Assessment of Mental Health and Well-Being of New College of Allied Health Studies Students

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Abstract: Mental health and well-being are crucial components of overall health, which have a significant impact on individuals' lives. A lot of students find it difficult to make the transition from high school into college. It involves a significant change in the academic, social, and personal aspects of their lives. The main objective of this paper is to assess the mental health and well-being of the new students under the College of Allied Health Studies (CAHS) from a local college in Olongapo City, Philippines. The researchers purposively chosen and surveyed 345 new students under the said college. The survey used a standardized instrument to assess the both the mental health and well-being of the students. The gathered data underwent descriptive statistical analysis using frequency, percentage, and mean values. Results show that most students belonged to ages 17-19, and were female. The General Mental well-being of these students scored 75.7% as non-psychiatric and 24.3% were psychiatric. In the degree of depressive symptoms, 83.4% of new students were at normal levels, and most of them were females. However, there were 52% of the males that experienced mild depression. In terms of anxiety, 36.2% were in the normal to moderate levels and there were more females than males who were under moderate anxiety. In the levels of stress, 89% of responses were categorized in normal level where there were more females than males that fall within the normal levels. In the case of mild stress, 8% were present in females and 25% of moderate cases were present in males. Based on these results, the researchers suggested some vital recommendations to deal with the mental health and well-being of the students.

Keywords—Mental Health, Mental Well-Being, New College Students, College of Allied Health Studies

1. INTRODUCTION

Mental health and well-being are crucial components of overall health, and they have a significant impact on individuals' lives. Mental health refers to the state of an individual's emotional, psychological, and social well-being (CDC, 2021). It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships, and shape the world we live in (WHO, 2022). It encompasses various aspects such as the way we feel about ourselves, how we manage our emotions, how we cope with stress, how well we socialize and interact with others, and how we handle life's challenges. Good mental health enables individuals to function well in their personal, professional, and social lives and helps them realize their full potential.

The concept of well-being is to be felt good and functional, experience positive emotions like happiness and contentment, the development of one individual's potential, have some control over one's personal life, gain a sense of purpose and become aware of certain relationships which are beneficial (Rugerari et al., 2020).

Well-being, on the other hand, is a broader concept that includes mental and physical health. It refers to a state of overall happiness, fulfillment, and satisfaction with life. Well-being encompasses various aspects such as physical health, emotional well-being, social connectivity, and a sense of

purpose and meaning in life. Good well-being allows individuals to enjoy life, be resilient in the face of adversity, and maintain healthy relationships and connections with others.

Mental health refers to a person's overall psychological well-being, which includes their emotional, social, and cognitive functioning. It encompasses various aspects of a person's life, such as their ability to cope with stress, maintain healthy relationships, and make decisions. Mental health is not just the absence of mental illness but also the presence of positive emotions, healthy behaviors, and meaningful relationships. Our emotional, psychological and societal wellbeing are part of our mental health. The way individual handle stress, connect with each other and make good decisions is also determined by this. Mental health is a key factor in every stage of life, starting as early as childhood and adolescence up to adulthood (CDC, 2021). A lot of students find it difficult to make the transition from high school into college. It involves a significant change in the academic, social, and personal aspects of their lives. Students may encounter various challenges during the transition, including managing their time effectively, adapting to new academic expectations, forming new social connections, and adjusting to a new environment. It can also have a significant impact on the personal and emotional well-being of students. They may experience increased stress, anxiety, or depression due to the new challenges they face in college (Pedrelli, et. al. 2015).

The transition from high school to college is the biggest transition they make in their life up until this point (Betz, 2024). The college environment can be stressful (Asio & Garcia, 2023) due to academic demands, social pressures, and the need to adapt to new environments. Therefore, it is essential to assess the mental health and well-being of new college students to understand the challenges they face and develop appropriate strategies to support them.

College students are at a critical stage in their lives where they are transitioning from adolescence to adulthood, and their mental health and well-being can be vulnerable to various stressors and challenges.

Assessing the mental health and wellness of new college students is an important process that can serve multiple purposes like assessing the mental health and wellness of students to help identify those who are at risk of experiencing mental health problems such as depression, anxiety, and stress. And eventually, an early identification allows for timely intervention and support.

This study aims to comprehensively assess the mental health status and well-being of new college students and sought to answer the following research questions:
1) What is the Demographic Profile of the respondents in terms of:
   a) age; and
   b) gender?
2) What is the general mental well-being of these new college students in terms of:
   a) non-psychologic; and
   b) psychologic?
3) What is the degree of depressive symptoms of these new college students?
   a) depression;
   b) anxiety; and
   c) stress?
4) What development and implementation of targeted interventions and support services by the institution be provided to promote student well-being and achieve academic success?

2. RESEARCH METHODOLOGY

2.1 RESEARCH DESIGN

This research used a quantitative-descriptive method of research. A descriptive method type of research intends to describe a particular phenomenon or characteristics of a certain population (Asio, 2021). Since the main aim of the study is to assess the mental health and well-being of new college students under the College of Allied Health Studies (CAHS), the descriptive research is appropriate for the job.

2.2 RESPONDENTS

This research respondents came from a local higher education institution in Olongapo City, Philippines which offers Bachelor of Science in Nursing (BSN) and Bachelor of

Science in Midwifery (BSM) courses. In particular, the study sample consisted of the new students from the Nursing and Midwifery Programs. The researchers used a purposive sampling technique and was able to obtain a total sample of 345 new students. In order to qualify, the researchers set the following inclusion criteria: a) a bona fide student of the said college (CAHS); b) currently enrolled within the semester; c) new student of the college (preferably first year level); and d) full-time student. As for the exclusion criteria, the researchers imposed the following: a) not a student of the college (CAHS); b) not enrolled within the semester; c) old student (second year level and higher); and d) part-time student.

2.3 RESEARCH INSTRUMENT

In order to obtain the necessary data for the study, the researchers employed the 28-item GHQ questionnaire developed by Goldberg and Hillier (1979) for identifying minor psychiatric disorders in the general population and within community or non-psychiatric clinical settings such as primary care or general medical outpatients and DASS 21 (Lovibond & Lovibond, 1995), a self-report scale designed to measure the negative emotional states of depression, anxiety, and stress.

These tools were the preferred standardized assessment tools used to measure mental health and identify symptoms of common mental health disorders such as anxiety, depression, and stress. Both assessments have been widely adopted in clinical and research settings for their reliability, validity, and ease of use.

2.4 DATA ANALYSIS

The GHQ-28 and DASS-21 used different scoring methods. Each item has a score range from 0 to 3 or 0 to 4, depending on the survey. Higher GHQ-28 scores indicate higher levels of distress. Goldberg suggests that participants with total scores of 23 or below should be classified as non-psychiatric, while participants with scores > 24 may be classified as psychiatric.

The researchers analyzed the gathered data with the help of Microsoft Excel in computing the descriptive statistics like frequency, percentage and mean values. The gathered data patterned the responses of the GHQ-28 and DASS-21 to a four (4) point Likert scale.

2.5 ETHICAL CONSIDERATION

The research was conducted following the standards set by the Philippine Health Research Ethics Board (PHREB) and the Philippine National Health Research System (PNRHS). This is designed to ensure the safety and privacy of new college students from CAHS during the research process. The researchers followed the general and specific guidelines that include informed consent, research design, the self-reported conduct of the research.

3. RESULTS AND DISCUSSION

Demographic Profile of the Respondents

Table 1. Frequency and Percentage Distribution of Respondents according to Age and Sex

Profile	F	%
Age		
17-19 years old	305	88%
20 years old and above	40	12%
Sex		
Female	320	92.8
Male	25	7.2
TOTAL	**345**	**100**

Table 1 shows that the majority or 88% of the new CAHS students belong to the age range of 17-19 years old. Accordingly, Cleofas and Rocha (2021) stated that Filipino undergraduate students studying in higher education institutions in the Philippines, between the age 18 to 22, years old. This age range comprises the majority of undergraduate students in the country. And mostly females at 92.8% as WHO identified Women account for 67% of the global health and social care workforce including the nursing profession and It is estimated that women provide essential health services for around 5 billion people worldwide.

General Mental Well-being
Table 2. Frequency and Percentage Distribution of Scores in the General Health Question-28

Scores	F	%	FEMALE	%	MALE	%
23-Below (non-psychiatric)	261	75.7	245	77	16	64
24-Above (Psychiatric)	84	24.3	75	23	9	36
TOTAL	**345**	**100**	**320**	**100**	**25**	**100**

Table 2 shows that 75.7% scores considered as non-psychiatric and 24.3% are psychiatric. Although many are in the normal level, there are some new CAHS Students which needs to be managed for in the Psychiatric levels. Sterling (2011), stated that the GHQ-28 has been divided into four subscales. These are: somatic symptoms (items 1–7); anxiety/insomnia (items 8–14); social dysfunction (items 15–28) and severe depression (items 22–28) (Goldberg 1979).

Degree of Depressive Symptoms

Table 3. Frequency and Percentage Distribution of respondents when rated according to sex in terms of Depression

SEVERITY	F	%	FEMALE		MALE	
			F	%	F	%
Normal (0-9)	288	83.4	279	87	9	39
Mild (10-13)	47	13.6	37	11	12	52
Moderate (14-20)	8	3	6	2	2	9
Severe (21-27)	2	0	0	0	0	0
Extremely Severe (28+)	0	0	0	0	0	0
TOTAL	**345**	**100**	**322**	**100**	**23**	**100**

Table 3 shows that 83.4 % of new CAHS students are in the normal levels, and most of them or 87% are females. But there are 52% of males are having mild depression. College students are faced with multiple stressors like living on their own for the first time, meeting new people, and taking a rigorous course load. All of these changes happen at one time and cause major stress. Any symptoms—both mild and severe—can affect college students' performance and mental health. (Cherry, 2023)

Table 4. Frequency and Percentage Distribution of respondents when rated according to sex in terms of Anxiety

SEVERITY	F	%	FEMALE		MALE	
			F	%	F	%
Normal (0-7)	125	36.2	118	37	7	23
Mild (8-9)	57	16.5	48	16	9	30
Moderate (10-14)	125	36.2	115	36	10	33
Severe (15-19)	27	7.8	25	8	2	7
Extremely Severe (20+)	11	3.3	9	3	2	7
TOTAL	**345**	**100**	**315**	**100**	**30**	**100**

Table 4 shows that 36.2% falls under Normal and Moderate Anxiety receptively. And 36% of females and 33% of males are under moderate anxiety. Feelings of anxiety and other mental health issues may be a result of various stressors experienced by a college student. In addition to the differences in the levels of anxiety between classifications of college students, there may also be differences in mental-health issues. Naceanceno, et al., (2021) reported that both males and females have an inclination to fear uncertainty, but females display higher level of negative cognitive orientation and cognitive avoidance.

Table 5. Frequency and Percentage Distribution of respondents when rated according to sex in terms of Stress

SEVERITY	F	%	FEMALE		MALE	
			F	%	F	%
Normal (0-14)	307	89	301	89.3	6	75
Mild (15-18)	27	7.8	27	8	0	0
Moderate (19-25)	8	2.3	6	1.7	2	25
Severe (26-33)	3	0.9	3	1	0	0
Extremely Severe (34+)	0	0	0	0	0	0
TOTAL	**345**	**100**	**337**	**100**	**8**	**100**

Table 5 shows that 89% of responses falls on the normal level and 89% of female and 75% of Males fall within the normal levels. But cases of Mild stress or 8% are present in females and 25% of moderate cases are present in males. The transition of students from high school level to the college level is inherently stressful for students. It could cause psychological, academic and social shock to them and academic and environmental stressors were found contributing most to the students' level of stress (Yikealo et al., 2018).

Table 6. Mean Distribution of Self-report Assessment of Psychological Well-Being (GHQ-28)

INDICATORS	MEAN	INTERPRETATION
GHQ 1	0.5	Same as usual
GHQ 2	0.7	Same as usual
GHQ 3	0.7	Same as usual
GHQ 4	0.5	Same as usual
GHQ 5	0.58	Same as usual
GHQ 6	0.6	Same as usual
GHQ 7	0.6	Same as usual
GHQ 8	0.7	Same as usual
GHQ 9	0.68	Same as usual
GHQ 10	0.61	Same as usual
GHQ 11	0.7	Same as usual
GHQ 12	0.76	Same as usual
GHQ 13	0.7	Same as usual
GHQ 14	0.7	Same as usual
GHQ 15	0.65	Same as usual
GHQ 16	0.62	Same as usual
GHQ 17	0.5	Same as usual
GHQ 18	0.5	Same as usual
GHQ 19	0.47	Same as usual
GHQ 20	0.48	Same as usual
GHQ 21	0.6	Same as usual
GHQ 22	0.5	Same as usual
GHQ 23	0.5	Same as usual
GHQ 24	0.55	Same as usual
GHQ 25	0.7	Same as usual
GHQ 26	0.57	Same as usual
GHQ 27	0.56	Same as usual
GHQ 28	0.6	Same as usual
Overall Mean	**0.6**	**Same as usual**

Table 6 shows the psychological well-being as self-reported by the new CAHS students. Most responses fall under Same as Usual as also the Average weighted mean. As interpreted, the second item ('same as usual') a score of 0 for negative items and a score of 1 for positive items. Higher scores indicate a greater possibility of psychological distress (McDermott, 2015).

Table 7. Mean Distribution of Self -Report Assessment of Depression, Anxiety and Stress Scale (DASS-21)

INDICATORS	MEAN	INTERPRETATION
DASS 1	**0.8**	Sometimes
DASS 2	**1.0**	Sometimes
DASS 3	**0.6**	Sometimes
DASS 4	**0.5**	Sometimes
DASS 5	**0.7**	Sometimes
DASS 6	**0.8**	Sometimes
DASS 7	**0.8**	Sometimes
DASS 8	**0.9**	Sometimes
DASS 9	**0.9**	Sometimes
DASS 10	**0.4**	Never
DASS 11	**0.6**	Sometimes
DASS 12	**0.6**	Sometimes
DASS 13	**0.6**	Sometimes
DASS 14	**0.6**	Sometimes
DASS 15	**0.6**	Sometimes
DASS 16	**0.5**	Sometimes
DASS 17	**0.6**	Sometimes
DASS 18	**0.9**	Sometimes
DASS 19	**0.6**	Sometimes
DASS 20	**0.6**	Sometimes
DASS 21	**0.3**	Never
Overall mean	**0.66**	**Sometimes**

Table 7 shows the Depression, Anxiety and stress level as self-reported by the new CAHS Students, most responses fall under sometimes and also with the average weighted mean. Only question No. 10 and 21 falls under the response never. The DASS 21 IS designed to measure the negative emotional states of depression, anxiety and stress. The "sometimes" response is Applied to me to some degree, or some of the time (Healthfocus Clinical Psychology Services, n.d).

4. CONCLUSION

The following conclusions are based on the findings gathered in the course of the study.
1) Among the new 345 CAHS Students. Majority or 88.8% belong the ages 17-19, and 92.8% were females.
2) In the General Mental Well-being of the new CAHS students there were 75.7% of scores considered as non-psychiatric and 24.3% are psychiatric. Although many were in the normal level, there were also some new CAHS Students which needs to be managed for they were categorized as Psychiatric cases.
3) In the degree of depressive symptoms, 83.4 % of new CAHS students were in the normal levels, and most of them or 87% are females. But there were also 52% of males who were having mild depression. In terms of anxiety, 36.2% falls under Normal and Moderate Anxiety receptively. And 36% of females and 33% of males are under moderate anxiety. In the levels of stress, 89% of responses categorized as normal level and 89% of female and 75% of Males fall were also within the normal levels. But cases of Mild stress or 8% were present in females and 25% of moderate cases are present in males.
4) The psychological well-being as self-reported by these new CAHS students, most o1f their responses fall under

"Same as Usual "as also the Average weighted mean result. The Depression, Anxiety and stress level as self-reported by these new CAHS Students, most of their responses falls under "Sometimes" and also with the average weighted mean. Only question No. 10 and 21 falls under the response "Never".

5. DISCUSSION

Based on the conclusions made, the following recommendation is suggested.

1) Similar study should be made at all levels and all Colleges of the Institution. This entails their critical transition period in their development and maturity. As they face a variety of issues during this time, including emotions and socialization.

2) When it comes to implementing mental health wellness activities in a college institution, there is no one-size-fits-all approach. However, here are some potential activities that can be beneficial for promoting student mental health: The following activities or programs are suggested:

- Awareness campaigns: Conduct educational campaigns to raise awareness about mental health issues, reduce stigma, and promote the importance of seeking help. This can include workshops, seminars, guest speaker events, and distributing informational materials.

- Counseling services: Ensure that the college has adequate counseling services available to students, including individual counseling, group therapy, and crisis intervention. In addition, consider offering virtual or online counseling options to reach students who may face barriers to accessing in-person services.

- Mental health screenings: Offer free and confidential mental health screenings on campus. These screenings can help identify students who may be at risk and connect them with appropriate support services.

- Peer support programs: Establish peer support programs where trained student volunteers provide support and resources to their peers. This can include peer mentoring, support groups, and wellness workshops facilitated by students.

- Mindfulness and stress reduction programs: Introduce mindfulness-based activities like meditation classes, yoga sessions, or stress reduction workshops. These practices can help students develop tools for managing stress and promoting overall well-being.

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