



A Qualitative Inquiry into the Institutional Sustainability of Mental Health Programs in the Divine Word Colleges of the SVD Central Province

MARK P. SOLO III¹, MONALIZA D. PEREZ²,
SHIRLEY I. MENDOZA², ROMEL M. CARANDANG³

¹Dela Salle University – Dasmariñas, Philippines, ²Divine Word College of Calapan, Philippines; ³Batangas State University, Philippines

Corresponding author: solomarkiii@dwcc.edu.ph

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ABSTRACT

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Keywords— mental health program, sustainable intervention, qualitative design, institutional support, well-being, academic environment.

The study explored the institutional sustainability of mental health programs at the Divine Word Colleges of the SVD Central Province. While many higher education institutions in the Philippines run mental health initiatives, there is limited evidence on how these programs are maintained over time, especially in faith-based colleges. This gap motivated the current research. It examined existing practices, support systems, and institutional factors that affect

the long-term viability of mental health programs at the Divine Word Colleges in Calapan, Legazpi, and San Jose. The analysis was guided by national frameworks, including Republic Act 11036, Department Order No. 208, and the Philippine



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Council for Mental Health's Strategic Framework 2024–2028. The study applied a qualitative research design. Data collection involved in-depth interviews and document review with administrators, faculty, and employees. Thematic analysis involved systematic reading, coding, categorization, and theme development to identify patterns related to program sustainability. Findings identified key institutional factors influencing sustainability. These factors include leadership support, policy integration, resource allocation, and stakeholder engagement. The study produced a context-based model to support the sustained implementation of mental health programs in faith-based higher education institutions. The results present practical guidance for strengthening institutional mental health systems and maintaining supportive academic environments across the Divine Word Colleges of the SVD Central Province.

INTRODUCTION

Mental health has historically been a pressing global concern. Its significance was further accentuated during the COVID-19 pandemic, which revealed systemic vulnerabilities and interrupted mental health services (UNV, 2020; Muruganandam et al., 2020). In the Philippines, mental healthcare remains inadequate, with approximately 3.6 million Filipinos affected by cognitive, neurological, or substance use disorders, and fewer than one mental health professional serving every 100,000 inhabitants (Philippine National Agency, 2023). Scarcity of resources and societal stigma constitute substantial barriers to accessing mental health care.

In response to these issues, the Philippine government enacted the Mental Health Act (Republic Act No. 11036), establishing integrated mental health systems and programs. The Department of Labor and Employment (DOLE) issued guidelines for sustainable workplace mental health initiatives, emphasizing the reduction of stigma, the provision of psychological support, and the establishment of well-being standards. National frameworks, such as the Philippine Council for Mental Health Strategic Framework (2024–2028), recognized mental health as a fundamental right vital to emotional, psychological, and social well-being (Ramirez, 2023; WHO, 2022).

Educational institutions have an essential role in promoting mental health within academic communities. The Divine Word Colleges under the SVD Philippine Central Province, including those in Calapan, Legazpi, and San Jose, have established various programs for administrators, faculty, and employees, including seminars, counseling orientations, wellness campaigns, and stress-management initiatives. Faculty and employee committees additionally support

family welfare, engagement, and health promotion.

Despite these initiatives, the sustainability of effective mental health programs remains a significant challenge. Sustainability remains a problem because institutional practices, resource allocation, leadership commitment, and program integration vary across campuses, and existing laws and frameworks do not guarantee consistent implementation or long-term adherence. Gaps in monitoring, evaluation, and stakeholder engagement further hinder sustained outcomes.

This study examines the sustainability of mental health programs across the Divine Word Colleges in the SVD Philippine Central Province. By evaluating institutional practices and their alignment with national frameworks, the study aims to offer insights and recommendations to ensure the long-term effectiveness of mental health support for administrators, faculty, and employees.

FRAMEWORK

This study was grounded on three interconnected theoretical perspectives: Centeredness Theory, Theory Building, and Theory-Driven Inquiry, which collectively established a foundation for examining the implementation and sustainability of mental health programs within the Divine Word Colleges of the SVD Philippine Central Province. These frameworks guided the analysis of leadership, program structure, support systems, communication, evaluation, and resource allocation to foster effective mental health initiatives.

Centeredness Theory (Bloch-Jorgensen, 2015) emphasizes well-being across five interconnected domains: self, relationships, family, work, and community. The theory emphasized the importance of leadership commitment, institutional alignment with mental health objectives, partnerships and support systems, and equitable resource distribution to ensure inclusive and responsive programs.

Theory Building offers a systematic process for defining and refining program components. By analyzing data from administrators, faculty, and employees, this framework identifies patterns and relationships among participation, institutional support, and resource sufficiency (Gibbert, Nair, Weiss, & Hoegl, 2021). It supports the development of hypotheses about program structure, service delivery, and resource interactions and aligns with the principles of continuous monitoring and improvement.

Theory-Driven Inquiry integrates theoretical constructs with empirical investigation to ensure that findings are both meaningful and practical (Soltani, Ahmed, Liao, & Anosike, 2014). It examines how components of the mental health framework and resources interact to influence program sustainability, with

an emphasis on communication, participation, and inclusive practices.

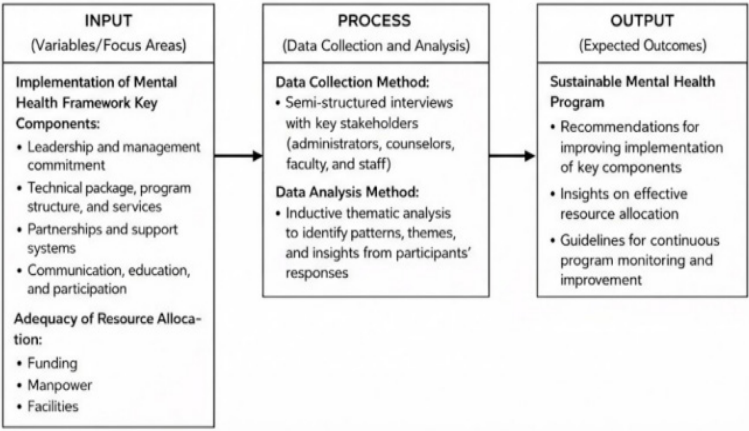
Together, these frameworks furnish a cohesive perspective for understanding and enhancing mental health programs. They ensure that initiatives within the Divine Word Colleges are grounded in theory and evidence, and designed for sustainable, long-term impact, with particular emphasis on leadership, organizational structure, support systems, and resource management.

Research Paradigm

This study is based on the understanding of mental health as a state of well-being that enables individuals to cope effectively with stress, realize their capabilities, learn efficiently, engage in productive work, and make meaningful contributions to their communities. Mental health is not solely defined by the absence of mental disorders; rather, it exists on a continuum, experienced variably by different individuals with distinct levels of distress and diverse social or clinical outcomes (WHO, 2022). It is a vital component of overall health, underpinning decision-making, relationship development, and promoting engagement with the surrounding environment.

Mental health is recognized as a fundamental human right and essential to the development of individuals, communities, and the broader socioeconomic fabric. Effective school mental health initiatives focus on social and emotional learning (SEL) and resilience, aiming to prevent social, emotional, and behavioral issues, including risky behaviors (Cavion et al., 2020). Such programs are designed to cultivate supportive and resilient environments, thereby enhancing the well-being of students and the entire school community.

Figure 1. This study is based on the research paradigm



OBJECTIVES OF THE STUDY

This study aimed to explore the experiences, perceptions, and insights of administrators, faculty, and employees regarding mental health programs in their respective institutions. Specifically, it sought to understand how these programs are implemented, the adequacy of resources, and the factors influencing their sustainability. The study addressed the following objectives: (1) To describe participant experiences with existing mental health programs in the Divine Word Colleges of the SVD Central Province. (2) To assess participant perceptions regarding the strengths and limitations of current mental health services and resources. (3) To identify challenges observed by participants in the implementation and maintenance of mental health initiatives. (4) To explore participant-suggested strategies and practices that may enhance the sustainability of mental health programs. (5) To formulate policy recommendations and action plans that institutionalize and ensure the continuity of mental health programs across the colleges.

METHODOLOGY

Research Design

This study employed a qualitative research approach to explore the experiences, perceptions, and insights of administrators, faculty, and employees regarding the implementation and sustainability of mental health programs at Divine Word Colleges in the SVD Central Province.

Data were collected through interviews and focus group discussions and were analyzed thematically, following the procedures outlined by Braun and Clarke (2023). This process involved reading and re-reading transcripts, generating initial codes, collating codes into themes, reviewing and defining themes, and interpreting findings to capture participants' lived experiences and perspectives.

The qualitative approach enabled the study to provide an in-depth understanding of how mental health programs were implemented, the adequacy of resources, the challenges encountered, and the strategies participants recommended to ensure sustainability. It emphasized meaning-making from participants' experiences, highlighting the complex, context-specific factors influencing mental health initiatives within these educational institutions.

Research Locale

This study was conducted across three colleges affiliated with the Society of the Divine Word (SVD) in the Philippine Central Province: The Divine Word

College of Calapan (DWCC), the Divine Word College of Legazpi (DWCL), and the Divine Word College of San Jose (DWCSJ). The participants comprised school administrators, faculty members, and employees from these respective institutions.

The Divine Word College of Calapan, established in 1946 in Calapan City, Oriental Mindoro, initially offered programs in general education, liberal arts, and pre-law. The Divine Word College of Legazpi, which originated as Liceo de Albay in 1947, was acquired by the SVD in 1961. The Divine Word College of San Jose, recognized as the oldest institution in Occidental Mindoro, was originally the Southern Mindoro Academy, established in 1945, and was assumed by the SVD in 1960. It developed into a college offering a variety of undergraduate and graduate programs, all grounded in Catholic educational principles.

Population and Sampling of the Study

The participants in this study comprised administrators, faculty members, and non-teaching personnel from the Divine Word Colleges under the SVD Central Province, specifically: Divine Word College of Legazpi in Legazpi, Albay; Divine Word College of Calapan in Calapan, Oriental Mindoro; and Divine Word College of San Jose in San Jose, Occidental Mindoro.

Stratified sampling methodology was employed to ensure representation across various subgroups within the population. Participants were categorized into strata based on attributes such as employment classification, departmental affiliation, and institutional role. Subsequently, individuals were selected proportionally from each stratum to maintain balanced representation, minimize sampling bias, and capture diverse perspectives (Creswell et al., 2018).

The population consisted of full-time faculty members and non-teaching personnel, whose diverse roles and responsibilities provided a rich and distinctive context for exploring experiences, perceptions, and insights related to the implementation and sustainability of mental health programs.

Participants of the Study

This study adopted a qualitative research approach to investigate the institutional sustainability of mental health programs within the Divine Word Colleges of the SVD Central Province. The selection of participants was anchored in the principle of information richness, in which individuals with direct experiential knowledge of the phenomenon under investigation are considered the most appropriate sources of qualitative data.

Since the study sought to understand how mental health initiatives are implemented, experienced, supported, and sustained within institutional

contexts, participants were selected for their direct engagement with organizational processes, workplace interactions, and mental health initiatives.

Their narratives provided a deeper understanding of the contextual factors influencing program sustainability, including leadership practices, organizational culture, resource availability, implementation barriers, and perceived areas for institutional improvement.

The participants of the study consisted of permanent faculty members, administrative employees, department heads, and supervisors from the Divine Word Colleges of the SVD Central Province. These participant groups were purposively selected because they represent the primary internal stakeholders who both experience and influence the operational implementation of mental health programs.

Faculty members and employees serve as direct recipients and participants of institutional initiatives, providing insights into accessibility, relevance, utilization, and perceived effectiveness of mental health services.

Meanwhile, department heads and supervisors contribute organizational perspectives related to program coordination, policy translation, resource management, and the integration of mental health practices within their respective units. Their inclusion allowed the study to capture multiple dimensions of institutional sustainability from both employee experience and administrative implementation perspectives.

SVD administrators were excluded from the participant pool because their institutional responsibilities primarily involve executive governance, strategic direction, and congregational oversight. While their perspectives are valuable in understanding institutional decision-making, their inclusion may emphasize policy-level considerations rather than the everyday realities of program implementation.

This study specifically focused on the experiences of individuals who directly encounter, participate in, and operationalize mental health initiatives within the institutional environment. Such delimitation allowed the investigation to examine the actual conditions, practices, and challenges experienced by program implementers and beneficiaries.

The inclusion criteria were established to ensure that participants possessed adequate exposure and experiential understanding of the phenomenon. Participants were required to be permanent faculty members or employees with at least one year of institutional service. This criterion ensured that participants had sufficient familiarity with institutional structures, workplace practices, and organizational responses to mental health concerns.

Participants were also required to have previous awareness of, involvement

in, or participation in mental health-related activities, services, or institutional programs. Furthermore, representation from various academic departments, administrative offices, divisions, and organizational units was considered necessary to obtain diverse perspectives and minimize the risk that findings would be limited to a single functional area of the institution.

The study population across the three participating institutions consisted of 424 faculty members and employees. A stratified sampling approach was employed to achieve proportional representation among the Divine Word College of Calapan, Divine Word College of San Jose, and Divine Word College of Legazpi.

The final sample comprised 187 participants, including 94 from Calapan, 62 from San Jose, and 31 from Legazpi. The distribution reflected the institutional population structure and ensured that each college contributed meaningful representation to the overall inquiry.

The adequacy of the participant selection was determined by the need for comprehensive representation of varied institutional experiences rather than statistical generalizability. In qualitative research, the value of participants is established through the depth, relevance, and contextual richness of the information they provide.

The inclusion of faculty members, employees, department heads, and supervisors enabled the study to examine mental health sustainability as an organizational phenomenon shaped by individual experiences, institutional structures, and workplace practices. Through their collective accounts, the study generated a nuanced understanding of the factors that support or constrain the long-term sustainability of mental health programs within faith-based higher education institutions.

Instrumentation

The validation of the researcher-developed semi-structured interview guide was undertaken to establish the appropriateness, relevance, and methodological rigor of the qualitative data collection instrument. Although qualitative research does not primarily rely on psychometric validation procedures used in quantitative studies, ensuring the quality of the research instrument remains essential in generating credible, meaningful, and contextually relevant data. Expert validation was conducted to determine whether the interview questions sufficiently represented the constructs and dimensions of institutional sustainability of mental health programs explored in this study.

Two licensed psychologists were invited to review and validate the interview guide due to their professional expertise in psychological practice, mental health

services, and assessment of psychosocial concerns. Their specialized knowledge enabled an informed evaluation of whether the questions were conceptually appropriate, ethically sound, clearly worded, and capable of eliciting responses aligned with the study's objectives. The validators assessed the extent to which each question reflected the intended areas of inquiry, including institutional support, availability of mental health resources, implementation processes, organizational challenges, and sustainability mechanisms.

The validation process was necessary because the study examined a complex organizational phenomenon that involved individual experiences, institutional structures, and contextual factors. Without expert evaluation, interview questions may have limitations such as ambiguity, insufficient depth, or misalignment with the research objectives. The review of the instrument helped ensure that questions were sufficiently broad to encourage participant narratives while maintaining focus on the central phenomenon under investigation.

Furthermore, expert validation strengthened the credibility and trustworthiness of the qualitative inquiry by ensuring that the interview guide was grounded in professional knowledge and relevant theoretical perspectives. The process supported the principles of qualitative rigor by enhancing the instrument's credibility, confirmability, and dependability. Through expert feedback and refinement, the final interview guide became a more appropriate tool for capturing the lived experiences, perceptions, and recommendations of faculty members and employees regarding the implementation and sustainability of mental health programs within the Divine Word Colleges of the SVD Central Province.

The validation process also complemented the purposeful selection of participants, as both the instrument and the participants were aligned to obtain rich, meaningful information from individuals with direct experience of the phenomenon. Thus, expert validation served as an important methodological safeguard to ensure that the data collection process yielded comprehensive and credible insights necessary to understand institutional mental health sustainability.

Data Gathering Procedure

Regarding the qualitative component, data were collected through the open-ended section of the self-designed questionnaire, which allowed participants to articulate their experiences, perceptions, and suggestions regarding mental health programs. The responses were analyzed using Inductive Thematic Analysis, which facilitates the natural emergence of themes from the data without reliance on pre-existing theories or frameworks (Silverman, 2016).

The process commenced by reading and familiarizing oneself with the

transcripts to identify recurring ideas, patterns, and concepts. Initial codes were developed to label these patterns, which were subsequently organized into broader themes capturing common underlying meanings in participants' responses. Ultimately, the findings were presented narratively to provide a comprehensive exploration of the themes and their interconnections, thereby capturing the lived experiences and perspectives of faculty, employees, and supervisors on the implementation and sustainability of mental health programs.

Qualitative Data

The study employed inductive thematic analysis to examine the qualitative data, allowing themes to emerge directly from participants' responses without being guided by pre-existing theories or literature (Creswell, 2016; Braun & Clarke, 2006). This approach was particularly suited for exploring experiences and perceptions in a context that had not been extensively studied.

The analysis followed a systematic process. First, researchers read and re-read the transcripts to familiarize themselves with the data. Second, initial codes were generated by labeling words, phrases, or sentences that captured key ideas. Third, related codes were grouped into broader categories, which were then reviewed and refined into overarching themes. Fourth, each theme was defined and named to accurately reflect the participants' experiences and perspectives. Finally, a narrative synthesis was created that linked the themes to the research questions and illustrated patterns and relationships, supported by direct quotations from Participants. This method ensured rigor, transparency, and reliability in the analysis of qualitative data.

Ethical Considerations

The study complied with ethical principles and professional standards for qualitative research involving human participants. Ethical approval and institutional permissions were secured prior to data collection. Participants were provided with informed consent forms that explained the purpose of the study, research procedures, voluntary participation, confidentiality measures, and their right to withdraw from the study at any stage without consequences.

Confidentiality and anonymity were maintained throughout the research process. Participants' identities were protected using codes, and all collected data were securely stored, with access limited to the researchers. The handling, storage, and use of personal information complied with the requirements of the Data Privacy Act of 2012 (Republic Act No. 10173). Data obtained from interviews and focus group discussions were used exclusively for academic and research purposes.

Given the sensitive nature of discussions related to mental health programs, the researchers implemented measures to minimize potential emotional or social risks. Participants were encouraged to share their perspectives voluntarily within a respectful and supportive environment. The researchers ensured that participants' dignity, autonomy, and well-being were preserved throughout the data collection process.

The study also maintained research integrity through proper citation of sources, accurate interpretation of participants' narratives, and adherence to ethical standards in qualitative inquiry. The findings were reported objectively and were used to provide evidence-based recommendations for strengthening the sustainability of institutional mental health programs within the Divine Word Colleges of the SVD Central Province.

AI-Assisted Writing Disclosure

In preparing this manuscript, the authors used the artificial intelligence (AI) tools ChatGPT and Grammarly to assist with language refinement, including improvements in readability, clarity, grammar, and overall writing quality. Following the use of these tools, the authors critically reviewed, revised, and verified the manuscript to ensure its accuracy, originality, and scholarly integrity. The authors accept full responsibility for the content and conclusions presented in the final published version.

RESULTS AND DISCUSSION

1. **The First Thematic Reflections.** These represent the co-researcher's insights into which mental health services or initiatives have been most beneficial to the institution.

Table 1
Perceived Helpfulness of Mental Health Services

Emergent Theme	Clusters	Formulated Meaning
1. Mental Health Awareness Initiatives	Mental health education sessions	Structured awareness activities are key in educating and promoting mental health among stakeholders, increasing literacy, and reducing stigma.
2. Access to Counseling and Psychosocial Support	Counseling and guidance services	Counseling services offer emotional support, personalized guidance, and a confidential space for expression, significantly contributing to overall mental and emotional well-being.
3. Spiritual and Faith-Based Interventions	Faith-based wellness practices	Spiritual practices embedded in institutional life support inner peace, emotional regulation, and holistic well-being for individuals.
4. Institutional Support and Policy-Based Initiatives	Organizational wellness programs	Organizational policies and formal initiatives reflect institutional commitment to employee and student wellness, providing systemic support for mental health.
5. Peer and Social Support Systems	Informal peer support systems	Peer interaction and informal emotional check-ins foster a culture of support, empathy, and community, thereby reducing feelings of isolation.
6. Recreational and Team-Building Activities	Social Engagement	Informal gatherings and recreational activities provide stress relief, foster stronger relationships, and boost morale through socialization and shared relaxation.
7. Lack of Awareness or Access to Services	Limited program awareness	Gaps in communication, visibility, or program implementation hinder participation and highlight the need for clearer, inclusive mental health service strategies.

The analysis of participants’ responses revealed several key themes regarding the sustainability and effectiveness of mental health programs at Divine Word Colleges in the SVD Central Province.

Mental Health Awareness Initiatives emerged as a critical theme, underscoring the importance of structured educational efforts, including seminars, lectures, and awareness campaigns. These initiatives promoted mental health literacy, reduced stigma, and encouraged proactive engagement with available resources.

This finding aligns with Choudhury and Gbate (2022), who emphasized the role of psychoeducation in supportive environments and enabling early intervention.

Access to Counseling and Psychosocial Support was emphasized as essential, reflecting the need for professional services that provide guidance, emotional support, and confidential spaces for self-expression. The World Health Organization (2022) supports the view that culturally sensitive counseling is crucial for resilience and for reducing psychological distress.

Spiritual and Faith-Based Interventions were valued by stakeholders, particularly in institutions where faith is central to organizational identity. These practices promoted emotional regulation, peace of mind, and holistic healing (Koenig et al., 2021) noted that spirituality and religious practices strengthen coping mechanisms and overall mental wellness.

Institutional Support and Policy-Based Initiatives: The Importance of Formal Wellness Programs and Mental Health Policies. These initiatives signified institutional commitment to creating a safe and supportive environment. Kumar and Nayar (2021) highlighted that mental health frameworks are essential for addressing systemic needs and integrating services into institutional policies.

Peer and Social Support Systems were recognized as informal yet influential mechanisms for mental health. Peer interactions enhanced empathy, reduced loneliness, and fostered a sense of belonging. Naslund et al. (2020) identified peer support as an effective and accessible intervention in academic contexts.

Recreational and Team-Building Activities contributed to emotional release, social bonding, and morale improvement. These informal activities supported psychological well-being by providing stress relief and strengthening social connections, consistent with findings by Moore and March (2021).

Lack of Awareness or Access to Services emerged as a challenge, showing that even available mental health initiatives had a limited impact when stakeholders were unaware of them or uncertain about access procedures. World Health Organization. (2022) emphasized that effective communication strategies and inclusive program designs are crucial for ensuring comprehensive participation in mental health services.

2. **The Second Thematic Reflections.** These represent the co-researchers’ insights into the challenges they observed in implementing mental health programs.

Table 2
Observed Implementation Challenges

Emergent Theme	Clusters	Formulated Meaning
1. Lack of Awareness and Information	Limited awareness	Many individuals are unaware of existing programs due to inadequate promotion or communication, thereby reducing participation and the programs’ impact.
	Poor information dissemination	Mental health initiatives are not communicated clearly or consistently, resulting in confusion and limited awareness of available services.
	Unclear program implementation	Absence of a structured or transparent program rollout leads to disengagement and a lack of trust.
2. Limited Resources and Funding	Inadequate funding	Budget constraints restrict the scope, quality, and sustainability of mental health services.
	Insufficient manpower	A shortage of employees, particularly mental health professionals, limits service coverage and responsiveness.
	Scarcity of facilities	Physical or logistical limitations hinder effective service delivery and reach.
3. Shortage of Qualified Mental Health Professionals	Lack of trained personnel	A limited number of licensed or competent providers restricts access to and the timeliness of intervention.
	Absence of specialists	The unavailability of psychologists or counselors, especially in rural settings, impedes effective service delivery.
4. Inconsistency and Lack of Sustainability	Irregular implementation	Programs are often one-time events with no follow-up, reducing long-term effectiveness.
	Lack of continuity	Inconsistent scheduling and fragmented activities reduce the program’s reliability and perceived value.

5. Stigma and Cultural Barriers	Poor follow-through	Mental health efforts may start strong but often lack consistent support and evaluation, limiting their development.
	Mental health stigma	Fear of judgment or discrimination discourages people from participating in or acknowledging mental health concerns.
	Self-denial	Individuals may refuse to recognize their own mental health struggles, preventing early intervention.
	Cultural resistance	Societal norms and expectations sometimes hinder open conversations or acceptance of mental health support.
6. Participation and Engagement Issues	Low stakeholder participation	Employees and students may be hesitant or uninterested in participating in programs, which can limit their reach and effectiveness.
	Conflict with schedules	Overlapping responsibilities or poor timing make it difficult for some to attend or engage.
	Unequal access	Some groups may benefit more than others, creating a perceived or real lack of inclusivity.
7. Institutional and Structural Challenges	Absence of policy frameworks	The absence of a mental health policy or an implementation manual result in inconsistent and unclear programming.
	Weak institutional commitment	Mental health is often not prioritized at the administrative level, which can affect budgets, employees, and strategies.
8. Evaluation and Monitoring Gaps	Lack of coordination	Poor collaboration, both within and outside the institution, limits the potential for program integration and enhancement.
	No impact evaluation	Programs are not routinely assessed for effectiveness, which hinders improvement and accountability.

The findings revealed several interconnected challenges that affect the implementation and sustainability of mental health programs at Divine Word Colleges in the SVD Central Province.

Limited awareness and communication constituted a primary obstacle, as numerous participants reported inadequate knowledge of accessible mental health services. Poor dissemination of information restricted access and engagement, consistent with the observations of Canoy and Ladrado-Ignacio (2021).

Insufficient funding and human resources impeded program continuity. Participants highlighted inadequate financial support, a shortage of trained personnel, and limited logistical resources, findings that align with those of Castillo et al. (2022).

A shortage of licensed mental health practitioners further impacted service delivery. The shortage of psychologists, guidance counselors, and specialized employees constrained the capacity to meet institutional needs, as reported by the Professional Regulation Commission (2020). Inconsistent program implementation diminished trust and engagement, as initiatives were sporadic and lacked follow-up. World Health Organization. (2022) noted that without routine policies, mental health activities risk remaining superficial rather than being sustained.

Cultural stigma persisted as a barrier, with values such as “hiya” (shame) and “pakikisama” (group harmony) discouraging help-seeking behavior, which is an Operational obstacle, including limited participation, scheduling conflicts, and unequal access, necessitating inclusive and adaptable programming, supported by the Department of Health (2021). The lack of evaluation mechanisms hindered institutions from assessing program effectiveness and implementing improvements. Evidence-based monitoring was imperative for sustainability, as highlighted by the Philippine Council for Health Research and Development (2020).

3. **The Third Thematic Reflections.** These represent the co-researchers’ insights and recommendations for improving the sustainability of mental health programs within the institution.

Table 3
Recommended Strategies for Program Sustainability

Emergent Theme	Clusters	Formulated Meaning
1. Capacity Building Employees mental health and Training	Employees mental health training	Equipping faculty and employees with mental health competencies fosters sustainability and early intervention.
	Mental health literacy programs	Enhancing knowledge through consistent education promotes awareness, understanding, and effective support.
2. Consistent Program Implementation	Regular seminars and workshops	Frequent and scheduled mental health activities enhance engagement and normalize conversations about mental health.
	Long-term program planning	Strategic, ongoing implementation ensures the sustainability and institutional integration of mental health services.
3. Resource Allocation and Infrastructure	Budget allocation	Dedicated and adequate funding is necessary for the continuity, accessibility, and expansion of services.
	Hiring of professionals	Engaging licensed mental health professionals ensures access to expert care and guidance.
	Dedicated mental health office	Establishing a permanent unit demonstrates institutional commitment and enhances access to services.
4. Policy and Administrative Support	Institutional mental health policy	Clear policies provide structure and accountability for mental health initiatives.
	Strategic plan integration	Incorporating mental health into strategic goals ensures long-term prioritization and alignment with the organizational vision.
5. Awareness and Information Dissemination	Improved communication strategies	Ensuring that information about services reaches all stakeholders reduces stigma and increases program usage.
	Campaigns and awareness drives	Promoting open discussions and activities related to mental wellness reduces stigma and fosters inclusivity.
6. Monitoring and Evaluation	Program evaluation	Regular assessments of impact and outcomes inform improvements and the relevance of mental health programs.
	Mental health assessments	Conducting assessments for employees and students helps tailor interventions to actual needs.

7. Supportive Environment and Culture	Safe spaces	Providing spaces where individuals can rest, reflect, or receive support contributes to a healing-centered work environment.
	Peer support groups	Encouraging peer-led initiatives strengthens collective responsibility and emotional connection.
	Faith and values integration	Embedding spiritual and moral support within wellness efforts enhances holistic well-being.
8. Collaboration and Linkages	Partnerships with agencies	External collaboration with mental health organizations strengthens institutional capacity and access to services.
	Community involvement	Including stakeholders in program design and feedback ensures that programs are contextually relevant and community-driven.

A key theme was the importance of capacity building and training, with Participants emphasizing the need to equip faculty, employees, and administrators with mental health skills. These measures enabled early intervention and support. Dayrit et al. (2021) supported this, stating that training frontline workers was vital for a proactive mental health system in the Philippines.

Another key area highlighted was the ongoing implementation of mental health programs. Participants suggested incorporating regular activities, such as seminars, workshops, and wellness days, into a sustained program rather than treating them as occasional events. This approach was designed to foster open conversations about mental health and maintain active involvement.

Participants highlighted the importance of resource allocation and infrastructure, emphasizing the need for sufficient funding, hiring licensed mental health professionals, and establishing a dedicated mental health office. These elements were essential for ensuring the continuity, accessibility, and growth of services. Similarly, the Commission on Higher Education (CHED, 2020) noted that limited resources and the absence of dedicated employees posed significant obstacles to implementing mental health programs under RA 11036 in higher education institutions, particularly in provincial regions.

Policy and administrative support stood out as another central theme. Participants emphasized the importance of institutionalizing mental health by implementing clear policies and integrating mental health objectives into strategic planning. This aligned with Reyes and Ong’s (2020) findings, which indicated that integrating mental health policies improved program sustainability by making it a core part of institutional priorities and accountability frameworks.

The analysis highlighted the need for improved awareness and information dissemination. Participants noted that mental health services were underused due

to limited visibility and inadequate communication. Recommendations included conducting regular orientations, implementing visible campaigns, and providing timely updates. Effective communication of mental health initiatives could help reduce stigma and encourage greater engagement among students and employees in schools and universities.

Participants emphasized the importance of monitoring and evaluation to ensure mental health programs remained effective and responsive. They suggested assessments and feedback to measure results and adjust strategies. The Department of Health (2022) noted that evaluation and monitoring were vital for adapting programs to changing needs.

The establishment of a supportive environment and culture was also identified by the researcher as a recurring theme. The findings revealed that safe spaces, peer support systems, and open communication channels contributed to the development of a psychologically secure institution. The researcher observed that institutions that fostered emotional openness and mutual support demonstrated greater potential to reduce burnout and promote employee morale.

The researcher identified collaboration and networking as essential components in sustaining mental health programs. The findings revealed that partnerships with government agencies, non-government organizations, and mental health professionals enhanced the reach, credibility, and quality of mental health services. The researcher further noted that multi-sectoral collaboration strengthened program implementation and supported the delivery of accessible mental health services, particularly in underserved communities.

4. **The Fourth Thematic Reflections.** These represent the co-researchers’ insights into the strengths of the school’s current mental health resources.

Table 4
Perceived Strengths of Mental Health Resources

Emergent Theme	Clusters	Formulated Meaning
1. Presence of Qualified Personnel	Registered counselors Mental health advocates Psychologists on campus	The availability of trained guidance counselors and mental health professionals ensures that mental health services are accessible and effective.
2. Accessible Support Services	Counseling rooms Open-door policy Safe environment	Functional guidance offices and accessible services provide a safe, supportive environment for addressing mental health concerns.

3. Active Mental Health Campaigns	Bulletin boards Seminars and Workshops	Consistent mental health seminars and campaigns promote awareness, reduce stigma, and enhance help-seeking behaviors.
4. Administrative and Peer Support	Approachable employees Leadership openness Peer encouragement	A supportive environment fostered by school leadership and peer interaction strengthens the mental health culture.
5. Spiritual and Faith-Based Support	Spiritual practices Eucharistic celebrations Faith-based values	Integrating spiritual support enhances emotional resilience, particularly in Catholic institutions.
6. Institutional Commitment	Program funding Mental health in strategic plans Trained personnel	The institution's commitment, as evidenced by resource allocation, policy support, and ongoing program development, strengthens the sustainability of mental health services.

A key strength identified by the researcher was the presence of qualified mental health professionals, including counselors, psychologists, and advocates, who provided immediate support to individuals experiencing psychological distress. The findings revealed that these professionals played an essential role in delivering responsive and competent mental health services within academic institutions.

Another strength was the accessibility of support services, with Participants citing dedicated counseling rooms, open-door policies, and safe spaces that promoted secure expression. This aligns with Flores et al. (2022), who highlighted that safe, approachable environments encourage help-seeking and enhance mental health resilience.

The data showed that active mental health campaigns, seminars, workshops, bulletin boards, and online platforms significantly raised awareness and reduced stigma. Maglente and Balaba (2020) found that educational campaigns were vital for a mental health-friendly school by increasing literacy and normalizing discussions.

Additionally, the administrative and peer support structures were seen as strengths. The friendly attitudes of employees and administrators, along with supportive peer relationships, fostered a sense of belonging and emotional security. Flores et al. (2022) stated that when faculty and peers were perceived as approachable and empathetic, this fostered a culture of care and trust.

Spiritual and faith-based support was also recognized, especially within a Catholic institutional setting. Participants emphasized practices such as Eucharistic celebrations, spiritual counseling, and faith-based values as key factors in emotional resilience. Andres and Mendoza (2020) proposed that incorporating

spiritual elements into mental health care could provide comprehensive support, particularly in faith-based schools such as DWCC.

The researcher identified institutional commitment as a significant factor in sustaining mental health programs. The findings revealed that consistent funding, strategic planning, and employee training reflected the institution’s dedication to mental health initiatives. The researcher further observed that resource investment and systematic planning contributed to the sustainability and effectiveness of these programs. Although areas for improvement remained, the institution demonstrated key strengths, including qualified personnel, accessible services, effective awareness campaigns, a supportive environment, spiritual integration, and administrative support. These strengths served as essential foundations for developing a more comprehensive and sustainable mental health program.

5. **The Fifth Thematic Reflections.** These insights reflect the co-researchers’ observations of gaps or limitations in funding, manpower, or facilities.

Table 5
Perceived Limitations in Mental Health Resource Allocation

<i>Emergent Theme</i>	<i>Clusters</i>	<i>Formulated Meaning</i>
1. Inadequate Funding for Mental Health	Limited budget	The lack of consistent and sufficient funding hinders the sustainability and reach of mental health programs.
2. Shortage of Mental Health Professionals	Manpower shortage	The shortage of licensed counselors and mental health experts limits the school’s capacity to support mental health needs.
3. Lack of Training Among Faculty and Employees	Lack of first aid training	Faculty and employees are underprepared to respond to mental health emergencies due to insufficient training and capacity-building programs.
4. Insufficient and Inappropriate Facilities	No dedicated wellness spaces	Current facilities are either inadequate or not designed for privacy and comfort, which affects the effectiveness of mental health interventions.
5. Limited Awareness and Prioritization	Mental health is not prioritized.	Mental health remains a secondary concern in some areas of institutional planning, resulting in low visibility and fragmented implementation.

The researcher identified inadequate funding as a recurring barrier that limited the expansion and continuity of mental health programs. The findings revealed

that budget constraints affected the quality, accessibility, and sustainability of mental health services. The researcher also observed that the shortage of trained mental health professionals, particularly licensed guidance counselors and psychologists, placed additional demands on the limited number of personnel serving growing student and employee populations. This shortage highlighted the existing gap in mental health manpower within educational institutions.

Moreover, the lack of mental health first-aid training among faculty and staff is another notable theme. The findings revealed that although teachers were often expected to respond to emotional crises, many lacked the necessary skills and training to provide appropriate support. The analysis also indicated insufficient facilities, including the lack of private, dedicated wellness spaces designated for counseling and psychological interventions. Shared or improvised rooms diminished confidentiality and comfort, thereby compromising the effectiveness of service. As highlighted by Dizon et al. (2022), infrastructure played a vital role in establishing psychologically safe environments within educational contexts.

Mental health remained insufficiently institutionalized as a priority. The absence of strategic planning, ineffective information dissemination, and the lack of explicit mental health policies contributed to fragmented implementation efforts.

6. **The Sixth Thematic Reflections.** These insights reflect the co-researchers’ suggestions for improving the adequacy of mental health resources in the school.

Table 6
Suggested Improvements for Mental Health Resource Adequacy

Emergent Theme	Clusters	Formulated Meaning
1. Increased Funding and Resource Allocation	Budget increase, fund allocation, integration into strategic planning, and facility improvement	Adequate financial support is necessary for the sustainable and effective implementation of mental health programs, infrastructure, and employment.
2. Hiring and Capacity-Building of Personnel	Hiring more RGCs, licensed professionals, and trained employees	There is a need for more mental health professionals to address growing concerns and ensure accessible services for all stakeholders.

3. Creation of Safe and Dedicated Wellness Spaces	Counseling rooms, wellness lounges, private spaces, relaxation zones	Establishing dedicated physical spaces promotes privacy, emotional safety, and overall well-being for students, faculty, and employees.
4. Training and Development of Employees and Faculty	Seminars, workshops, mental health first aid training, and stress management	Regular training equips educators and personnel to support students effectively and manage mental health-related situations.
5. Promotion of Mental Health Awareness	Campaigns, transparency, open communication, and community engagement	Sustained awareness and education reduce stigma and foster an inclusive, supportive mental health culture across the institution.
6. Integration of Mental Health in Curriculum	Homeroom activities, values education, wellness check-ins	Mental health concepts should be embedded in educational practices to build resilience and normalize conversations about mental wellness.
7. Strengthening Peer Support Systems	Peer counseling, mental health advocates, and support groups	Leveraging peer relationships can increase emotional support and bridge accessibility gaps in mental health services.
8. Collaboration with External Partners	NGOs, local MH providers, government agencies	Partnerships can provide expertise, additional manpower, and funding, particularly when institutional capacity is limited.
9. Utilization of Technology	Mobile apps, digital counseling platforms, and anonymous surveys	Digital tools provide convenient, private, and flexible mental health support, particularly for individuals hesitant to seek face-to-face counseling.
10. Policy, Monitoring, and Evaluation	Dedicated committees, institutional support, and continuous evaluation	Structured policies and ongoing assessments ensure accountability, improvement, and the institutionalization of mental health initiatives.

Several key improvements to mental health resources in schools are primarily achieved through increased funding and dedicated budgets for programs, facilities, and employees. Participants emphasized the importance of sustained financial support for ongoing mental health initiatives and for creating specialized spaces, such as wellness lounges and counseling rooms. This aligned with Republic Act No. 11036, the Philippine Mental Health Act, which mandated funding and infrastructure for mental health services in educational institutions (Department of Health, 2021).

Funding discussions also highlighted the need to increase staffing, with participants urging the hiring of additional licensed mental health professionals,

such as guidance counselors and psychologists. Employees' capacity was often insufficient to meet growing mental health needs.

A common theme was the need for training and capacity-building for faculty and employees, including seminars on mental health literacy, psychological first aid, and trauma-informed approaches. Participants emphasized that teachers and employees should recognize signs of distress, respond appropriately, or refer individuals for help. This aligned with the Department of Education's (2022) mental health awareness program, which found that capacity building improved schools' mental health responses.

Creating safe, dedicated wellness spaces was crucial. Participants highlighted the lack of private, soundproof rooms for counseling and the need for quiet areas for decompression. Republic Act No. 12080 (2024) required schools to establish mental health centers and wellness spaces to reduce stigma and promote help-seeking (Manila Standard, 2024).

Equally important was promoting mental health awareness campaigns and establishing a supportive school culture that normalized conversations about emotional well-being. Participants advocated for ongoing initiatives to reduce stigma, build resilience, and promote inclusivity.

Furthermore, Participants suggested incorporating mental health education into the curriculum, especially during values education and homeroom periods. This approach would have provided daily opportunities to enhance emotional intelligence, mindfulness, and coping skills. It aligned with international best practices and was backed locally by the mental health-in-education framework proposed by the Philippine Mental Health Association (2021).

The importance of enhancing peer support programs was also highlighted. Several participants recommended training student leaders and peer counselors to serve as primary sources of support. This approach mirrored the model used by Sorsogon State University, in which trained peer counselors significantly improved students' access to mental health services (PIA, 2024). Furthermore, the analysis strongly recommended collaborating with external organizations, including NGOs, government agencies, and private practitioners, to strengthen internal capacity and expand services.

The importance of policy formulation, monitoring, and evaluation was emphasized. Participants advocated for integrating mental health into strategic planning and budget discussions, establishing dedicated committees, and conducting regular program reviews. These measures were vital for ensuring accountability and sustainability, in accordance with the Department of Health's guidelines for school-based mental health initiatives (DOH, 2022).

The proposed enhancements presented a comprehensive, multi-layered

strategy to fortify mental health support within educational institutions. This encompassed financial investment, employee expansion, infrastructure enhancements, awareness promotion, curricular integration, peer engagement, and external collaboration, each aligned with recent legal mandates and empirical research conducted in the Philippines since 2020.

These recommendations not only addressed immediate concerns but also laid the foundation for a sustainable and inclusive mental health framework within the school environment.

CONCLUSION

The qualitative findings revealed that stakeholders valued both formal and informal mental health initiatives that promoted awareness, emotional support, and holistic well-being. Mental health awareness programs emerged as a key theme, emphasizing structured seminars, lectures, and campaigns to increase literacy, reduce stigma, and encourage proactive engagement with available services. Access to counseling and psychosocial support was also highlighted, underscoring the importance of professional, culturally sensitive services in resilience and providing a confidential space for self-expression.

Spiritual and faith-based interventions were frequently cited as beneficial, particularly in institutions with a strong religious identity, and were reported to support emotional regulation, coping, and holistic healing. Participants also emphasized the role of institutional support and policy-based initiatives, noting that formal wellness programs and clear mental health policies demonstrated the organization's commitment to a safe and supportive environment.

Peer and social support systems were recognized as informal yet essential contributors to well-being. Constructive interactions among colleagues and students enhanced empathy, reduced loneliness, and cultivated a sense of belonging. Recreational and team-building activities further contributed to emotional release, stress relief, and strengthened social connectedness.

Challenges in implementing mental health programs were also identified. Participants reported limited awareness of available services and poor communication about them, which reduced engagement and accessibility. Resource limitations, including funding shortages, insufficient staffing, and inadequate facilities, were frequently cited as barriers to effective program delivery. Cultural stigma persisted as a significant obstacle, with Filipino values such as “hiya” (shame) and “pakikisama” (maintaining harmony) discouraging individuals from seeking support. Inconsistencies in program delivery and the lack of structured monitoring or evaluation further hindered sustainability.

Participants highlighted the need for capacity building and professional training for faculty, employees, and administrators to ensure early intervention and competent support. Continuous implementation of programs through regular seminars, workshops, and wellness activities was recommended to maintain engagement and normalize conversations about mental health. Strengthening institutional policies, infrastructure, and external partnerships was recommended to ensure continuity, accessibility, and program growth. Furthermore, creating a supportive environment with safe spaces, peer networks, and open communication was considered essential for psychological safety and for reducing stigma.

The qualitative insights highlighted the interconnected nature of awareness, support systems, capacity, resources, culture, and institutional policies in sustaining mental health programs. These findings suggest that meaningful improvements require a holistic approach that addresses both structural and socio-cultural factors while promoting inclusive participation and consistent program delivery.

RECOMMENDATIONS

Based on the qualitative findings, several recommendations were proposed to strengthen the implementation, sustainability, and inclusivity of mental health programs in the Divine Word Colleges of the SVD Central Province. Leadership engagement should be prioritized, with institutional leaders actively participating in mental health initiatives, promoting psychological safety, and adopting gender-sensitive approaches. Transparent decision-making and clear communication of program goals will enhance trust and encourage stakeholder participation.

Resource allocation must be improved to provide sufficient funding for program development, employee training, and wellness infrastructure. Employee engagement and capacity building are essential, including hiring qualified mental health professionals, training non-specialist personnel, and conducting regular workshops to enhance mental health literacy and early-intervention skills among faculty and staff. Programs should be both standardized and localized, addressing the unique needs of each campus while maintaining alignment with institutional goals. Regular review and adjustment of program delivery will ensure continued relevance and effectiveness.

Monitoring and evaluation systems should be institutionalized, incorporating structured feedback mechanisms and psychological safety indicators to guide continuous program improvement. Awareness campaigns and peer support networks should be strengthened to foster a culture of openness, empathy, and

proactive engagement, while integrating mental health topics into curricula will normalize discussions and encourage participation. Technology and external collaboration can expand access through online counseling, mobile resources, and partnerships with local government units, NGOs, and mental health experts.

Embedding mental health objectives into institutional policies, strategic plans, and governance structures will ensure long-term sustainability and formalize the commitment to well-being. Implementing these recommendations will create a supportive, inclusive, and culturally relevant mental health framework that meets the diverse needs of students, faculty, and employees across the SVD Central Province.

TRANSLATIONAL RESEARCH

The findings of this study provided an evidence-based foundation for sustaining mental health programs in the Divine Word Colleges of the SVD Central Province. The identified factors, including leadership commitment, policy integration, resource allocation, and stakeholder engagement, informed the development of a context-specific framework that supports institutional planning, implementation, and continuous improvement of mental health initiatives. Anchored in national mental health policies, the framework serves as a practical guide for strengthening sustainable mental health systems in faith-based higher education institutions.

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