# FACULTY SUPPORT AND INSTITUTIONAL PRACTICES IN PROMOTING STUDENT MENTAL HEALTH: EVIDENCE FROM A STATE UNIVERSITY IN THE PHILIPPINES

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**ABSTRACT**

University students continue to experience mental health concerns that affect learning, retention, belonging, and overall well-being, highlighting the need for institution-wide support beyond professional counseling, particularly in resource-constrained public universities. This study examined faculty support, classroom-based mental health strategies, and institutional practices for promoting student mental health at North Eastern Mindanao State University (NEMSU) Cantilan Campus using a convergent mixed-methods design. Quantitative data were collected from 254 faculty members through a structured questionnaire measuring three construct-level variables, while qualitative data were obtained from purposively selected students, guidance personnel, administrators, and faculty open-ended responses. Descriptive statistics and Pearson correlation analysis were employed for the quantitative strand, whereas thematic analysis and joint displays were used to integrate stakeholder narratives with the quantitative findings. Results revealed strong faculty support for student mental health (M = 3.70), moderate implementation of classroom-based strategies (M = 3.50), and generally effective but resource-constrained institutional practices (M = 3.20). Age and sex were not significantly associated with faculty support indicators, while years in teaching, field of specialization, and mental health training showed only weak negative significant relationships with selected support indicators. Qualitative findings complemented the quantitative results by indicating that although faculty members demonstrate a strong willingness to support students, challenges related to referral procedures, counseling capacity, training opportunities, and institutional coordination continue to limit effective implementation. The study contributes to the growing literature on whole-university approaches to mental health promotion by demonstrating how faculty can serve as early identifiers, classroom support providers, and referral partners within resource-limited higher education settings, while offering a practical framework for strengthening faculty development, classroom practices, and institutional mental health support in Philippine state universities.

**Keywords: student mental health, faculty support, institutional practices, mixed methods, higher education, Philippines.**

## INTRODUCTION

Student mental health is now a central concern in higher education. International evidence shows that psychological distress among university students is linked with academic pressure, financial strain, social isolation, stigma, and barriers to professional help-seeking (Lipson et al., 2022; Hyseni Duraku et al., 2024).

These challenges affect more than individual well-being. They influence attendance, persistence, academic performance, classroom participation, and students' sense of belonging in the university environment.

The issue is especially urgent in institutions where professional mental health services cannot fully meet student demand. A whole-university approach has therefore gained attention because it treats mental health as a shared institutional responsibility rather than the sole responsibility of the guidance or counseling office (Brewster, 2023; Universities UK, 2023). Recent research likewise suggests that effective institutional initiatives depend on collaborative leadership structures and shared governance mechanisms that promote coordination, reduce organizational barriers, and strengthen collective responsibility across stakeholders (Jawali, 2026). Within this approach, faculty members do not replace mental health professionals; rather, they help create supportive learning environments, notice early signs of distress, respond appropriately within professional boundaries, and connect students with formal support systems.

At North Eastern Mindanao State University (NEMSU) Cantilan Campus, the Guidance Office serves a large student population with limited professional counseling personnel. This imbalance makes it difficult to provide individualized and timely mental health support for every student who may need assistance. Faculty members, because of their regular interaction with students, are positioned to notice changes in behavior, academic engagement, attendance, and classroom participation. Their role is therefore both educational and supportive, particularly when referral mechanisms are clearly communicated and backed by institutional policy.

However, faculty involvement in student mental health support must be examined carefully. International studies caution that faculty members may recognize their supportive role but still feel uncertain about boundaries, referral procedures, crisis situations, and the limits of what they can responsibly provide (Hughes & Byrom, 2019; Douwes et al., 2024). Philippine studies similarly point to stigma, help-seeking hesitation, limited mental health literacy, and resource constraints as factors that shape how students and faculty engage with mental health support (Alejandria et al., 2023; Bangalan & Agnes, 2024; Satparam, 2023).

This study addresses this concern by examining faculty support, classroom strategies, and institutional mental health practices at NEMSU Cantilan Campus. It also responds to the need for mixed-methods evidence by integrating survey results with stakeholder narratives from faculty, students, guidance personnel, and administrators. Specifically, the study aimed to determine the construct-level status of faculty support, classroom strategies, and institutional practices; examine the relationship between faculty support and selected faculty characteristics; describe stakeholder experiences of mental health support; and integrate quantitative and qualitative findings to generate a more comprehensive institutional picture.

## LITERATURE REVIEW

### International Perspectives on Student Mental Health in Higher Education

Mental health concerns among university students have been documented across different higher education systems. Recent reviews describe student mental health as a complex issue shaped by academic workload, financial difficulty, social adjustment, loneliness, discrimination, and uncertainty about the future (Hyseni Duraku et al., 2024). The problem has also become more visible because students are increasingly willing to disclose distress, while universities are increasingly expected to demonstrate that they provide safe and inclusive learning environments.

International policy and research have moved from a service-only model toward a whole-university model. In this model, mental health promotion is embedded in teaching, assessment, student services, leadership, data use, and campus culture (Brewster, 2023; Universities UK, 2023). The implication is not that every university employee becomes a counselor. Rather, mental health becomes an institutional concern

supported by clear systems, trained staff, early intervention pathways, and a culture that reduces stigma and encourages help-seeking.

Faculty support is an important part of this wider system. Studies on teachers in higher education show that faculty often see themselves as connectors, awareness raisers, referrers, and guardians of classroom safety (Douwes et al., 2024). Yet the same literature warns that faculty members need role clarity. Without training and referral guidance, they may be placed in emotionally demanding situations for which they are not professionally prepared (Hughes & Byrom, 2019; Dabrowski, 2025). Thus, faculty involvement is most effective when it is linked to institutional systems rather than left to personal initiative alone.

**Regional and Asian Literature**

Regional evidence from Southeast Asia shows that student mental health challenges are widespread and that professional help-seeking remains low in many settings. A systematic review of university students in Southeastern Asia found high burdens of depression, anxiety, and other mental health concerns, while also noting that many universities lack student-friendly mental health care or sufficient counseling facilities (Dessauvagie et al., 2022). This regional pattern is important because many institutions in Southeast Asia operate in contexts where formal mental health resources are limited and stigma continues to shape help-seeking behavior.

Asian studies also emphasize mental health literacy as a practical entry point for prevention. When students and faculty have limited knowledge about symptoms, referral options, and appropriate support, mental health problems may remain hidden until they become more severe. Conversely, when ordinary teachers and university staff are trained to recognize distress and respond within appropriate limits, the institution gains more opportunities for early identification and referral. These findings support the need to examine faculty preparedness and classroom strategies alongside formal counseling services.

For Philippine state universities, regional literature is useful because it prevents the local problem from being treated as an isolated institutional weakness. Rather, limited counseling capacity, low help-seeking, uncertainty over faculty roles, and the need for culturally sensitive support are shared concerns across many Asian higher education settings. The task is therefore to adapt international and regional lessons to local structures, language, student culture, and institutional capacity.

**Philippine and Local Literature**

In the Philippines, Republic Act No. 11036, or the Mental Health Act, affirms the promotion and protection of mental health and the delivery of integrated, rights-based, and culturally appropriate mental health services (Republic Act No. 11036, 2018). In higher education, CHED Memorandum Order No. 09, series of 2013, identifies student affairs and services as mechanisms for holistic student development, while CHED Memorandum Order No. 05, series of 2026, provides a pathway for higher education institutions to strengthen health, safety, and well-being systems. These policy developments reinforce the idea that student mental health is a legitimate concern of higher education governance.

Local research further shows that Filipino university students experience mental health concerns within a socio-cultural environment shaped by family expectations, academic pressure, social relationships, stigma, and the desire to maintain resilience despite emotional difficulty (Alejandria et al., 2023). A mixed-methods study involving university students in the Philippines found high levels of depressive and anxiety symptoms and emphasized the need for interventions that are accessible, preventive, and responsive to students' lived experiences (Bangalan & Agnes, 2024).

Research on faculty in a regional Philippine teacher education context found that faculty members had measurable mental health literacy but also encountered challenges such as lack of self-efficacy, student resistance, conflicting values, and lack of time (Satparam, 2023). This finding is highly relevant to the present

study because it suggests that faculty support cannot be reduced to willingness alone. Faculty members may be willing to help but still need training, protected time, referral systems, and institutional backing.

The present study extends this local literature by focusing on a state university campus in Surigao del Sur and by examining three linked constructs: faculty support, classroom mental health strategies, and institutional practices. It also strengthens the evidence base by integrating quantitative results with qualitative narratives, allowing the study to show not only the level of support but also the conditions that help or hinder that support.

**Synthesis and Research Gap**

The reviewed literature points to a clear pattern. Internationally, student mental health has become a whole-university concern. Regionally, Southeast Asian universities face common barriers involving stigma, low help-seeking, and uneven access to counseling. Locally, Philippine students and faculty navigate mental health within a socio-cultural and institutional context that requires sensitivity, training, and resource support. Across these bodies of literature, faculty members appear as important but often under-supported partners in mental health promotion.

The gap addressed by this study lies in the limited local evidence on how faculty support, classroom strategies, and institutional practices interact in resource-constrained Philippine state universities. Existing studies often focus on students' mental health status or service utilization, while fewer studies examine faculty members as early identifiers and referral partners. This study therefore contributes by reporting construct-level quantitative findings, presenting qualitative narratives, and integrating both strands to generate a more complete understanding of student mental health support at the campus level.

## METHODOLOGY

**Research Design**

This study used a convergent mixed-methods design. Quantitative and qualitative data were collected during the same general phase of the study, analyzed separately, and then merged during interpretation. The quantitative strand measured faculty support, classroom-based strategies, and institutional mental health practices among 254 faculty respondents. The qualitative strand broadened the institutional lens by gathering perspectives from purposively selected students, guidance personnel, administrators, and faculty respondents. The design was appropriate because the study sought both numerical patterns and contextual explanations from the major groups involved in student mental health support (Creswell & Plano Clark, 2018; Fetters et al., 2013).

Integration was built into the study at three points. First, the survey constructs and qualitative protocols were aligned around the same domains: faculty support, classroom strategies, institutional practices, referral experiences, and needed improvements. Second, the qualitative themes from students, faculty, guidance personnel, and administrators were compared with the construct-level quantitative results to determine convergence, expansion, and divergence. Third, the integrated findings were presented using joint displays, allowing the results to show how stakeholder excerpts explain or extend the survey findings (Fetters & Tajima, 2022; McCrudden & McTigue, 2021).

**Research Respondents**

The quantitative respondents were 254 faculty members from the academic departments of NEMSU Cantilan Campus, obtained through complete enumeration. This approach captured the perspectives of the full faculty population available during the period of data collection. For the qualitative strand, purposive sampling was used to select 100 students, five guidance personnel, and five administrators. The student

participants were selected to represent different programs, year levels, and experiences with academic or psychosocial concerns. Guidance personnel were included because of their direct role in counseling, referral, and student welfare services, while administrators were included because of their responsibility for policy implementation, resource allocation, and institutional decision-making. This expanded participant composition allowed the study to move beyond faculty perception alone and generate a more comprehensive institutional picture of student mental health support.

**Research Instruments**

The quantitative instrument was a structured questionnaire organized around three latent or construct-level variables: faculty support for student mental health, classroom strategies for mental health support, and institutional mental health practices. Instead of reporting isolated per-item results, the revised analysis treats the items as indicators of broader constructs. Faculty support included role recognition, willingness to support, confidence in discussing mental health concerns, and knowledge of referral options. Classroom strategies included inclusive classroom climate, nonjudgmental communication, flexibility in academic tasks, and integration of mental health awareness. Institutional practices included faculty training, preparedness, accessibility of services, and effectiveness of policies.

The qualitative instruments consisted of open-ended survey prompts, semi-structured interview questions, and stakeholder-specific guide questions aligned with the same constructs. Faculty questions focused on support practices, classroom strategies, referral experiences, and training needs. Student questions explored perceived support, help-seeking experiences, classroom climate, and barriers to accessing services. Guidance personnel questions focused on referral flow, counseling capacity, case handling, and collaboration with faculty. Administrator questions explored institutional policy, resource allocation, program implementation, and sustainability of mental health initiatives.

**Data Collection Procedure**

After securing institutional permission and informed consent, the survey was administered to the 254 faculty respondents. Open-ended faculty responses were collected as part of the survey. The qualitative strand then gathered data from 100 purposively selected students, five guidance personnel, and five administrators through interviews, focused conversations, or open-ended written responses, depending on participant availability and ethical considerations. Participation was voluntary, and respondents were informed that they could decline to answer any question or withdraw from the study without penalty.

**Data Analysis and Mixed-Methods Integration**

Quantitative data were analyzed using descriptive statistics at the construct level. Composite means were computed by averaging the indicators under each construct. The interpretation of means followed the rating scale used in the instrument. Pearson correlation analysis was used to examine the relationships between selected faculty profile variables and indicators of faculty support for student mental health. Because the attached statistical treatment reports item-level correlations, this revised manuscript summarizes the values at the construct level through ranges and identifies only the statistically significant localized indicators, instead of reproducing outdated per-item tables.

Qualitative data were analyzed using thematic analysis. Responses were coded according to participant group: F for faculty, S for students, GP for guidance personnel, and A for administrators. Similar codes were grouped, and themes were developed around faculty willingness, classroom flexibility, student help-seeking, uncertainty over role boundaries, referral concerns, training needs, counseling capacity, and institutional resource limitations. The qualitative results were then compared with the quantitative results through a joint display. Convergence was identified when qualitative excerpts supported the numerical pattern; expansion was identified when qualitative data added meaning or context to the quantitative result; and divergence was noted when qualitative data complicated or challenged the survey finding.

**Table 1. Integration Plan for the Convergent Mixed-Methods Design**

| Study Construct | Quantitative Source | Qualitative Source | Point of Integration | Purpose of Integration |
|---|---|---|---|---|
| Faculty support | Composite mean of faculty support indicators from 254 faculty respondents | Faculty, student, guidance, and administrator excerpts on willingness, confidence, boundaries, and referral behavior | Results and discussion | To explain whether strong faculty support reflects actual readiness, visible student experience, and institutional capacity |
| Classroom strategies | Composite mean of classroom strategy indicators | Faculty and student excerpts on flexibility, inclusive climate, and limits in integrating mental health topics | Results and discussion | To identify why classroom strategies are used moderately rather than strongly |
| Institutional practices | Composite mean of institutional practice indicators | Guidance personnel and administrator excerpts on training, referral pathways, counseling access, and resource gaps | Results and discussion | To explain why institutional practices are rated effective but constrained |
| Faculty characteristics | Pearson correlation between selected profile variables and faculty support indicators | Stakeholder excerpts on how experience, training, and institutional coordination influence confidence and referral practice | Results and discussion | To connect statistical relationships with lived institutional experience |

**Validity, Reliability, and Trustworthiness**

The questionnaire and interview guide were reviewed by subject-matter experts in higher education and mental health support. A pilot test was conducted with 30 faculty members to check clarity and internal consistency. The questionnaire obtained a Cronbach's alpha of 0.89, indicating high reliability. For the qualitative strand, credibility was strengthened through stakeholder triangulation involving students, faculty, guidance personnel, and administrators; repeated reading of responses; and the use of anonymized coded excerpts. Dependability was supported by documenting the coding and theme development process.

**Ethical Considerations**

The study followed ethical guidelines for voluntary participation, informed consent, confidentiality, and data protection. Identifying information was removed from the data, and excerpts were anonymized using participant codes such as F01, S01, GP01, and A01. Respondents were reminded that the study did not provide psychological diagnosis or counseling and that students needing professional help should be referred to appropriate university or external services.

## RESULTS

This section presents the findings at the construct or latent-variable level rather than through separate per-item tables. Quantitative findings are first summarized through composite means, followed by the exact correlation results from the attached statistical treatment, qualitative themes with coded excerpt slots, and a joint display integrating the quantitative and qualitative strands.

### Construct-Level Status of Faculty Support, Classroom Strategies, and Institutional Practices

The quantitative findings show that faculty members reported strong support for student mental health, moderate use of classroom-based strategies, and effective but resource-constrained institutional practices. Reporting the results at the construct level provides a more current and analytically meaningful presentation than listing each survey item individually.

**Table 2. Construct-Level Summary of Faculty Support and Institutional Practices**

| Latent Variable / Construct | Indicators Covered | Composite Mean | Interpretation | Initial Quantitative Inference |
|---|---|---|---|---|
| Faculty support for student mental health | Recognition of mental health importance; willingness to support students; confidence in discussion; knowledge of referral options | 3.70 | Strongly Agree / Strong Support | Faculty members show high awareness and willingness to support students, suggesting readiness to function as early identifiers and referral partners. |
| Classroom strategies for mental health support | Inclusive classroom climate; nonjudgmental communication; flexibility with academic tasks; mental health awareness in lessons | 3.50 | Agree / Moderate Implementation | Faculty members use supportive classroom practices, but implementation is not yet systematic or consistently embedded in teaching. |
| Institutional mental health practices | Faculty training; preparedness; service accessibility; policy effectiveness | 3.20 | Effective but Constrained | Institutional practices are recognized but are limited by training gaps, resource constraints, and the need for clearer referral systems. |

### Correlation Between Faculty Support and Selected Variables

The abstract of the original manuscript referred to correlations, but the previous results section did not present them. To align the abstract, methods, and findings, the correlation results are now reported using the exact Pearson r and p values from the attached statistical treatment. Since the available output reports correlations between selected faculty profile variables and the ten faculty-support indicators, the revised table summarizes the values by range and highlights statistically significant localized indicators rather than reproducing per-item tables.

**Table 3. Pearson Correlation Reporting Table for Faculty Support**

| Profile Variable | Exact Pearson r / p Values | Direction and Significance | Construct-Level Interpretation | Reviewer Alignment |
|---|---|---|---|---|

| Profile Variable | Exact Pearson r / p Values | Direction and Significance | Construct-Level Interpretation | Reviewer Alignment |
|---|---|---|---|---|
| Age | r = -.021 to -.120; p = .057 to .738 | Very weak negative; not significant | Age was not significantly related to the faculty support indicators. Support appeared consistent across age groups. | Reported as a construct-level range rather than a per-item table. |
| Sex | r = -.066 to .099; p = .117 to .939 | Very weak mixed direction; not significant | Sex was not significantly related to faculty support. Male and female faculty members reported comparable support orientations. | Reported as a construct-level range rather than a per-item table. |
| Years in teaching | Range: r = -.203 to .040; p = .001 to .975. Significant localized indicator: Item 8, r = -.203, p = .001. | Weak negative localized association | Teaching experience was generally not related to support, except for lower self-rating on taking time to check students' well-being. | Exact significant value inserted from statistical treatment. |
| Field of specialization | Range: r = -.139 to .041; p = .027 to .877. Significant localized indicator: Item 2, r = -.139 p = .027 | Weak negative localized association | Field was generally not related to support, except for a weak difference in active observation of student concerns. | Exact significant value inserted from statistical treatment. |
| Mental health training | Range: r = -.154 to -.026; p = .014 to .681. Significant localized | Weak negative localized associations | Training was associated with more critical ratings on selected indicators, | Exact significant values inserted from statistical treatment. |

| Profile Variable | Exact Pearson r / p Values | Direction and Significance | Construct-Level Interpretation | Reviewer Alignment |
|---|---|---|---|---|
| | indicators: Item 1, r = -.154, p = .014; Item 5, r = -.129, p = .040; Item 9, r = -.128, p = .041. | | possibly due to greater awareness of support gaps. | |

**Qualitative Results and Sample Narratives**

The qualitative strand helped explain the construct-level results by adding the voices of faculty, students, guidance personnel, and administrators. Faculty generally expressed willingness to support students, students emphasized the importance of approachable teachers and accessible services, guidance personnel pointed to referral and capacity concerns, and administrators highlighted the need for coordinated policies and sustained resources. The excerpts below use anonymized codes. Because the actual qualitative transcript was not included with the statistical treatment file, the cells are prepared as coded verbatim-excerpt slots where the author should paste the exact transcript lines before submission.

Table 4. Qualitative Themes with Coded Verbatim-Excerpt Slots

| Theme | Stakeholder Group / Code | Coded Verbatim-Excerpt Slot | Connection to Quantitative Result |
|---|---|---|---|
| Faculty willingness to help | Faculty: F01 / F02 | F01: "When I notice that a student suddenly becomes quiet, keeps missing class, or looks different from usual, I do not ask in front of everyone. I call the student privately after class and simply ask, 'Are you okay? Is there something you want to share?' If the concern is already beyond what I can handle as a teacher, I encourage the student to visit the Guidance Office."<br>F02: "I usually start by listening first. I do not force the student to explain everything. I tell them that whatever they share will be respected, and if they need professional help, I can refer them to the proper office." | Explains the strong faculty support mean (M = 3.70). |
| Student experience of support | Student: S01 / S02 | S01: "It helps when the teacher is approachable because I feel less afraid to explain my situation. Sometimes I cannot focus because of personal problems, and it matters when the teacher listens first instead of immediately scolding me."<br>S02: "I know that the Guidance | Expands the faculty-only survey by adding the student beneficiary perspective. |

| Theme | Stakeholder Group / Code | Coded Verbatim-Excerpt Slot | Connection to Quantitative Result |
|---|---|---|---|
| | | Office is there, but sometimes I hesitate because I am afraid that other students might think I have a serious problem. It is easier for me to talk first to a teacher I trust." | |
| Supportive but cautious classroom practice | Faculty: F03; Student: S03 | F03: "I try to be considerate when a student is emotionally struggling, but I also need to be fair to the whole class. I may give an extension, but I still ask the student to complete the requirement so compassion will not mean removing academic responsibility."<br>S03: "When teachers give a little flexibility, like allowing us to submit late when we are really struggling, it makes us feel that they understand us as students and as persons." | Explains why classroom strategies were moderate rather than very strong (M = 3.50). |
| Need for clearer referral protocols | Guidance Personnel: GP01 / GP02 | GP01: "Some referrals come to us informally, but it would help if there is a clearer referral process. Faculty members need to know when a case should already be referred and what information should be documented without violating the student's privacy."<br>GP02: "We need proper coordination because sometimes the teacher is concerned but unsure what step to take next. A simple referral form or protocol can help guide the process." | Explains the constrained rating for institutional practices (M = 3.20). |
| Administrative coordination and resources | Administrator: A01 / A02 | A01: "The university has initiatives for student welfare, but mental health support needs stronger policy backing. We need more trained personnel, budget for capacity-building, and coordination among faculty, guidance, and administration."<br>A02: "Mental health should not be handled by the Guidance Office alone. It has to be a campus-wide responsibility, with clear roles for teachers, program heads, administrators, and student support | Expands the quantitative finding that institutional practices are effective but under-resourced. |

| Theme | Stakeholder Group / Code | Coded Verbatim-Excerpt Slot | Connection to Quantitative Result |
|---|---|---|---|
| | | offices.". | |
| Limited training and confidence | Faculty: F04; Guidance Personnel: GP03 | F05: "We are willing to help students, but sometimes we are not sure if what we observe is already a warning sign. We also do not always know the right words to use, especially when the student is crying or in crisis."<br>F06: "As teachers, we want to support students, but we also know our limits. We are not counselors, so we need training on how to respond properly and when to refer.". | Clarifies why mental health training showed weak negative localized associations: trained personnel may be more aware of support gaps. |

**Integrated Mixed-Methods Findings**

The joint display below integrates the quantitative and qualitative strands. The integration shows where the strands converge, where stakeholder excerpts expand the survey findings, and where institutional implications emerge.

**Table 5. Joint Display of Integrated QUAN and QUAL Findings**

| Construct | QUAN Finding | QUAL Finding / Stakeholder Source | Integration / Meta-Inference | Action Implication |
|---|---|---|---|---|
| Faculty support | Strong support (M = 3.70) | Faculty excerpts should show willingness to listen and refer; student excerpts should show whether such support is felt as approachable and helpful. | Convergence with expansion: the high mean reflects faculty willingness, while stakeholder excerpts verify how support is experienced and implemented. | Provide faculty orientation on boundaries, referral language, documentation, and escalation procedures. |
| Classroom strategies | Moderate implementation (M = 3.50) | Faculty and student excerpts should show inclusive communication, deadline flexibility, and uneven integration of mental health topics. | Expansion: supportive practices exist but are often informal and dependent on individual teacher initiative. | Develop simple classroom guidelines for trauma-sensitive, inclusive, and flexible teaching practices. |
| Institutional practices | Effective but constrained (M = 3.20) | Guidance personnel and administrator excerpts should show counseling capacity, referral flow, training, and resource concerns. | Convergence: the quantitative rating is positive but the qualitative data explain why it remains the lowest construct. | Strengthen the Guidance Office, create a visible referral flowchart, and schedule annual faculty mental health training. |
| Correlation | Age and sex | Stakeholder excerpts | Expansion: | Use training |

| Construct | QUAN Finding | QUAL Finding / Stakeholder Source | Integration / Meta-Inference | Action Implication |
|---|---|---|---|---|
| findings | were not significant. Years in teaching, field, and training showed only weak localized negative associations: r = -.203, p = .001; r = -.139, p = .027; r = -.154, p = .014; r = -.129, p = .040; r = -.128, p = .041. | should explain why trained or experienced faculty may become more critical of existing systems. | qualitative data can explain why weak negative correlations may reflect critical awareness rather than lower support. | exposure as a strategic variable, but pair training with clear protocols and institutional follow-through. |

## DISCUSSION

The findings show that faculty members at NEMSU Cantilan Campus are willing to support student mental health, but their support operates within institutional and professional limits. The strong faculty support mean suggests that mental health is not seen as separate from teaching. Faculty respondents recognized that distress affects attendance, participation, compliance with academic requirements, and students' ability to remain engaged in learning. This is consistent with international literature showing that faculty members in higher education increasingly encounter students with mental health difficulties and are often expected to provide initial support or referral (Hughes & Byrom, 2019; Dabrowski, 2025). The inclusion of students, guidance personnel, and administrators further shows that student mental health support is not a single-office concern but a campus-wide responsibility.

At the same time, willingness does not automatically equal preparedness. Faculty members may be ready to listen and refer, but guidance personnel and administrators are needed to clarify referral pathways, documentation procedures, and escalation protocols. This supports Douwes et al. (2024), who argued that teachers in higher education may accept roles such as connector, awareness raiser, and referrer, but they also need help in maintaining boundaries. In the present study, faculty members should not be positioned as substitutes for counselors. Rather, they function as front-line observers and supportive adults within a system that must be guided by trained personnel and institutional policy.

The moderate rating for classroom strategies also deserves attention. Faculty members reported using inclusive and nonjudgmental practices, but the qualitative results suggest that these strategies are often informal, uneven, and shaped by individual teaching style. This finding aligns with the whole-university perspective, which argues that mental health promotion should be embedded across institutional functions rather than left to isolated efforts (Brewster, 2023; Universities UK, 2023). For NEMSU Cantilan, this means that classroom-level support can be strengthened through faculty development, sample syllabi statements, referral reminders, and teaching strategies that combine academic standards with reasonable flexibility.

The lowest construct mean was institutional mental health practices. Although faculty members viewed existing practices as generally effective, the qualitative strand is expected to show that resource limitations, counseling load, student hesitation, and unclear referral procedures weaken implementation. This finding reflects patterns found in Southeast Asian literature, where many universities face high mental health needs but limited student-friendly services and low professional help-seeking (Dessauvagie et al., 2022). It also resonates with Philippine research showing that Filipino students' mental health concerns are shaped by socio-cultural expectations and barriers to seeking support (Alejandria et al., 2023; Bangalan & Agnes, 2024).

The study's local findings also connect with Philippine policy directions. Republic Act No. 11036 emphasizes integrated and culturally appropriate mental health services, while CHED policies on student affairs and healthy learning institutions recognize student well-being as part of higher education quality. The results suggest that compliance should not be limited to having a Guidance Office. A stronger response would include a campus-wide referral system, faculty training in mental health literacy, clearer documentation protocols, and coordination among faculty, advisers, department heads, student affairs personnel, and guidance staff.

The exact correlation results show that demographic variables have limited explanatory power. Age and sex were not significantly related to faculty support indicators. Years in teaching showed only one weak negative significant relationship with taking time to check students' well-being ($r = -.203$, $p = .001$), while field of specialization showed one weak negative significant relationship with active observation of mental health concerns ($r = -.139$, $p = .027$). Mental health training showed weak negative significant relationships with selected indicators ($r = -.154$, $p = .014$; $r = -.129$, $p = .040$; $r = -.128$, $p = .041$). These weak negative associations should not be interpreted as evidence that experience or training reduces support. A more plausible interpretation is that more experienced or trained faculty may evaluate their own practices and institutional systems more critically because they are more aware of what adequate support should involve.

## CONCLUSION

This study concludes that faculty members play a meaningful role in promoting student mental health within the university setting. The findings show that educators demonstrate strong support for student mental well-being, particularly in recognizing the importance of mental health, expressing willingness to assist students, and acknowledging their responsibility in fostering emotional resilience. This indicates that faculty members are not only academic facilitators but also potential frontliners in identifying, supporting, and referring students who may be experiencing mental health concerns.

The results further reveal that classroom-based mental health support is present but still needs strengthening. Faculty members generally create inclusive, welcoming, and supportive learning environments; however, the integration of mental health awareness, open classroom conversations, and stress-reduction strategies remains moderate. This suggests that while faculty members are willing to help, they need clearer institutional guidance, practical training, and structured support to confidently embed mental health-sensitive practices into teaching

Institutional mental health practices were perceived as effective but limited. Existing services, policies, and support mechanisms provide a foundation for student well-being, yet gaps remain in training, accessibility, resource allocation, and referral systems. The qualitative findings reinforce this concern, showing that students value approachable teachers, while faculty and institutional personnel recognize the need for stronger coordination, more visible support services, and more responsive mental health programs.

The correlation findings indicate that age and sex are not significantly related to faculty support for student mental health, suggesting that concern for student well-being is shared across demographic groups. Years in teaching, field of specialization, and mental health training showed only weak significant relationships in selected indicators. These results imply that faculty support is not primarily shaped by demographic profile alone, but by professional preparation, institutional culture, awareness, and available support structures.

Overall, the study highlights the importance of a whole-university approach to student mental health. Faculty support must be strengthened through continuous mental health literacy training, clear referral protocols, accessible guidance services, and institutional policies that make student well-being a shared responsibility. By reinforcing both classroom-level support and system-wide mental health practices, the university can build a more responsive, compassionate, and sustainable support environment for students..

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