

[For Faculty] Survey on Distress among UP Manila Students

This short survey aims to obtain information on how UP Manila students experience and cope with distress. Please take note that you will be completing this survey as a faculty member and your answers should reflect your perceptions on your students' distress experiences. Your participation is voluntary.

Findings from this survey will be used by the Subcommittee on Students in Distress in developing intentional and context-focused psychosocial interventions for students. This survey will only take 10-15 minutes of your time. Thank you for your participation.

UP Manila's Subcommittee on Student in Distress under the OVCAA

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- Yes
- No

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**Demographic Profile**

- Email Address
- Position/Rank in the Faculty
  - Instructor
  - Assistant Professor
  - Associate Professor
  - Professor
  - College Unit

**Questions**

1. How do you think are students affected by stress? Check all that apply. [Stress is any feeling of emotional, psychological or physical tension triggered by an event.]
  - Non-performance in academics
  - Academic failure including having low scores
  - Avoiding schoolwork
  - Sleep disturbances
  - Changes in eating habits
  - Excessive sadness
  - Irritability
  - None
  - Lack of private space and/or privacy
  - Household chores
  - Unclear boundaries between home and school
  - Lack of parental support
  - Lack of fraternal support from siblings
  - Unemployment of a family member
  - Sickness in the family
  - Death in the family
  - None
2. What CONCERNS AT HOME do students have that causes them distress? (Check all that apply)
  - Family duties
  - Conflicting priorities (home and school)
  - Family issues
  - Helping family members with online tasks
  - Financial concerns of family
  - Home is unconducive as a learning environment
3. What ENVIRONMENTAL FACTORS do you think students consider distressful? (Check all that apply)
  - Navigating in a virtual environment
  - Interaction with people in the community
  - Absence of physical connectedness and interaction
  - Lack of socialization
  - Adapting to new ways of socialization
  - Limited recreational activity
  - None

4. What CONNECTIVITY ISSUES do you think your students have that cause them in distress? (Check all that apply)
  - Access or owning a gadget for class (laptop, tablet)
  - Internet signal
  - Lack of funds for internet
  - Fluctuating electricity
  - None
  
5. You have heard from your students that a LACK of this/ these cause your students' distress. (Check all that apply)
  - Physical interaction
  - Social support from family
  - Social support from friends
  - Community mobility
  - Leisure and recreation
  - None
  
6. Is the COVID-19 pandemic a significant stressor to your students?
  - Yes
  - No
  
7. How do you think your students have been coping with distress? (Check all that apply)
  - Having deep conversation and spending time with family
  - Connecting with friends online or through group calls
  - Practicing spirituality such as meditation or prayers
  - Doing exercise
  - Engaging in sports activities
  - Engaging in the arts like doing painting or playing instruments
  - Listening to music
  - Browsing social media such as Facebook, TikTok, Instagram etc.
  - Social media catharsis, e.g., ranting or voicing out ideas in Facebook
  - Resorting to online games
  - Watching movies or series
  - Sleeping and resting
  - Isolating one's self to have a "me" time
  - Eating favorite dishes and delicacies
  - Willingness to seek mental health consultation
  - None
  
8. If you have had students who have experienced distress, what support do you think they have received so far? (Check all that apply)
  - Health and wellness services
  - Technological support, e.g., laptop and gadget
  - Connectivity support, e.g., internet subsidy, data allowance
  - Financial support
  - No support
  
9. Does your college/unit implement any health and wellness program for students?
  - Yes
  - No
  - I don't know
  
10. Do your students benefit from any of the following ACADEMIC SUPPORT from your college? (Check all that apply)
  - Mentoring
  - Teacher support/advising
  - Teacher availability for academic consultation
  - Teacher having dedicated consultation hours
  - No fail policy
  - Flexible deadline
  - Not applicable
  
11. In the context of online learning, what teaching-learning strategies have you employed so far? (Check all that apply)
  - Flexible deadline for teaching learning activities
  - Recorded video lectures
  - Synchronous lectures
  - Asynchronous activities
  - Multiple takes of an online exam
  
12. In the conduct of your classes, what psychosocial support have you employed? (Check all that apply)
  - Mindfulness exercises
  - Talk time
  - Reflective writing activities
  - Wellness check
  - Open communication for sharing
  - Spiritual exercises like praying or silence
  - Strict observance of reading break
  - Not applicable
  
13. Are you aware of the process for seeking mental health consultation in UP-PGH?
  - Yes
  - No
  
14. Do you know how your students can avail guidance and counseling services from the Office of Student Affairs?
  - Yes
  - No
  
15. Do you have any of the following wellness-related activities in your college? (Check all that apply)
  - Stress management
  - Crisis management
  - Psychosocial first aid
  - Referral system for counseling
  - Student visitation
  - Not aware of any wellness related activities