

Mental Health Status of the Criminology Students at a State University in Isabela, Two Years After the Covid-19 Pandemic

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Abstract:

The pandemic brought a myriad of changes to society, and one of the most affected are the students who have to adjust themselves accordingly to the pressures of the new normal of education. This study investigated the mental health status of the Criminology students at a state university in Isabela, two years after the COVID-19 pandemic. The study employed the descriptive survey method and used a standardized questionnaire to determine the mental health status of the criminology students in terms of levels of depression, anxiety, and stress. Frequency, percentage, mean, and ANOVA were utilized to statistically analyze and interpret the data.

The results of the study revealed that majority of the criminology students belong to age range of 19-20 years old, female and in the first year level. The criminology students have normal level of mental health status in terms of depression, anxiety and stress, two years after the COVID-19 pandemic. There is no significant difference in the level of depression among criminology students, two years after the COVID-19 pandemic when they are grouped according to their demographic profiles. There is no significant difference in the level of anxiety among criminology students, two years after the COVID-19 pandemic when they are grouped according to their demographic profiles. There is no significant difference in the level of stress among criminology students, two years after the COVID-19 pandemic when they are grouped according to their demographic profiles. A Mental Health Program is proposed by the researcher to improve the mental health status of the criminology students at the state university in Isabela.

Keywords: Anxiety, COVID-19, Depression, Mental Health, Pandemic, Stress, Students

INTRODUCTION

Mental health is often disregarded because it is not always readily observable. It is a condition that should receive the same care and attention as any other illness. However, when a person is unable to cope with mental illness, they are often labeled as weak, morally deficient, or lacking in character. This stigma surrounding mental health further contributes to the neglect of treatment for mental health disorders.

Girolimon (2022) emphasized the importance of good mental health in human growth and development, relationships, careers, education, and life goals. Addressing mental health issues in students is even more crucial for their educational and life objectives. College life can be stressful, and students need to manage their mental health just as diligently as they manage their academic demands.

Covid-19 is an infectious disease caused by the SARS-CoV-2 virus, which reached pandemic status in 2020. While people grappled with the virus's impact and sought mitigation strategies for their physical

health, a parallel and less visible crisis unfolded: a surge in mental health issues, often referred to as the 'hidden pandemic'. In the initial year of the COVID-19 pandemic, scientific report shows that there was a substantial 25% rise in the worldwide occurrence of anxiety and depression. This report also outlines the groups most impacted by these mental health issues and offers an overview of the pandemic's impact on the accessibility of mental health services, along with how this situation evolved during the pandemic. With growing apprehensions regarding potential surges in mental health problems, 90% of the surveyed countries had already integrated mental health and psychosocial support into their COVID-19 response plans. Nevertheless, significant gaps and concerns persist in this regard (WHO, 2022). Australians determined that the most acute phase of the pandemic caused considerable mental health impairment among the respondents, especially when their anxiety about health risks was coupled with concerns regarding social, work, and financial issues (Dawel et al. (2020). Similarly, in a literature review done by Xiong et al. (2020), it was revealed that the general populations in China, Spain, Turkey, Nepal, Denmark, and the United States experienced high rates of mental health issues. Specifically, 6.33 percent reported symptoms of anxiety, 48.3 percent had depression, 53.8 percent experienced post-traumatic stress disorder, 38 percent had psychological distress, and 81.9 percent felt stress. The aforementioned data suggests that aside from the risks of getting COVID-19, they were exacerbated by mental health issues. The study by Xiong et al. (2020) even revealed that the development of these mental issues encompassed people from all walks of life, including students.

In higher education institutions alone, students have shown an increasing propensity to have higher levels of stress, anxiety, depression, and even suicidal thoughts. This increased further with the pandemic, as indicated in the study of Son et al. (2020). Generally, these were caused by the following concerns: fear and worry about their health and their loved ones; decreased social interactions; concerns about their academics; and disrupted or unhealthy sleep patterns. The same was observed among the Criminology students of Isabela State University Cauayan Campus when they were confined to their homes during the lockdowns.

In the Philippines, the mental health system is not as developed as that of other countries. As of the conduct of the study by Malolos et al. (2021), for instance, it was noted that although the National Statistics Office has identified mental health illnesses as the third most contributory factor for morbidity among Filipinos, there are only 5 general hospitals that have psychiatric units for children and young people, 84 general hospitals with psychiatric units, and 46 outpatient facilities that address mental health issues. Of these last two, only 11 are designated to cater to children and adolescents. Furthermore, there is only a minority of practicing psychiatrists in the country, with a large portion of them practicing in urban areas, which lessens access for those in rural areas.

Amidst these abrupt changes and the pressures of keeping safe from health risks, many people were subjected to mental health problems. This was widely documented in numerous studies. Tee et al. (2020), for instance, conducted a survey among 1,879 Filipino respondents, and it was determined that at least one-fourth of them experienced moderate to severe anxiety, while one-sixth went through moderate to severe depression.

According to Medline Plus Medical Encyclopedia (2021), depression may be described as feeling sad, blue, unhappy, miserable, or down at one time or another for short periods of time. Symptoms of depression include: low mood or irritable mood most of the time; trouble sleeping or sleeping too much; a big change in appetite, often with weight gain or loss; tiredness and lack of energy; feelings of worthlessness, self-hate, and guilt; difficulty concentrating; slow or fast movement; lack of activity and

avoiding usual activities; feeling hopeless or helpless; a lack of pleasure in activities; and repeated thoughts of death or suicide.

The Medical News Today (2021) defines anxiety as "an emotion characterized by feelings of tension, worried thoughts, and physical changes like increased blood pressure. The symptoms will often include restlessness, uncontrollable feelings of worry, increased irritability, concentration difficulties, and sleep difficulties such as problems falling or staying asleep. While these symptoms might be normal to experience in daily life, people with GAD will experience them to persistent or extreme levels. GAD may present as vague, unsettling worry or a more severe anxiety that disrupts day-to-day living.

Stress can be defined as any type of change that causes physical, emotional, or psychological strain. Stress is the body's response to anything that requires attention or action. Stress can be short-term or long-term. Both can lead to a variety of symptoms, but chronic stress can take a serious toll on the body over time and have long-lasting health effects. Some common signs of stress include changes in mood, sweaty palms, diarrhea, difficulty sleeping, digestive problems, dizziness, feeling anxious, frequent sickness, headaches, muscle tension, especially in the neck and shoulders, physical aches and pains, grinding teeth, low energy, a racing heartbeat, and trembling (Scott, 2021).

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Background of the Study

While it is true that the pandemic has brought students' mental health awareness to the forefront, this issue existed even before the pandemic. As stipulated by Flannery (2020), the mental health needs of students have been growing through the decades; the pandemic just made them worse. Hence, it is wrong to say that the pandemic is the single cause of mental health problems; it just unmasked people's underlying mental vulnerabilities. Regardless, this is something that educators need to not only be aware of but also address, given that they are significant figures of authority for these students. As emphasized by Cleofas (2020), the school is an important social institution that creates environments where students' mental well-being and even quality of life are meant to be fostered.

The literature discussed indicates that the COVID-19 pandemic increased the susceptibility of university and college students to mental health problems, foremost of which are anxiety, depression, and psychological distress. Common causes include several health, social, and economic factors. For one thing, the pandemic became a triggering point that revealed the underlying mental health conditions of many. Aside from that, the unprecedented upheaval of the students' environment and their forced transition towards another mode of learning also caused them anxiety and distress. To add to that, they also had to deal with the inequalities that became starker during the pandemic: a lack of resources and an inability to obtain the necessary tools for their learning.

The State University of Isabela is one of the biggest HEIs in the province, as their satellite campuses are strategically located in various parts of the said region. The Cauayan Campus caters to the biggest student

population in the university, and with that comes the fact that these students have diverse backgrounds. Just like other HEIs, the state university's primary concern at the height of the pandemic was the continuity of learning for these students. Nonetheless, there were a lot of instances when the professors and instructors also encountered students who showed signs of mental and emotional distress while conducting their classes.

From this alone, it can already be deduced that the mental well-being of students at a State University also suffered during the pandemic. And while the worst of the pandemic may be over and certain things are returning to their rightful places in society, there remains the impact of the pandemic on the mental well-being of many students. Given this, it is just as timely for educational institutions to assess the mental health of their students as a safeguard for responding to any problems they might be having, which will ultimately affect their performance and behavior in school. Furthermore, such assessments are highly instrumental in directing educational institutions' policies and guidelines for intervening, preventing, and managing the mental health issues of their primary stakeholders, the students (Ines, 2019).

In ISU Cauayan Campus, there were a lot of instances when the professors and instructors encountered students who showed signs of mental and emotional distress while conducting their classes. Some students could not properly comply to their requirements on time due to mental pressure. While there are some who expressed their mental health problems to their teachers but it should be noted that there might even be more who chose not to divulge their mental health struggles.

This study aimed to assess the mental health status of the criminology students at a state university, two years after the COVID-19 pandemic.

Research Questions

1. What is the demographic profile of the criminology students in terms of:
 - a. Age;
 - b. Sex;
 - c. Year Level?
2. What is the mental health status of the criminology students, two years after the COVID-19 pandemic in terms of:
 - 2.1 Level of Depression
 - 2.2 Level of Anxiety
 - 2.3 Level of Stress
3. Is there a significant difference in the level of depression among the criminology students, two years after the COVID-19 pandemic when they are grouped according to their demographic profiles?
4. Is there a significant difference in the level of anxiety among the criminology students, two years after the COVID-19 pandemic when they are grouped according to their demographic profiles?
5. Is there a significant difference in the level of stress among the criminology students, two years after the COVID-19 pandemic when they are grouped according to their demographic profiles?
6. What mental health program can be proposed to improve the mental health status of criminology students?

Research Hypotheses

1. There is no significant difference in the level of depression among the criminology students two years after the COVID-19 pandemic when they are grouped according to their demographic profiles.

2. There is no significant difference in the level of anxiety among the criminology students two years after the COVID-19 pandemic when they are grouped according to their demographic profiles.
3. There is no significant difference in the level of stress among the criminology students two years after the COVID-19 pandemic when they are grouped according to their demographic profiles.

Significance of the Study

This study is perceived to be of interest and benefit to the following entities:

Students. Given that the students are the subject of this study, it will prove beneficial to them since it will shed light on their mental health issues and problems. In doing so, the proposed intervention program is designed to specifically address these problems, enabling the school to help and support them in overcoming these issues.

Instructors. This study will help spread more awareness among the professors and instructors who, aside from the parents and guardians, are the primary figures of authority for their students and who, therefore, hold a loco parentis role in providing their students with the proper guidance and support. This study also identifies the common mental health issues of students; which teachers can use to better fulfill their roles as second parents.

Guidance and Counseling Office This study is of particular interest to the Guidance and Counseling Office as it supplies useful data regarding the mental well-being of students. The data in this study may be used by the office to put in place the necessary mechanisms to address the concerns and difficulties of the students.

University Administration. The outcome of this study can aid the university in furthering its commitment to providing responsive and inclusive engagement to its stakeholders, as the study produced an intervention program for addressing one of the essential needs of students.

Future Researchers. This study may be used by future researchers as the groundwork for other studies of the same nature. The recommendations of this study may also be used to further the inquiry and enrich this body of work.

Theoretical Background

This study rests on the principles and concepts of the Resiliency Theory. Said theory was collectively developed by numerous researchers, the most notable being Norman Garmezy. Basically, the theory consists of various models that highlight positive factors contributing to resilience. Two of the most studied are the compensatory model and the protective model. The compensatory model posits that a resilience factor can counteract a risk factor. Meanwhile, the protective model posits that assets or resources may be used to reduce the negative effect of a risk by either neutralizing or weakening said risk (Zimmerman, 2013).

In light of said theory as well as the aforementioned discussion on the multidimensionality of mental health, it can be concluded that aside from the universality of a mental health program, another thing to consider is the assurance that it helps the program recipients develop resilience. This perspective therefore underlines the idea that a comprehensive framework is essential in guiding the development of a mental health program for students.

This was also the idea shared by Cavioni et al. (2020) who developed a comprehensive theoretical framework geared towards mental health promotion in schools. In said framework, it was suggested that

a mental health program should target two objectives: foster social and emotional learning and resilience; and mitigate social, emotional, and behavioral difficulties.

This can be achieved through the combined effort of promotion and prevention, which are guided by the principles of social and emotional learning (SEL), resilience, and social, emotional, and behavioral problems. The family and the community are expected to contribute towards the goals; hence, they will participate in the planning and implementation of policies.

Conceptual Framework

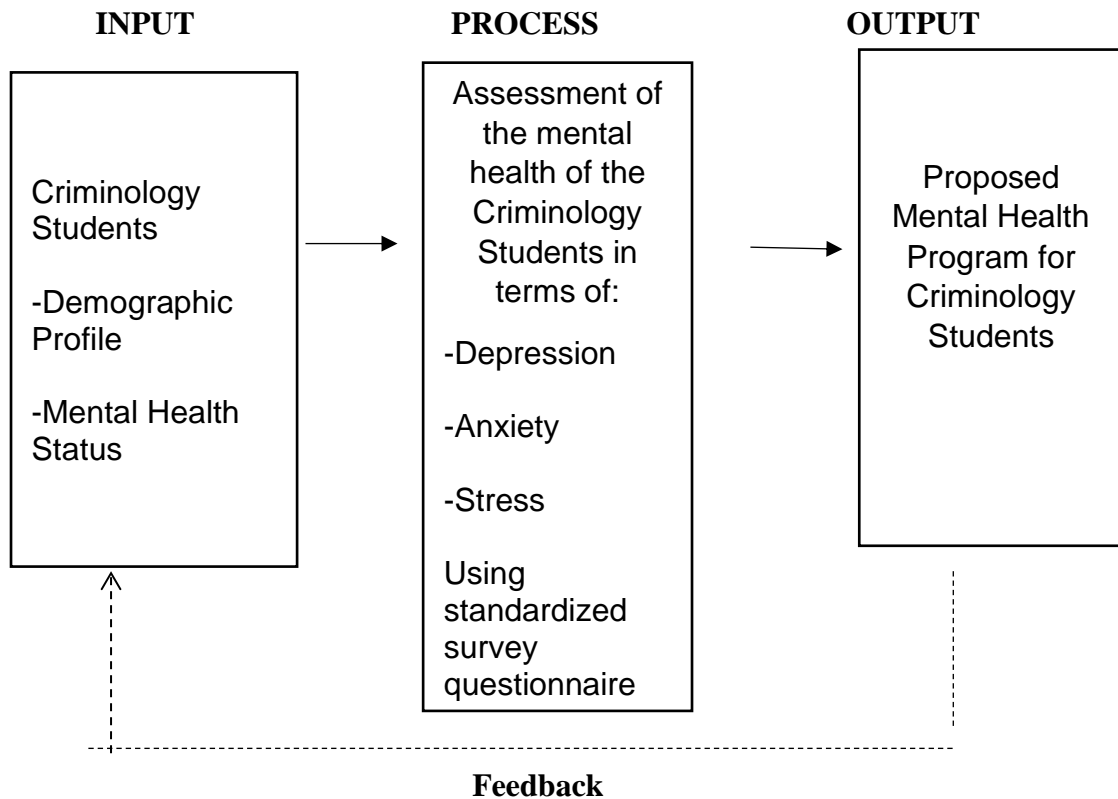


Figure 1, The Schematic Paradigm of the Study

The study is anchored on the basic system framework of input, process and output.

The Input box includes the demographic profiles of the participants in terms of age, sex and year level and their mental health status.

The Process box is the assessment of the mental health status of the criminology students in terms of depression, anxiety, and stress using a standardized survey.

The Output box is a proposed mental health program to improve the mental health status of the criminology students.

Literature Review

Mental Health

The Centers for Disease Control and Prevention (CDC) (2021) stipulate that mental health encompasses emotional, psychological, and social well-being. Because of this, it impacts thought processes, emotions, and actions. Aside from that, it also establishes how individuals handle stress, how they interact with others, and how they make life choices.

Smith et al., (2023) indicates that good mental health does not mean the absence of negative emotions or

experiences. Good mental health refers to the ability of an individual to maintain their resilience and positive outlook amidst negative situations or challenges. The inability to do these results in mental health issues and illnesses, of which stress, depression, and anxiety are the most common.

Smith et al. (2018) state that strong mental health does not only refer to the absence of mental health issues or illnesses. Rather, it also refers to the presence of positive mental attributes such as contentment, enthusiasm for living, and the ability to have fun; the ability to manage stress and survive adversities; a sense of purpose in both activities and relationships; flexibility and adaptation; balance between work and rest; the ability to build and maintain relationships; and self-confidence and high self-esteem. In their article, they also emphasized the fact that good mental health does not necessarily mean that a person does not experience negativity or emotional problems. Instead, good mental health means possessing the ability to manage difficult situations, adapt to change, and maintain a positive outlook on life. With this, it can be said that good mental health is connected to a better quality of life, which covers an individual's productivity, social connections, achievement, and relationships (Holmes, 2023).

On the other hand, mental health issues affect people by adversely changing their thinking, emotions, and behavior. It may take many forms, but the most common are stress, anxiety, and depression.

According to Cooper (2021), stress is not always negative. Technically, it pertains to a response that enables people to prepare for and respond to challenges and dangerous situations. It is a state of mental tension that activates physical, emotional, and cognitive responses (Cleveland Clinic, 2021). When activated long-term, however, stress can trigger mood disorders like depression and anxiety.

The American Psychiatric Association, or APA (2023), describes depression as an illness that causes feelings of sadness and/or loss of interest in life activities, hence decreasing one's ability to function. While it is commonly associated with grief or sadness, the painful or negative feelings that are caused by depression last longer and may come with self-loathing, suicidal thoughts, and disinterest in life as a whole. On the other hand, anxiety pertains to feelings of tension and worry that can translate to intrusive thoughts and even physical symptoms like sweating, dizziness, and increased blood pressure. It is a normal reaction to stress, but when it develops into a disorder, anxiety evolves into an excessive and irrational fear of situations or people that hinders one's ability to function normally.

Cooper (2021) emphasizes the connection of stress to the other two mental health issues, calling the causal relationship between them bidirectional, as one can cause another and vice versa, and each can also make the other worse.

Literature posits that stress and anxiety are normal responses to difficult or dangerous situations; however, extreme or long-term manifestations result in mental health issues such as disorders. Depression, on the other hand, appears to be similar to sadness or grief, but just like stress and anxiety, the negative emotions that come with depression are often chronic and debilitating. The relationship among the three was also identified and described as bidirectional, meaning one can cause the other and even intensify it.

Students' Mental Health Awareness and Issues

The concept of mental health is still highly stigmatized in the Philippines. There is a lack of knowledge and awareness about it, which is why many remain uninformed about dealing with issues and problems related to it. In the study of Fawley (2016), for instance, it was determined that students with mental health issues are selective in disclosing the nature and extent of their experiences. This was due to a myriad of reasons, ranging from social pressure and stigma to a lack of information and understanding. Given this, the World Health Organization has continuously advocated for the development and implementation of

mental health support systems that would encompass promotion, prevention, intervention, and rehabilitation (Cefai et al., 2022).

In relation to this, the universality and interdisciplinary nature of addressing students' mental health issues, especially in the context of educational institutions' responses to them, are emphasized. According to Hernandez-Torrano et al. (2020), the theory, practice, and research in mental health have been embedded in the medical, psychological, and social sciences to accommodate the multidimensionality of the concept. Furthermore, Cefai et al. (2022) have also highlighted the effectiveness of universal interventions for promoting mental health and well-being in educational institutions.

Regardless of this multidimensionality, research has pointed out that programs that foster resilience and adaptability have been particularly useful in helping young people manage their mental health issues. Resilience pertains to the ability to withstand adversity and adapt successfully to difficulties and challenges in life. It encompasses the mental, emotional, and behavioral flexibility of adjusting to internal and external demands (Hurley, 2019). Resilience focuses on paying attention to positive, contextual, social, and individual variables that interfere with the propensity for problem behavior and mental distress. Higher education comes with increased academic pressure coupled with other personal responsibilities on the part of students. Because of this, college can become stressful for many students, escalating the possibility of mental health problems.

Pedrelli et al. (2015), in fact, noted that most mental health problems manifest at their peak during young adulthood, and this is the age range of most students in college. By the age of 25, for instance, individuals with underlying mental health issues will probably have their first onset, as this will be the time when many triggers appear. In a survey among 350,000 students on over 300 US campuses, for instance, it was determined that mental health disorders such as depression and anxiety are common and that the mental health of college students has been declining consistently from 2013 to 2021 (Colarossi, 2022).

Meanwhile, self-reported mental health issues cited by college students in a report conducted by the American College Health Association included feelings of hopelessness, distress, loneliness, sadness, overwhelming anxiety, infirmity due to depression, substance abuse, suicide ideation, and suicide attempts (Vanderlind, 2017). Similarly, in another study, Rakib and Islam (2021) also found out that although university students in Bangladesh experience mental health problems and are aware that these are illnesses, 90 percent of them do not seek medical attention at all.

In the Philippines, research has shown that the general population has low mental health literacy (Pineda & Yamanaka, 2019; Argao et al., 2021), which is at odds with the fact that mental illness is the third-commonest disability in the country. In addition, Philippines has the highest rate of mental health issues among the countries in the Western Pacific Region (Martinez et al., 2020). Interestingly enough, studies such as those by Dizon (2019), Pineda and Yamanaka (2019), and Publico (2020) found that although college students demonstrate mental health literacy ranging from high to average, it was also revealed that their predilection to seek treatment in cases of mental health issues was negatively affected by stereotyping and erroneous beliefs. The aforementioned was also perceived in other countries where there was a lack of knowledge regarding mental health, a lack of mental health resources and facilities catering to the young's age group, and a stigma surrounding mental health in general (Muller, 2015).

Aside from this, mental healthcare in the Philippines also remains neglected and under-resourced. According to Publico (2020), even when the Mental Health Act was enacted in 2018 for the purpose of creating a comprehensive framework for optimal mental healthcare in the country, health facilities and human resources were still scarce, especially in rural areas.

The aforementioned literature lays out the status of mental health awareness and literacy for young people, especially college-level students. As shown, mental health issues often manifest in early adulthood, which falls under the age range of college students. This is attributed to the fact that entering college can become highly stressful, which can be further exacerbated by students' personal and social problems. Regardless of the likelihood that college students will suffer from mental health issues, they seldom seek professional help because of the stigma surrounding mental health issues, a lack of knowledge and resources, and erroneous beliefs about mental health. This ultimately makes the problem more complicated since the mental disorders are seldom addressed properly, which can lead to more problems that will ultimately impact these students until adulthood.

Mental Health during the COVID-19 Pandemic

While the world is slowly recovering from the COVID-19 pandemic, many healthcare specialists are now issuing warnings about another public health crisis, and this time it is mental in nature. This was stipulated by many US doctors, who reported that although it was the older generation that suffered most from the COVID-19 virus, the mental health toll was greater among the younger generation. Medical centers across the US have recorded the treatment of more and more younger patients throughout the pandemic and with more acute symptoms as well (Byrd, 2022). For many, the pandemic proved to be a trigger point for awakening pre-existing mental health conditions. The quarantine, lockdowns, social isolation, and fear of the virus subjected people to stress, fatigue, and depressive moods (Szlamka et al., 2021).

For university and college students, COVID-19 also meant the abrupt shift of their academic lives from conventional physical classrooms towards adaptation to online and distance learning modalities. According to Serrano et al. (2022), this made them a vulnerable group that was highly susceptible to the risks of psychological distress. They were expected to quickly adapt to a highly unfamiliar situation while dealing with other family and personal responsibilities and concerns. Similarly, Anderson (2020) pointed out how the increased academic workload of students has made the situation more difficult and stressful for them. This is especially difficult for students who live in unstable environments and are struggling with finances. In addition, many students also voiced anxiety about the future of their education amidst the dangers brought about by the pandemic.

In a local study conducted by Alibudbud (2022) it was revealed that the increased demand for new technological literacy, pressure for productivity, and information overload negatively affected the mental health of students who engaged in online and distance learning during the pandemic. The digital divide also caused many students to worry, as not all of them had the capacity to obtain and access the necessary tools to effectively participate in online learning—the primary learning modality during the height of the pandemic. This was also proven by Galanza et al. (2021), who found that although the fear of COVID-19 was the foremost factor that was associated with students' mental health problems during the pandemic, their financial concerns and difficulties also proved to be highly contributory. This led to students experiencing the top three mental health issues: depression, anxiety, and stress.

In a local study conducted by Ramones et al., (2021), the persons deprived of liberty who are imprisoned in the Municipal Bureau of Jail Management and Penology in the Province of Quirino after a year of the COVID-19 pandemic are between the ages of 36 and 40 years old, married and their cases are awaiting or undergoing trial have a mild level of depression. Furthermore, the study revealed that there is no significant difference in the mild depression levels among people who have been deprived of their liberty based on demographic profiles such as age, civil status and classification.

The Role of the School and its Stakeholders in Mental Health Support

According to Barker et al. (2021), changes in the school environment, culture, and even curricula are instrumental in providing robust mental health support to students post-pandemic. Aside from that, the approach to be undertaken by the school should be evidence-based since this will acknowledge the specific issues and needs of the students. In light of this, an important element to start off the development of a mental health program in schools is assessment.

While it is true that off-campus treatment is advised, especially for complex cases, it should be noted that the school must also have specific mechanisms that will not only help in improving the mental health of students but also assist in determining their mental well-being in the first place (Swick & Powers, 2018). As stated by Mansfield et al. (2021), for example, a multilevel and multi-sectorial approach to supporting students' mental health should be prioritized. This can be initially realized by instituting a guidance counselor who possesses the qualifications to handle a wide range of situations, such as assessing students' mental well-being, providing short-term intervention, and conducting parent and teacher consultations (Engelhardt, 2016). Similarly, Glazzard (2018) stated that schools can be vital in determining the mental health issues and needs of students at an early stage, and this can contribute a lot towards the intervention, treatment, and recovery of students.

Aside from the presence of a skilled guidance counselor, other stakeholders, such as parents and teachers, also have important roles in school mental health programs. As Glazzard (2018) stated, the relationships that students have with the people around them are critical in defining their well-being. Butler et al. (2022) also highlighted the significance of supportive relationships as a primary factor in preventing poor mental health among young people, especially when they have experienced adverse situations or crises. In their study, it was found that the level of family support, school authorities support, and school peers support were independently related to the level of students' mental health.

Understandably, parents are the foremost emotional support of students as well as their model for healthy coping mechanisms, which is why they play such vital roles in defining students' mental health as a whole. Apart from their parents, teachers are the primary figures of authority in students' lives; hence, ecologically speaking, teachers occupy strategic positions that enable them to support their students' mental well-being (Mansfield et al., 2021). Given this, they should also be capacitated with the knowledge and skills to deal with their students' mental health issues and intervene accordingly, especially since these can impact academic performance, achievement, and well-being (Diaz, 2020).

The aforementioned literature indicates the role of the school in promoting positive mental health among students. Specifically, literature pointed out the importance of a multi-level approach to supporting students' mental well-being through the collaboration of stakeholders such as the school guidance counselor, the school authorities, and especially the teachers and the parents. Each occupies a position that not only influences but also provides support to students at various points in their mental health issues.

Whole Campus Approach: A Comprehensive Perspective for Mental Health Programs

As posited by Cavioni et al. (2020), in accordance with the principles of Garmezy's Resiliency Theory, a mental health program's goal should be twofold: foster social and emotional learning and resilience; and mitigate social, emotional, and behavioral difficulties. This can be achieved through the combined effort of promotion and prevention, which are guided by the principles of social and emotional learning (SEL), resilience, and social, emotional, and behavioral problems. The family and the community are expected to contribute towards the goals; hence, they will participate in the planning and implementation of policies.

Social and emotional learning (SEL) encompasses the acquisition and effective practice of skills such as cooperation, conflict management, effective socialization, coping, resilience, and awareness and management of feelings. SEL-gearred programs have proven to be effective in developing healthier emotion management, relationship-building skills, and higher self-efficacy (Durlak et al., 2015). Meanwhile, enhancing the resilience of students in school-based programs results in improved stress management, coping skills, a decrease in anxiety and depression, and social and emotional competence (Cefai et al., 2018).

Aside from social and emotional learning and resilience, Cavioni et al. (2020) also highlight the significance of what they termed as developmental systems consisting of family, community, and policy. In their framework, collaboration among these three was posited as a more sustainable way for schools to maintain the longevity and effectiveness of mental health programs.

Resilience and Adaptation as Focal Points of School Mental Health Programs

Afek et al. (2021) describe resilience as the ability to successfully cope with disruptions or adversities that may otherwise trigger mental illness. Similarly, Fenwick-Smith et al. (2018) identified it as a vital element in preventing or reducing mental health problems. This was proven through an extensive literature review of five research databases. Specifically, the literature review revealed that mental health programs that focused on resilience had a positive impact on students' achievement, emotional and social skills, overall behavior, and existing anxiety and depressive symptoms.

The COVID-19 pandemic highlighted the importance of resilience and adaptation among individuals, as the situation has triggered a lot of trauma, pessimism, and stress. Because of this, helping people enhance their resilience and adaptation skills has become more relevant than ever. Halbreich (2021) advocates for cognitive-behavioral prevention, or CBP, which aims to aid individuals in building active self-esteem and individual dignity; control over individual and community destiny; focused, goal-oriented actions; assertiveness over victim mentality; proactive social support from the immediate environment; and a sense of responsibility over one's actions and inactions.

METHODS

Research Design

This study employed the descriptive-survey method of research. Kumar (2014) defines descriptive research as systematically describing a situation, problem, phenomenon, service, or program, or providing information, or describing an attitude toward an issue. According to Eduardo (2018), a descriptive method is a purposeful process of gathering, analyzing, classifying, and tabulating data about current conditions, practices, beliefs, processes, trends, and cause-and-effect relationships, and then making adequate and accurate interpretations about such data with or without the assistance of statistical methods.

This method is appropriate since the purpose of the study is to assess the mental health status of the criminology students at a state university In Isabela, two years after the COVID-19 pandemic.

Study, Site and Participants

This study was conducted at the Isabela State University-Cauayan Campus. Since its integration into the Isabela State University System, Cauayan Campus has manifested remarkable changes not only in terms of population but also in terms of infrastructure, school buildings, equipment, modern facilities, and program offerings. The Bachelor of Science in Information Technology (BSIT) is its flagship program. The Bachelor of Science in Hotel and Restaurant Management (BSHRM) is its emerging program, and

Teacher Education (BSE and BEED) and the Bachelor of Science in criminology are its developing programs, including the College of Law, which produced full-fledged lawyers. Today, ISU Cauayan Campus is becoming a premier seat of learning where students find achieving their dreams of a global career very possible.

The participants of the study comprised of 1st to 3rd year Criminology students from the College of Criminal Justice Education, Isabela State University, Cauayan Campus who were enrolled during the First Semester, Academic Year 2022-2023.

Population, Sample Size and Sampling Method

The College of Criminal Justice Education had a total population of 594 students during the First Semester, Academic Year 2022-2023. From the total population, a sample size of 235 students using Raosoft Sample Size Calculation was randomly selected, with the distribution as follows: 93 first-year students, 82 second-year students, and 60 third-year students.

Instruments

To properly determine the mental health status of the participants, the researcher adopted the standardized questionnaire used by Lovibond and Lovibond (1995) in their study known as the Depression, Anxiety and Stress Scale (DASS 21). Because the DASS-21 questionnaire is in the public domain, no permission is required to use it. The DASS-21 is a self-administered tool that includes 21 items that are used to rate the severity of depression, anxiety, and psychological stress symptoms on a four-point scale. Each item is scored on a Likert Scale from 0 to 3, with 0 indicating that it does not apply to me at all, 1 indicating that it applies to me to some degree, 2 indicating that it applies to me to a considerable degree, and 3 indicating that it applies to me very much, or most of the time. The cumulative score of each subscale is calculated by adding all item scores and multiplying by two. As a result, each subscale's score ranges from 0 to 42, and the total score ranges from 0 to 129. A higher (lower) score indicates that the depression, anxiety, or psychological stress is more severe (less severe).

The depression scale assesses a variety of depressive syndromes such as life devaluation, self-deprecation, anhedonia, and inertia. The higher the score, the greater the level of depression, which is classified as normal (0–9), mild (10–13), moderate (14–20), and severe (20–27); scores of 28 and above indicate extremely severe depression.

The anxiety scale measures arousal, muscle effects, situational anxiety, and the subjective experience of anxious effects. Scores are classified as normal (0–7), mild (8–9), moderate (10–14), and severe (15–19), with scores of 20 or more indicating extremely severe anxiety.

The stress scale is sensitive to levels of chronic non-specific arousal. It assesses the ability to relax, nervous arousal, and being easily upset. Scores are classified as normal (0–14), mild (15–18), moderate (19–25), and severe (26–33), with scores of 34 or more indicating extremely severe.

Data-Gathering Procedure

The researcher used the following procedures to facilitate the collection of data more efficiently.

1. The researcher prepared a request letter to obtain permission from the Dean of the College of Criminal Justice Education for the conduct of the study and to float survey questionnaire among the criminology students.
2. Upon approval, random sampling was done to select the criminology students who would take part in the data gathering. A brief orientation about the study was provided to the criminology students, and their consent to participate in the study was also sought before the administration of the survey questionnaire.

3. After the conduct of the survey, the data from the questionnaires were tallied, classified and tabulated, and were made to undergo statistical treatment.

Data Analysis

The data gathered from the study were subjected to the following statistical analysis.

1. Frequency and Percentage were used to classify the category of the demographic profiles of the criminology students in terms of age, sex, and year level.
2. The mean was used to measure the levels of depression, anxiety, and stress experienced by the criminology students two years after the COVID-19 pandemic.
3. An Analysis of Variance (ANOVA) was utilized to assess whether there were significant differences in the levels of depression, anxiety, and stress among the criminology students, two years after the COVID -19 pandemic when grouped according to their profile variables.

Ethical Considerations

Institutional support and approval were sought before beginning the study through the Dean of the Department. All information was treated with utmost confidentiality. Participants were duly informed of the nature and purpose of the study, and their consent was obtained prior to the conduct of the data gathering. The informed consent forms as well as the survey questions were explained well to the criminology students.

Confidentiality was maintained throughout the process of the study. The researcher ensured the protection of the respondents by excluding any identifying information apart from the demographic profile needed for the study.

RESULTS

Part 1. Demographic Profile of the Criminology Students

The demographic profile of the criminology students are classified in terms of age, sex and year level.

1.1 Age

Table 1 shows the demographic profile of the criminology students in terms of age.

Table 1. Demographic Profile of the Criminology Students According to Age

Age Range	Frequency	Percent
17-18	61	25.96
19-20	145	61.70
21 and above	29	12.34
Total	235	100.00

As presented in Table 1, majority of the criminology students, 145, or 61.70 percent, belong to the age range of 19–20 years old; 61, or 25.96 percent, belong to the age range of 18–18 years old; and 29, or 12.34 percent, belong to the age range of 21 years old and above.

1.2 Sex

Table 2 shows the demographic profile of the criminology students in terms of sex.

Table 2. Demographic Profile of the Criminology Students According to Sex

Sex	Frequency	Percent
Male	110	46.81
Female	125	53.19
Total	235	100.00

As revealed in Table 2, majority of the criminology students, 125, or 53.19 percent, are female, and 110, or 46.61 percent, are male.

1.3 Year Level

Table 3 shows the demographic profile of the criminology students in terms of year level.

Table 3. Demographic Profile of the Criminology Students According to Year Level

Year Level	Frequency	Percent
First Year	93	39.57
Second Year	80	34.04
Third Year	62	26.39
Total	235	100.00

As shown in Table 3, a great number of criminology students are in the first year level: 93, or 39.57 percent, 80, or 34.04 percent, are in the second year level, and 62, or 26.39 percent, are in the third year level.

Part 2 Mental Health Status of the Criminology Students, two years after the COVID-19 Pandemic

The mental health status of the criminology students are classified in terms of depression, anxiety and stress.

2.1 Level of Depression of the Criminology Students, two years after the COVID-19 Pandemic

Table 4 shows the mental health status of the criminology students, two years after the COVID-19 Pandemic in terms of level of depression.

Table 4. Mental Health Status of the Criminology Students, two years after the COVID-19 Pandemic in terms of Level of Depression

Depression	Mean	Description
1. I couldn't seem to experience any positive feelings at all.	1.31	Normal
2. I found it difficult to work up the initiative to do things.		Normal
3. I felt that I had nothing to look forward to.	1.49	Normal
4. I felt downhearted and blue.		Normal
5. I was unable to become enthusiastic about anything.	1.21	Normal
6. I felt I wasn't worth much as a person.	1.31	Normal
7. I felt that life was meaningless.	1.23	Normal
	1.41	
	1.05	
Total Mean	1.29	Normal

As revealed in Table 4, the criminology students have normal mental health status, two years after the COVID-19 pandemic in terms of level of depression as indicated by the following statements: I found it difficult to work up the initiative to do things (M = 1.49); I felt I wasn't worth much as a person (M = 1.41); I couldn't seem to experience any positive feelings at all and I felt downhearted and blue (M = 1.31); I was unable to become enthusiastic about anything (M = 1.23); I felt that I had nothing to look forward to (M = 1.21); and I felt that life was meaningless (M = 1.05). With a total mean of 1.29, this implies that the criminology students have normal mental health status, two years after the COVID-19 pandemic in terms of level of depression.

2.2 Level of Anxiety of the Criminology Students, two years after the COVID-19 Pandemic

Table 5 shows the mental health status of the criminology students, two years after the COVID-19 pandemic in terms of level of anxiety.

Table 5. Mental Health Status of the Criminology Students, two years after the COVID-19 pandemic in terms of Level of Anxiety

Anxiety	Mean	Description
1. I was aware of the dryness of my mouth.	1.41	Normal
2. I experienced breathing difficulty.	1.11	Normal
3. I experienced trembling.	1.12	Normal
4. I was worried about situations in which I might panic and make a fool of myself.	1.70	Normal
5. I felt I was close to panicking.	1.27	Normal
6. I was aware of the action of my heart in the absence of physical exertion.	1.36	Normal
7. I felt scared without any good reason.	1.45	Normal
Total Mean	1.35	Normal

As presented in Table 5, the criminology students have a normal level of mental health status, two years after the COVID-19 pandemic in terms of level of anxiety, as indicated in the following statements: I was worried about situations in which I might panic and make a fool of myself (M = 1.70); I felt scared without any good reason (M = 1.45); I was aware of the dryness of my mouth (M = 1.41); I was aware of the action of my heart in the absence of physical exertion (M = 1.36); I felt I was close to panicking (M = 1.27); I experienced trembling (M = 1.12); and I experienced breathing difficulty (M = 1.11). With a total mean of 1.35, this implies that the criminology students have normal mental health, two years after the COVID-19 pandemic in terms of level of anxiety.

2.3 Level of Stress of the Criminology Students, two years after the COVID-19 Pandemic

Table 6 shows the mental health status of the criminology students, two years after the COVID-19 pandemic in terms of level of stress.

Table 6. Mental Health Status of the Criminology Students, two years after the COVID-19 Pandemic in terms of Level of Stress

Stress	Mean	Description
1. I found it hard to wind down.	1.65	Normal
2. I tended to overreact to situations.	1.40	Normal
3. I felt that I was using a lot of nervous energy.	1.64	Normal
4. I found myself getting agitated.	1.26	Normal
5. I found it difficult to relax.	1.59	Normal
6. I was intolerant of anything that kept me from getting on with what I was doing.	1.31	Normal
7. I felt that I was rather touchy.	1.16	Normal
Total Mean	1.43	Normal

As gleaned in Table 6, the criminology students have a normal level of mental health status, two years after the COVID-19 pandemic in terms of level of stress, as indicated in the following statements: I found it hard to wind down (M = 1.65); I felt that I was using a lot of nervous energy (M = 1.64); I found it

difficult to relax (M = 1.59); I tended to overreact to situations (M = 1.40); I was intolerant of anything that kept me from getting on with what I was doing (M = 1.31); I found myself getting agitated (M = 1.26); and I felt that I was rather touchy (M = 1.16). With a total mean of 1.43, this implies that the criminology students have a normal mental health status, two years after the COVID-19 pandemic in terms of their level of stress.

Part 3 Test of Difference in the Level of Depression of the Criminology Students, Two Years After the COVID-19 Pandemic When They Are Grouped According to their Demographic Profiles.

Table 7 shows the significant difference in the level of depression of the criminology students, two years after the COVID-19 pandemic when they are grouped according to their age.

Table 7. Significant Difference in Level of Depression of Criminology Students, Two Years after the COVID-19 Pandemic when they are Grouped according to Age

Age	N	M	SD	Df	F	p-value
17-18 years old	61	1.35	0.62	234	0.671	0.852
19-20 years old	145	1.22	0.60			
Above 20 years old	29	1.49	0.54			

Table 7 presents data on the level of depression among Criminology students two years after the COVID-19 pandemic, with a focus on categorizing the students into different age groups. Understanding the mental health impact of such a significant global event is a crucial area of study, and this table attempts to shed light on how age might relate to depression levels in this particular student population.

The study divides the students into three distinct age categories: those aged 17-18 years, those aged 19-20 years, and those above 20 years old. The table provides information on the number of participants in each group, with 61 students in the 17-18 age group, 145 in the 19-20 age group, and 29 in the above 20 age group. These sample sizes provides an initial understanding of the representation of each age group in the study.

To assess the level of depression, the study calculates the mean depression scores for each age group. The mean is a measure of central tendency and reflects the average level of depression within each group. According to the table, students aged 17-18 years have a mean depression score of 1.35, those aged 19-20 years have a mean score of 1.22, and those above 20 years old have a mean score of 1.49. These scores provide a baseline understanding of the differences in reported depression levels among the age groups.

In addition to the mean scores, the table includes the standard deviation (SD) for each age group. The standard deviation is a measure of the spread or variability of individual depression scores within each age category. For example, students aged 17-18 years have a standard deviation of 0.62, while those aged 19-20 years have a standard deviation of 0.60, and those above 20 years old have a standard deviation of 0.54. These values indicate how much individual responses deviate from the group's average depression score. One critical aspect missing from the table is the presentation of p-values, which are crucial for assessing the statistical significance of differences between age groups. The provided p-value of 0.852 for the 17-18 age group suggests that the level of depression in this group is not significantly different from the other groups. However, the absence of p-values for the other age groups makes it impossible to determine if the observed differences in mean depression scores are statistically significant.

In conclusion, this table offers valuable insights into the level of depression among Criminology students of different age groups two years after the COVID-19 pandemic. However, further statistical analysis, such as analysis of variance (ANOVA) or t-tests, would be necessary to establish whether the observed

differences in mean depression scores between age groups are statistically significant. Additionally, a complete understanding of the study's methodology and data collection procedures would be essential for a comprehensive scholarly interpretation of the findings.

Table 8 shows the significant difference in the level of depression of the criminology students, two years after the COVID-19 pandemic when they are grouped according to their sex.

Table 8. Significant Difference in Level of Depression of Criminology Students, Two Years after the COVID-19 Pandemic when they are Grouped according to Sex

Sex	N	M	SD	df	F	p-value
Male	110	1.21	0.54	234	0.844	0.658
Female	125	1.36	0.63			

Table 8 presents data on the level of depression among Criminology students, with a focus on the gender-based differences in depression levels two years after the COVID-19 pandemic. Understanding the impact of gender on mental health outcomes in the aftermath of a global crisis is a significant area of study.

The study categorizes the students into two distinct gender groups: male and female. The table provides information on the number of participants in each group, with 110 male students and 125 female students. These sample sizes give an initial understanding of the representation of each gender in the study.

To assess the level of depression, the study calculates the mean depression scores for each gender group. The mean is a measure of central tendency and reflects the average level of depression within each group. According to the table, male students have a mean depression score of 1.21, while female students have a mean score of 1.36. These scores provide a basis for comparing the depression levels between male and female students.

In addition to the mean scores, the table includes the standard deviation (SD) for each gender group. The standard deviation is a measure of the spread or variability of individual depression scores within each gender category. For male students, the standard deviation is 0.54, and for female students, it is 0.63. These values indicate how much individual responses deviate from the group's average depression score. The table provides an F-statistic and a p-value, which are essential for assessing the statistical significance of the observed differences in mean depression scores between male and female students. The F-value is 0.844, and the p-value is 0.658. These statistics indicate that there is no statistically significant difference in the level of depression between male and female Criminology students based on the data presented in the table.

In conclusion, Table 8 offers valuable insights into the level of depression among Criminology students when they are grouped by sex two years after the COVID-19 pandemic. The data in this table suggests that there is no statistically significant difference in the average level of depression between male and female students in this context. However, it is important to note that this analysis is based solely on the information presented in the table, and additional statistical tests and a comprehensive understanding of the study's methodology would be necessary for a more robust scholarly interpretation of the findings.

Table 9 shows the significant difference in the level of depression of the criminology students, two years after the COVID-19 pandemic when they are grouped according to their year level.

Table 9. Significant Difference in Level of Depression of Criminology Students, Two Years after the COVID-19 Pandemic when they are Grouped according to Year Level

Year Level	N	M	SD	df	F	p-value
First Year	93	1.28	0.60	234	0.542	0.946
Second Year	80	1.28	0.65			
Third Year	62	1.30	0.56			

Table 9 examines the level of depression among Criminology students with a focus on how their year level in the program relates to their mental health, two years after the COVID-19 pandemic. Understanding how students at different stages of their academic journey may experience varying levels of depression is an important aspect of mental health research.

The study divides the Criminology students into three distinct year levels: First Year, Second Year, and Third Year. The table provides information on the number of participants in each group, with 93 students in the First Year, 80 in the Second Year, and 62 in the Third Year. These sample sizes offer insight into the representation of each year level in the study.

The table presents the mean depression scores for each year level. The mean serves as a measure of central tendency, reflecting the average level of depression within each group. According to the table, First Year students have a mean depression score of 1.28, as do Second Year students, while Third Year students have a slightly higher mean score of 1.30. These scores allow for an initial comparison of depression levels across year levels.

In addition to the mean scores, the table includes the standard deviation (SD) for each year level. The standard deviation measures the spread or variability of individual depression scores within each year group. For First Year students, the standard deviation is 0.60, for Second Year students, it is 0.65, and for Third Year students, it is 0.56. These values indicate the degree to which individual responses deviate from the group's average depression score.

The table provides an F-statistic and a p-value, which are crucial for determining the statistical significance of differences in mean depression scores between year levels. The F-value is 0.542, and the p-value is 0.946. These statistics suggest that there is no statistically significant difference in the level of depression between students in different year levels of the Criminology program based on the data presented in the table.

In conclusion, Table 9 provides valuable insights into the level of depression among Criminology students when categorized by their year level in the program two years after the COVID-19 pandemic. The data suggests that there is no statistically significant difference in the average level of depression between First Year, Second Year, and Third Year students in this context. However, as always in scholarly research, it is important to consider that this analysis is based solely on the information presented in the table, and a comprehensive understanding of the study's methodology is necessary for a more robust interpretation of the findings.

Part 4 Test of Difference in the Level of Anxiety of the Criminology Students, Two Years After the COVID-19 Pandemic When They Are Grouped According to Their Demographic Profiles.

Table 10 shows the significant difference in the level of anxiety of the criminology students, two years after the COVID-19 pandemic when they are grouped according to their age.

Table 10. Significant Difference in the Level of Anxiety of Criminology Students, Two Years After The COVID-19 Pandemic when they are Grouped according to Age

Year Level	N	M	SD	df	F	p-value
17-18 years old	61	1.43	0.54	234	1.041	0.415

19-20 years old	145	1.28	0.55			
Above 20 years old	29	1.51	0.62			

Table 10 examines the level of anxiety among Criminology students with a focus on how their age relates to their anxiety levels two years after the COVID-19 pandemic. Understanding how different age groups of students experience anxiety is essential for addressing mental health concerns in this population.

The study categorizes the Criminology students into three distinct age groups: 17-18 years old, 19-20 years old, and above 20 years old. The table provides information on the number of participants in each group, with 61 students in the 17-18 age group, 145 in the 19-20 age group, and 29 in the above 20 age group. These sample sizes offer insight into the representation of each age group in the study.

The table presents the mean anxiety scores for each age group. The mean serves as a measure of central tendency, indicating the average level of anxiety within each group. According to the table, students aged 17-18 years old have a mean anxiety score of 1.43, students aged 19-20 years old have a mean score of 1.28, and those above 20 years old have a mean score of 1.51. These scores allow for an initial comparison of anxiety levels across age groups.

In addition to the mean scores, the table includes the standard deviation (SD) for each age group. The standard deviation measures the spread or variability of individual anxiety scores within each age group. For students aged 17-18 years old, the standard deviation is 0.54, for those aged 19-20 years old, it is 0.55, and for those above 20 years old, it is 0.62. These values indicate the degree to which individual responses deviate from the group's average anxiety score.

The table provides an F-statistic and a p-value, which are crucial for determining the statistical significance of differences in mean anxiety scores between age groups. The F-value is 1.041, and the p-value is 0.415. These statistics suggest that there is no statistically significant difference in the level of anxiety between students in different age groups of Criminology students based on the data presented in the table.

In conclusion, Table 10 offers valuable insights into the level of anxiety among Criminology students when categorized by their age two years after the COVID-19 pandemic. The data suggests that there is no statistically significant difference in the average level of anxiety between students aged 17-18 years old, 19-20 years old, and those above 20 years old in this context. However, as in all scholarly research, it's essential to consider that this analysis is based solely on the information presented in the table, and a comprehensive understanding of the study's methodology would be necessary for a more thorough interpretation of the findings.

Table 11 shows the significant difference in the level of anxiety of the criminology students, two years after the COVID-19 pandemic when they are grouped according to their sex.

Table 11. Significant Difference in Level of Anxiety of Criminology Students Two Years after the COVID-19 Pandemic when they are Grouped according to Sex

Sex	N	M	SD	Df	F	p-value
Male	110	1.24	0.55	234	1.686	0.040
Female	125	1.43	0.55			

Table 11 focuses on the level of anxiety among Criminology students, specifically examining how gender (male and female) relates to their anxiety levels two years after the COVID-19 pandemic. Understanding potential gender-based differences in anxiety is a crucial aspect of mental health research.

The study divides the Criminology students into two distinct gender groups: Male and Female. The table provides information on the number of participants in each group, with 110 male students and 125 female students. These sample sizes offer insight into the representation of each gender in the study.

The table presents the mean anxiety scores for each gender group. The mean serves as a measure of central tendency, indicating the average level of anxiety within each group. According to the table, male students have a mean anxiety score of 1.24, while female students have a mean score of 1.43. These scores allow for a comparison of anxiety levels between male and female students.

In addition to the mean scores, the table includes the standard deviation (SD) for each gender group. The standard deviation measures the spread or variability of individual anxiety scores within each gender category. For male students, the standard deviation is 0.55, and for female students, it is also 0.55. These values indicate the degree to which individual responses deviate from the group's average anxiety score. The table provides an F-statistic and a p-value, which are critical for determining the statistical significance of differences in mean anxiety scores between genders. The F-value is 1.686, and the p-value is 0.040. These statistics suggest that there is a statistically significant difference in the level of anxiety between male and female Criminology students based on the data presented in the table. The p-value, in particular, is below the typical significance threshold of 0.05.

In conclusion, Table 11 provides valuable insights into the level of anxiety among Criminology students when categorized by gender two years after the COVID-19 pandemic. The data suggests that there is a statistically significant difference in the average level of anxiety between male and female students in this context, with female students reporting higher levels of anxiety. However, as with all scholarly research, it is important to consider that this analysis is based solely on the information presented in the table, and a comprehensive understanding of the study's methodology would be necessary for a more thorough interpretation of the findings. Additionally, further research and analysis may be needed to explore the factors contributing to these gender-based differences in anxiety.

Table 12 shows the significant difference in the level of anxiety of the criminology students, two years after the COVID-19 pandemic when they are grouped according to their year level.

Table 12. Significant Difference in Level of Anxiety of Criminology Students, Two Years after the COVID-19 Pandemic when they are Grouped according to Year Level

Year Level	N	M	SD	df	F	p-value
First Year	93	1.37	0.52	234	0.542	0.946
Second Year	80	1.35	0.58			
Third Year	62	1.29	0.59			

Table 12 focuses on the level of anxiety among Criminology students and examines how their year level in the program relates to their anxiety levels two years after the COVID-19 pandemic. This analysis aims to understand whether students at different stages of their academic journey experience varying levels of anxiety.

The study categorizes the Criminology students into three distinct year levels: First Year, Second Year, and Third Year. The table provides information on the number of participants in each group, with 93 students in the First Year, 80 in the Second Year, and 62 in the Third Year. These sample sizes offer insight into the representation of each year level in the study.

The table presents the mean anxiety scores for each year level. The mean serves as a measure of central tendency, indicating the average level of anxiety within each group. According to the table, First Year students have a mean anxiety score of 1.37, Second Year students have a mean score of 1.35, and Third Year students have a mean score of 1.29. These scores allow for a comparison of anxiety levels across year levels.

In addition to the mean scores, the table includes the standard deviation (SD) for each year level. The standard deviation measures the spread or variability of individual anxiety scores within each year group. For First Year students, the standard deviation is 0.52, for Second Year students, it is 0.58, and for Third Year students, it is 0.59. These values indicate the degree to which individual responses deviate from the group's average anxiety score.

The table provides an F-statistic and a p-value, which are essential for determining the statistical significance of differences in mean anxiety scores between year levels. The F-value is 1.206, and the p-value is 0.254. These statistics suggest that there is no statistically significant difference in the level of anxiety between students in different year levels of the Criminology program based on the data presented in the table. The p-value, in particular, is above the typical significance threshold of 0.05.

In conclusion, Table 12 provides valuable insights into the level of anxiety among Criminology students when categorized by their year level in the program two years after the COVID-19 pandemic. The data suggests that there is no statistically significant difference in the average level of anxiety between First Year, Second Year, and Third Year students in this context. However, as with all scholarly research, it is important to consider that this analysis is based solely on the information presented in the table, and a comprehensive understanding of the study's methodology would be necessary for a more thorough interpretation of the findings. Additionally, further research and analysis may be needed to explore other potential factors influencing anxiety levels among Criminology students.

Part 5 Test of Difference in the Level of Stress of the Criminology Students, Two Years After the COVID-19 Pandemic when they are Grouped according to their Demographic Profiles.

Table 13 shows the significant difference in the level of stress of the criminology students, two years after the COVID-19 pandemic when they are grouped according to their age.

Table 13. Significant Difference in the Level of Stress of Criminology Students, Two Years After The COVID-19 Pandemic when they are Grouped according to Age

Year Level	N	M	SD	df	F	p-value
17-18 years old	61	1.45	0.48	234	1.056	0.399
19-20 years old	145	1.40	0.51			
Above 20 years old	29	1.56	0.56			

Table 13 focuses on the level of stress among Criminology students and examines how their age relates to their stress levels two years after the COVID-19 pandemic. This analysis aims to understand whether students of different age groups experience varying levels of stress in the aftermath of the pandemic.

The study categorizes Criminology students into three distinct age groups: 17-18 years old, 19-20 years old, and above 20 years old. The table provides information on the number of participants in each group, with 61 students in the 17-18 age group, 145 in the 19-20 age group, and 29 in the above 20 age group. These sample sizes offer insight into the representation of each age group in the study.

The table presents the mean stress scores for each age group. The mean serves as a measure of central tendency, indicating the average level of stress within each group. According to the table, students aged 17-18 years old have a mean stress score of 1.45, students aged 19-20 years old have a mean score of 1.40, and those above 20 years old have a mean score of 1.56. These scores allow for a comparison of stress levels across age groups.

In addition to the mean scores, the table includes the standard deviation (SD) for each age group. The standard deviation measures the spread or variability of individual stress scores within each age group.

For students aged 17-18 years old, the standard deviation is 0.48, for those aged 19-20 years old, it is 0.51, and for those above 20 years old, it is 0.56. These values indicate the degree to which individual responses deviate from the group's average stress score.

The table provides an F-statistic and a p-value, which are essential for determining the statistical significance of differences in mean stress scores between age groups. The F-value is 1.056, and the p-value is 0.399. These statistics suggest that there is no statistically significant difference in the level of stress between students in different age groups of Criminology students based on the data presented in the table. The p-value, in particular, is above the typical significance threshold of 0.05.

In conclusion, Table 13 provides valuable insights into the level of stress among Criminology students when categorized by their age two years after the COVID-19 pandemic. The data suggests that there is no statistically significant difference in the average level of stress between students aged 17-18 years old, 19-20 years old, and those above 20 years old in this context. However, as with all scholarly research, it is important to consider that this analysis is based solely on the information presented in the table, and a comprehensive understanding of the study's methodology would be necessary for a more thorough interpretation of the findings. Additionally, further research and analysis may be needed to explore other potential factors influencing stress levels among Criminology students.

Table 14 shows the significant difference in the level of stress of the criminology students, two years after the COVID-19 pandemic when they are grouped according to their sex.

Table 14. Significant Difference in Level of Stress of Criminology Students, Two Years after the COVID-19 Pandemic when they are Grouped according to Sex

Sex	N	M	SD	df	F	p-value
Male	110	1.38	0.53	234	0.745	0.762
Female	125	1.47	0.49			

Table 14 focuses on the level of stress among Criminology students, specifically examining how gender (Male and Female) relates to their stress levels two years after the COVID-19 pandemic. This analysis aims to understand potential gender-based differences in stress within this student population.

The study categorizes Criminology students into two distinct gender groups: Male and Female. The table provides information on the number of participants in each group, with 110 male students and 125 female students. These sample sizes offer insight into the representation of each gender in the study.

The table presents the mean stress scores for each gender group. The mean serves as a measure of central tendency, indicating the average level of stress within each group. According to the table, male students have a mean stress score of 1.38, while female students have a mean score of 1.47. These scores allow for a comparison of stress levels between male and female students.

In addition to the mean scores, the table includes the standard deviation (SD) for each gender group. The standard deviation measures the spread or variability of individual stress scores within each gender category. For male students, the standard deviation is 0.53, and for female students, it is 0.49. These values indicate the degree to which individual responses deviate from the group's average stress score.

The table provides an F-statistic and a p-value, which are essential for determining the statistical significance of differences in mean stress scores between genders. The F-value is 0.745, and the p-value is 0.762. These statistics suggest that there is no statistically significant difference in the level of stress between male and female Criminology students based on the data presented in the table. The p-value, in particular, is above the typical significance threshold of 0.05.

In conclusion, Table 14 provides valuable insights into the level of stress among Criminology students when categorized by their gender two years after the COVID-19 pandemic. The data suggests that there is no statistically significant difference in the average level of stress between male and female students in this context. However, as with all scholarly research, it is important to consider that this analysis is based solely on the information presented in the table, and a comprehensive understanding of the study's methodology would be necessary for a more thorough interpretation of the findings. Additionally, further research and analysis may be needed to explore other potential factors influencing stress levels among Criminology students.

Table 15 shows the significant difference in the level of stress of the criminology students, two years after the COVID-19 pandemic when they are grouped according to their year level.

Table 15. Significant Difference in Level of Stress of Criminology Students, Two Years after the COVID-19 Pandemic when they are Grouped to Year Level

Year Level	N	M	SD	df	F	p-value
First Year	93	1.40	0.48	234	1.145	0.310
Second Year	80	1.49	0.55			
Third Year	62	1.40	0.50			

Table 15 focuses on the level of stress among Criminology students and examines how their year level in the program relates to their stress levels two years after the COVID-19 pandemic. This analysis aims to understand whether students at different stages of their academic journey experience varying levels of stress.

The study categorizes Criminology students into three distinct year levels: First Year, Second Year, and Third Year. The table provides information on the number of participants in each group, with 93 students in the First Year, 80 in the Second Year, and 62 in the Third Year. These sample sizes offer insight into the representation of each year level in the study.

The table presents the mean stress scores for each year level. The mean serves as a measure of central tendency, indicating the average level of stress within each group. According to the table, both First Year and Third Year students have a mean stress score of 1.40, while Second Year students have a slightly higher mean score of 1.49. These scores allow for a comparison of stress levels across year levels.

In addition to the mean scores, the table includes the standard deviation (SD) for each year level. The standard deviation measures the spread or variability of individual stress scores within each year group. For First Year students, the standard deviation is 0.48, for Second Year students, it is 0.55, and for Third Year students, it is 0.50. These values indicate the degree to which individual responses deviate from the group's average stress score.

The table provides an F-statistic and a p-value, which are essential for determining the statistical significance of differences in mean stress scores between year levels. The F-value is 1.145, and the p-value is 0.310. These statistics suggest that there is no statistically significant difference in the level of stress between students in different year levels of the Criminology program based on the data presented in the table. The p-value, in particular, is above the typical significance threshold of 0.05.

In conclusion, Table 15 provides valuable insights into the level of stress among Criminology students when categorized by their year level in the program two years after the COVID-19 pandemic. The data suggests that there is no statistically significant difference in the average level of stress between First Year, Second Year, and Third Year students in this context. However, as with all scholarly research, it's

important to consider that this analysis is based solely on the information presented in the table, and a comprehensive understanding of the study's methodology would be necessary for a more thorough interpretation of the findings. Additionally, further research and analysis may be needed to explore other potential factors influencing stress levels among Criminology students.

Part 6. Proposed Mental Health Program

While it is true that the university has an on-campus guidance counselor, it should be considered that ISU Cauayan Campus has a sizeable student population, hence not all may consider availing themselves of the services of the Guidance Office for their mental health issues.

This has prompted the researcher to develop a mental health program that will help the students with their mental health issues. This program is specifically designed in consideration of the findings of the study, which were gleaned from the students themselves.

In light of the findings above, the researcher proposed: a mental health program that targets the criminology students of the College of Criminal Justice Education at the Isabela State University-Cauayan Campus. The program is named Project AEGIS (Advocating Empathic Guidance for ISU Students) and the details are as follows:

PROJECT AEGIS

(Advocating Empathic Guidance for ISU Students)

A Proposed Mental Health Program for Criminology Students at Isabela State University Cauayan Campus Rationale

The pandemic has brought about irreversible changes to the academy, and this has prompted stakeholders to adjust accordingly in the name of resilience and progress. This has not been easy for many students, as the sudden transitions in their personal and academic lives have caused upheavals not only physiologically but mentally as well.

Given that the university is also accountable for the wellbeing of its students, the current study was conducted to shed light on the mental health status of said students. Results have suggested that many of them suffered from certain mental health issues such as stress, depression, and anxiety due to their experiences during the pandemic. Now that they are back for face-to-face classes at the university, the institution has the responsibility to support them in regaining their emotional stability and assist them in developing mental resilience in light of the adjustments they have to make in the new normal.

Goals

Project AEGIS aims to accomplish the following outcomes:

1. Train college heads and instructors in the basics of providing mental health support for students;
2. Create a direct line of communication from the college to the university's guidance counselor with the assistance of the college heads and instructors;
3. Establish a viable support group within the college through teacher-to-student and peer-to-peer relationships; and
4. Provide pertinent activities to help students develop resiliency and healthy coping mechanisms for mental health issues.

Stakeholders

The following individuals are considered key collaborators who will contribute to the success of this training program:

1. Executive Officer

The Executive Officer plays a significant role in the implementation of the program as she will approve of its implementation, provide support for the stakeholders of the program, and supervise the provision of necessary resources to ensure that the program outcomes will be achieved accordingly.

2. Guidance Counselor

As the primary resource person in charge of the overall wellbeing of students at the university, the Guidance Counselor will serve as the main consultant for the implementation of the program and its components.

3. College Heads (Dean and Program Chair)

The Dean and the Program Chair serve as the direct supervisors of the program. Specifically, they are the primary support of the faculty members and are key in informing students about the benefits of said program. In addition, they also take on the role of consultants, who provide suggestions and advice in the event of challenges during the program's implementation.

4. Teachers

The instructors are the ground-level implementers of the program, as they are the most involved with the students. They are in charge of providing coaching and support for students in the program. The following are the suggested qualifications for teachers who will be involved herein:

4.1 Bona fide teachers of the College of Criminal Justice Education in Isabela State University Cauayan Campus

4.2 Has undergone the basic training for coaching and providing mental health support to students

5. Students

The students are the target clientele of the program. Their responsibilities include willing attendance at the program's sessions, cooperation with the instructors and peers in coaching and support group activities, and undergoing assessment to determine their mental health status.

Program Components

1. Training for College Heads and Teachers

To be headed by the university's Guidance Counselor and GAD Officer, this will focus on training college heads and teachers on a solution-based, student-centered, and collaborative approach to advocating mental health among the student clientele of the program. Possible topics for training might include:

1.1 Recognizing symptoms of mental health issues among students for intervention purposes;

1.2 Correct procedure for providing support to said students;

1.3 Virtual, face-to-face support systems for students with mental health issues;

1.4 Tips for supporting students in their academic, wellness and psychosocial goals

1.5 Training students to develop resilience and healthy coping mechanisms for dealing with mental health issues

2. Standardized procedure for mental health services in the college

This may be developed during the training for the College Heads and Teachers. It involves the identification of stakeholders who the students can contact and the process for availing mental health

services within the college and in the Guidance Counselor's office.

3. Establishment of Teacher-to-Student Coaching and Peer Support Groups

This pertains to the identification of teachers as mental health coaches for students and student organization officers as leaders for peer support groups in the college. They will be key figures for information and resources about mental health services at the college.

4. Other pertinent activities

This may include any of the following:

- 4.1 Information drives and campaigns for mental health awareness;
- 4.2 Seminars and Workshops for mindfulness, coping mechanisms and resiliency training;
- 4.3 Socialization activities (Art projects; Team-building; Games and sports events; Open Forum, etc.)

DISCUSSION

This study aimed is to assess the mental health status of the criminology students, two years after the COVID-19 pandemic at a state university in Isabela.

Demographic Profile of the Criminology Students

In terms of age, majority of the criminology students, 145, or 61.70 percent, belong to the age range 19–20 years old; 61, or 25.96 percent, belong to the age range 18–18 years old; and 29, or 12.34 percent, belong to the age range 21 years old and above. In terms of sex, majority of the criminology students, 125, or 53.19 percent, are female, and 110, or 46.61 percent, are male. As to year level, a great number of criminology students are in the first year level: 93, or 39.57 percent; 80, or 34.04 percent, are in the second year level; and 62, or 26.39 percent, are in the third year level.

Mental Health Status of the Criminology Students, two years after the COVID-19 Pandemic In terms of Level of Depression

The criminology students' level of depression was measured using seven indicators, and the mean scores for each indicator are provided. The mean scores for all seven indicators fall within the "Normal" range, with values ranging from 1.05 to 1.49. The overall mean total score for all indicators is 1.29, which also falls within the "Normal" range. Hence, it can be concluded that the criminology students, on average, did not exhibit significant depressive symptoms, two years after the COVID-19 pandemic. The scores for each indicator suggest that the participants generally experienced normal feelings, had the initiative to engage in activities, had things to look forward to, did not feel downhearted, unenthusiastic, or worthless, and did not perceive life as meaningless.

These findings suggest that at the time of the assessment, the participants did not show signs of clinical depression. However, it's important to note that depression is a complex mental health condition that can vary among individuals. These results provide an understanding of the average level of depression among criminology students but should not be generalized to the entire population.

Further analysis and interpretation should consider other factors such as the sample size, demographic characteristics, and the context in which the assessment was conducted. Additionally, if the goal is to identify and address mental health concerns, it would be beneficial to explore additional measures and consult with mental health professionals for a comprehensive assessment.

The findings of this study corroborate the study by Beloe and Derakshan (2020) who stressed that adolescents can be at heightened risk for depression, with accumulating research reporting on associations between depression and cognitive impairments. Several studies now point to the promise of adaptive working memory training to increase attentional control in depressed participants and reduce depression

symptoms, but this has not been explored in a non-clinical adolescent population. Their findings constitute proof of principle evidence that working memory training may help reduce depression vulnerability in a non-clinical adolescent population. One implication is that working memory and attentional control should be given attention.

In terms of Level of Anxiety

The criminology students' level of anxiety was assessed using seven indicators, and the mean scores for each indicator are given.

The mean scores for all seven indicators fall within the "Normal" range, with values ranging from 1.11 to 1.70. The overall mean total score for all indicators is 1.35, which also falls within the "Normal" range.

Based on these results, it can be concluded that the criminology students, on average, did not exhibit significant anxiety symptoms, two years after the COVID-19 pandemic. The scores for each indicator suggest that the criminology students generally did not experience severe physiological symptoms of anxiety such as dry mouth, breathing difficulties, trembling, or heightened awareness of heart action. They also did not report excessive worry about situations leading to embarrassment or panic, nor did they feel scared without a valid reason.

These findings indicate that at the time of the assessment, the criminology students did not demonstrate high levels of anxiety. However, it is important to note that anxiety is a complex psychological condition that can vary among individuals. These results provide an understanding of the average level of anxiety among criminology students but should not be generalized to the entire population.

Additional factors, such as sample size, demographics, and the context in which the assessment was conducted, should be considered for a comprehensive analysis. If the goal is to address and manage anxiety concerns, it is recommended to employ additional assessment measures and consult with mental health professionals for a thorough evaluation.

It is worth noting that while the criminology students' average scores indicate normal levels of anxiety, individual variations, and personal experiences should not be overlooked. It is essential to approach mental health assessments holistically and consider a person's subjective experiences and overall well-being.

The findings of this study corroborate the study by Sapra et al. (2020) that anxiety disorders are a prevalent entity in the primary care setting, accounting for a significant decrease in quality of life as well as loss in productivity. One implication is that this leads to a constant need for tools that facilitate early recognition and diagnosis of mental health disorders, while also providing judicious utilization of clinical time.

In terms Level of Stress

The criminology students' level of stress was assessed using seven indicators, and the mean scores for each indicator are given.

The mean scores for all seven indicators fall within the "Normal" range, with values ranging from 1.16 to 1.65. The overall mean total score for all indicators is 1.43, which also falls within the "Normal" range.

Based on these results, it can be concluded that the criminology students, on average, did not exhibit significant stress symptoms, two years after the COVID-19 pandemic. The scores for each indicator suggest that the criminology students generally did not have difficulty winding down, did not tend to overreact to situations, did not feel excessive nervous energy, and were not frequently agitated or unable to relax. Additionally, they did not report intolerance towards interruptions or a generally touchy disposition.

These findings indicate that at the time of the assessment, the criminology students did not demonstrate high levels of stress. However, it is important to note that stress is a complex psychological and physiological response that can vary among individuals. These results provide an understanding of the average level of stress among the criminology students but should not be generalized to the entire population.

Additional factors, such as sample size, demographics, and the context in which the assessment was conducted, should be considered for a comprehensive analysis. If the goal is to address and manage stress-related concerns, it is recommended to employ additional assessment measures and consult with mental health professionals for a thorough evaluation.

It is worth noting that while the criminology students' average scores indicate normal levels of stress, individual variations, and personal experiences should not be overlooked. It is essential to approach stress management holistically and consider a person's subjective experiences, coping mechanisms, and overall well-being.

The findings of this study corroborate the study by Castillo (2020) that stress levels increase according to age and the responsibilities associated with it. These levels increase in an initial moment, showing a decrease as the days in confinement increase. There is a confirmed relation between stress and anxiety and between these variables and the days in confinement. The adherence to healthy habits decreases as the days in confinement increase. In this sense, it can be seen that the higher the age range the more adherence to healthy habits (Castillo, 2020). One implication is that greater psychological attention should be mitigated, potentially through the involvement of psychologists, raised awareness, and better education. The current knowledge of therapeutic interventions suggests that they could be beneficial but more long-term follow-up is needed (Cabarkapa et al., 2020).

Test of Difference in the level of Depression of the Criminology Students, Two Years After the COVID-19 Pandemic When Grouped According to their Demographic Profile

Based on the ANOVA results, none of the factors (age, sex, and year level) have a significant effect on the mean scores. The observed variation in scores is more likely due to random chance or other unconsidered factors. It is important to note that these results are specific to the analyzed dataset and sample, and further studies with larger samples or different populations may yield different outcomes. The implications of the ANOVA results are as follows:

Age: The lack of significant differences in mean scores across different age groups suggests that age does not play a substantial role in influencing the observed scores. Therefore, when making decisions or conducting further research related to the measured outcome, age may not be a critical factor to consider. Other variables or factors should be explored to better understand the drivers of the scores.

Sex: The absence of significant differences in mean scores between sexes implies that gender does not have a significant impact on the measured outcome. When analyzing or interpreting the scores, it may be more appropriate to focus on other variables or factors that could potentially explain the observed variations.

Year Level: The lack of significant differences in mean scores across different year levels indicates that the academic level or progress of the individuals does not contribute significantly to the observed scores. When designing interventions or educational programs, it may be necessary to look beyond the year level and consider other aspects that might have a greater influence on the outcome.

Overall, these results highlight the importance of considering alternative factors or variables that may have a more substantial impact on the measured scores. Researchers and decision-makers should explore additional variables, such as socioeconomic status, educational background, or specific interventions, to gain a deeper understanding of the factors driving the observed outcomes. It is crucial to recognize that these implications are specific to the analyzed dataset and sample, and caution should be exercised when generalizing them to different populations or contexts.

The findings of this study corroborate the study by Brody et al. (2018) that major depression is a common and treatable mental disorder characterized by changes in mood, and cognitive and physical symptoms over a 2-week period. It is associated with high societal costs and greater functional impairment than many other chronic diseases, including diabetes and arthritis. Depression rates differ by age, sex, income, and health behaviors.

Test of Difference in the level of Anxiety of the Criminology Students, Two Years After the COVID-19 Pandemic When Grouped According to their Demographic Profile

In conclusion, the updated ANOVA results confirm that age and year level do not have a significant impact on the mean scores. However, there is a significant difference in mean scores between different sexes. This indicates that gender may be a relevant factor influencing the observed scores. Further analysis, such as post hoc tests, can help identify the specific group differences and explore the underlying reasons for these disparities. It is important to note that these implications are specific to the analyzed dataset and sample, and caution should be exercised when generalizing them to different populations or contexts. The implications of the updated ANOVA results are as follows:

Age: The analysis confirms that age does not have a significant effect on the mean scores. Therefore, when making decisions or conducting further research related to the measured outcome, age may not be a critical factor to consider. Other variables or factors should be explored to better understand the drivers of the scores and their implications.

Sex: The finding of a significant difference in mean scores between different sexes indicates that gender plays a role in influencing the observed scores. This suggests that gender-related factors may contribute to variations in the outcome measure. It is important to further investigate and understand the specific group differences to gain insights into the potential implications of gender on the measured outcome.

Year Level: The analysis confirms that year level does not have a significant impact on the mean scores. Therefore, when designing interventions or educational programs, it may be necessary to look beyond the year level and consider other aspects that might have a greater influence on the outcome. Exploring additional factors such as teaching methods, curriculum design, or student engagement could provide insights for improving the outcome measure.

Overall, these results highlight the importance of considering gender-related factors in understanding the variations in the measured outcome. Further investigation into the specific group differences between sexes is warranted to identify potential underlying causes and implications. Additionally, researchers and decision-makers should explore other variables or factors that might have a more substantial impact on the outcome measure. It is crucial to recognize that these implications are specific to the analyzed dataset and sample, and caution should be exercised when generalizing them to different populations or contexts. The findings of this study corroborate the study by Solomou and Constantinidou (2020) that there were sex differences in the symptom distribution, with women reporting significantly higher levels of anxiety and depression than men. This finding can be supported by many epidemiological studies, reporting that

women are at a higher risk for developing anxiety and depression. Therefore, sex patterns in the distribution of symptoms were maintained during the pandemic.

Test of Difference in the level of Stress of the Criminology Students, Two Years After the COVID-19 Pandemic When Grouped According to their Demographic Profile

Overall, the updated ANOVA results reinforce the initial findings that age, sex, and year level do not have a significant impact on the mean scores. These factors do not explain the observed variations in the outcome measure. It is important to explore and consider other variables or factors that might have a stronger influence. Researchers and decision-makers should look beyond these variables to better understand the factors driving the observed scores. However, it is crucial to note that these implications are specific to the analyzed dataset and sample, and caution should be exercised when generalizing them to different populations or contexts. Further studies with larger samples or different populations are warranted to validate these findings.

The updated analysis reaffirms the initial findings that age, sex, and year level do not significantly affect the mean scores. However, it is important to acknowledge the potential influence of other variables or factors that might have a stronger impact on the measured outcome. The lack of significant differences in mean scores across these factors suggests that the observed variations could be attributed to unconsidered variables or random chance. Therefore, researchers and decision-makers should explore alternative variables or factors that could potentially have a more substantial influence on the scores. It is crucial to note that these implications are specific to the analyzed dataset and sample, and caution should be exercised when generalizing them to different populations or contexts. Conducting further studies with larger samples or different populations may lead to different outcomes and provide a more comprehensive understanding of the subject matter.

The findings of this study corroborate the study by Beiter et al. (2015) that demographically, the most stressed, anxious, and depressed students were transfers, upperclassmen, and those living off-campus. With the propensity for mental health issues to hinder the success of college students, it is vital that colleges continually evaluate the mental health of their students and tailor treatment programs to specifically target their needs.

Conclusions

In light of the findings of the study, the researcher concluded the following:

1. Majority of the criminology students belong to age range 19-20 years old, female and in the first year level.
2. The criminology students have normal level of mental health status in terms of depression, anxiety and stress, two years after the COVID-19 pandemic.
3. There is no significant difference in the level of depression among criminology students, two years after the COVID-19 pandemic when they are grouped according to their demographic profiles.
4. There is no significant difference in the level of anxiety among criminology students, two years after the COVID-19 pandemic when they are grouped according to their demographic profiles.
5. There is no significant difference in the level of stress among criminology students, two years after the COVID-19 pandemic when they are grouped according to their demographic profiles.
6. A Mental Health Program is proposed by the researcher to improve the mental health status of the criminology students at the state university in Isabela.

Recommendations

In the light of the findings and conclusions of the study, the following recommendations are offered:

1. The School Administration is encouraged to consider adopting the proposed mental health program for the use of criminology students at the Isabela State University Cauayan Campus, as data indicates the need for a ground-level intervention for students with mental health issues.
2. College Deans and Program Coordinators in other colleges of the state university may consider conducting the same investigation into students' mental health status, as this will provide a more contextualized approach to program design and implementation.
3. Future researcher may conduct similar studies in the future using a mixed-method design, as this will allow for a more in-depth investigation not only of the students' mental health status, but also of their attitudes, needs, and preferences for mental health services at the university, as well as the inclusion of other demographic variables so as to determine additional significant factors contributing to students' mental health.

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