Effectiveness of Mental Health Promotion Policies and Programs of State Universities

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ABSTRACT

The Mental Health Law, also known as RA 11036, is the approved legal basis for promoting awareness about mental health. It mandates every local government unit and academic institution to create their programs following the general guidelines set by the Philippine Council for Mental Health created under this law. And because there is a growing number of adolescents suffering from mental health problems, there is a great need for universities to take care of the students' mental health. This study primarily seeks to assess the effectiveness of mental health promotion policies and programs in the state universities of Region 2 and to know if there are significant differences between the respondents' assessed effectiveness when grouped according to their profile variables: students (age, sex, years of stay, course) and implementers (educational attainment, years of experience, number of seminar/training & employment status). The study utilized a quantitative method, specifically using a survey questionnaire. Sampling was done through stratified and convenience sampling. The study's results show that both students and implementers rated the efforts of the state universities in implementing mental health promotion policies and programs as "effective." Implementers consistently gave higher ratings than students. Moreover, significant differences were present among the respondents' assessed effectiveness of the academic institutions when grouped according to university, sex, and course/program. Regarding years of stay, only the indicator "facility access and referral mechanisms for psychosocial support" received a significant difference rating.

1. INTRODUCTION

As it is operationally defined in Mental Health Law, "mental health refers to a state of well-being in which the individual realizes one's own abilities and potentials, copes adequately with the normal stresses of life, displays resilience in the face of extreme life events, works productively and fruitfully and is able to make a positive contribution to the community." This definition is also anchored to the World Health Organization's (WHO) definition of health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (World Health Organization, Constitution of WHO: Principles, 2018)." It basically stresses the point that mental health is a significant factor to the total health of an individual. This is tantamount to the claim that mental health is "important to humans' collective and individual ability to think, emote, interact with one another, earn a living and enjoy life. On this basis, the promotion, protection and restoration of mental health can be regarded as a vital concern for individuals, communities and societies throughout the world (World Health Organization, 2018)."

As it is stated in the popularly known law cited above, the Philippine state "affirms the basic right of all Filipinos to mental health as well as the fundamental rights of people who require mental health services (Congress of the Philippines, 2018). We can see here that even the state like the Philippines significantly view the mental health of people as an important part of their life as citizens of this country. Thus, there is a pressing need for the state to protect it, specifically the students who were deemed as the sector which consist the majority of our population and considered to be the future of this nation. Among students in every part of the globe, there is a reported increase of those who were undergoing mental/psychological problems due to various factors. It is more serious than in the years that have passed according to the data provided by (American College Health Association, 2015). And the number all the more drastically increased during the pandemic period.

The study of Baik et al (2019) acknowledges the fact that universities are very dynamic environments, and the present challenges provide big impacts to the mental health of the community. The results of the study showed and examined various interventions done by universities to prevent mental health problems among its students. Majority of these interventions are academic based-strategies such as mandatory courses included in curricula which is called curriculum infusion. One university stated in the study implemented a mandatory course that tackles "Health in Modern Society" which includes areas related to lifestyle, mental health and sexual health. After the implementation of this course, there is a statistically significant increase in mental health knowledge among students. Another approach was suggested by Levin et al (2016), it was developed to reduce the incidence and prevalence of mental health problems while solving the former. This is the "the development of web-based self-help programs that can prevent a range of psychological problems and can be efficiently disseminated across a campus." And this is considered to be student-friendly since they typically prefer self-help strategies in dealing with their mental health struggles.

Overall, both the social and mental health aspects of students' welfare in universities have gained attention from the education stakeholders in the Philippines. Filipino students have been recorded to be involved in violent acts inside and outside university grounds and increased incidence of suicide (Cleofas, 2020) . Given all these, there is a need for a holistic approach to address this problem concerning the family, the school and policy-making bodies.

As stated in this study, "college students comprise a population that is considered particularly vulnerable to mental health concerns. The findings of this study bring into focus the effects of pandemic-related transitions on the mental health and well-being of this specific population." Barriers into seeking help include lack of trust in counselling services and low comfort levels on sharing mental health issues with others (due to stigma). In their results, it was stated by majority of students that they prefer self-management and technology-driven applications (Son et al., 2020). Similar to the conclusions of Wang et al (2020) and Son et al (2020), the pandemic heightened anxiety and depression among students. The new learning style and environment bear the highest degree of mental health problem to them (Arumugam et al, 2021).

In summary, before the pandemic hit there is already a significant increase in the number of university students who experience problems on their mental health due to various factors. But it was dramatically worsened by Covid-19 pandemic. The impacts of Covid-19 specifically the rampant fear and social isolation made the students more susceptible to anxiety and worse, depression. Therefore, the education sector has a very important role in quelling this increasing number of students with mental health problems through effectively implementing the provisions of mental health laws, policies and programs

in their institutions. This timely problem especially among the universities' clientele is what drove the researcher to focus on assessing the mental health policies and programs implemented in the different state universities of Region 2.

2. METHODS

This study is obviously a quantitative-descriptive research. The design is heavily dependent on the statistical presentation of data. A questionnaire-type of quantitative research was applied to measure the level of effectiveness of mental health promotion policies and programs as assessed by the respondents (both implementers and students. The total respondents of the study are 1201, 1186 are students and 15 are implementers. The researchers included the five universities in Region 2, mainly focusing on their main campuses. And from that, stratified and convenience sampling was done, and the sample size was determined in each university.

The major part of this study's survey questionnaire is based from the Sections 23, 24 and 34 of RA 11036. In specific, the first part of the questionnaire pertains to the profile of the respondents, while the second part is focused on effectiveness are entirely lifted from the law. This instrument has undergone both validity and reliability testing for validation. As stated above, respondents from the two sectors were surveyed regarding the subject matter of the research. After the survey, there is a presentation of the generalized profile of all the respondents which used a simple frequency count and percentage computation. Moreover, the weighted mean and standard deviation with descriptive interpretation was used in analyzing the data gathered on the subject matter of this study.

T-test and F-test were used to measure the significant differences between the respondents' responses to the effectiveness of the implementation of the law in their respected institutions. Lastly, to better understand the relevance of the data, the following arbitrary scale was used with its corresponding interpretation.

Table 1. Likert Scales

Numerical Value	Range	Qualitative Description
		Level of Effectiveness
3	2.34-3.00	Effective
2	1.67-2.33	Moderately Effective
1	1.00-1.66	Ineffective

3. RESULTS AND DISCUSSION

The presentation of the data is in accordance to the statement of the problem of this research. The order of presentation will be as follows: (1) profile of the respondents, (2) level of effectiveness of the mental health promotion policies and programs implemented by the state universities, and (3) test of differences between the respondents' perception of effectiveness when grouped according to profile variables. It is important to note here that the universities were named in this study as University V,W,X,Y and Z to protect their anonymity.

Table 2. Profile of the Student-Respondents

	FREQUENCY	PERCENTAGE
A. Students		
University		
University V	157	13.12
University W	318	26.57
University X	296	24.73
University Y	256	21.39
University Z	170	14.20
Age		
Below 18 years old	12	1.00
18-19 years old	488	40.77
20-21 years old	511	42.69
22 and above	186	15.54
Sex		
Female	875	73.11
Male	321	26.89
Years of Stay in the State University		
1 year	382	31.91
2 years	356	29.74
3 years	337	28.15
4 years	101	8.44
5 years	20	1.75
Course/Program		
BSHM	451	37.68
BSTM	33	2.76
BS ENTREP	75	6.27
BSBA	177	14.79
BSMA	59	4.93
BSA	13	1.09
BPA	4	0.33
BEED	106	8.86
BSED	130	10.86
BTLED	68	5.68
BAS	79	6.60
BSBE	2	0.17

Out of all the five state universities, University W has the highest number of respondents with 26.57% of the students, while University V has the lowest with 13.12%. In terms of age, majority of students are between 18-21 years old, followed by 42.69% aged 20-21 and 40.77% aged 18-19. In terms of sex, 73.11% of the respondents were female compared to 26.89% male students. Also, most of the students have been at the university for one to three years, with the highest number of being first-year students (31.91%). The most popular course/program among the student-respondents is BS Hospitality

Management with 37.68% of students enrolled. On the other hand, the least popular is BS Business Education with only 0.17% of students.

Table 3. Profile of the Implementer-Respondents

B. Implementers	FREQUENCY	PERCENTAGE
Highest Educational Attainment		
College Degree	8	53.3
Master's Degree	6	40
Doctorate Degree	1	6.7
Years of Experience as Guidance Counselor/Coordinator		
Less than a year	7	46.7
1-5 years	2	13.3
6-10 years	4	26.7
11-15 years	2	13.3
16-20 years	0	0
20 and above years	0	0
Number of Trainings and Seminars		
Below 10	8	53.3
11-20	2	13.3
21-30	3	20.0
31-40		
41-50	1	6.7
51 and above	1	6.7
Status of employment		
Permanent	8	53.3
Temporary	1	6.7
Contract of Service	6	40.0

Table 3 provides information about the highest educational attainment, years of experience, number of trainings and seminars attended, and employment status of guidance counselors or coordinators of the five state universities in Region 2. Moreover, it shows that the majority of the counselors/coordinators have a college degree (53.3%), followed by those with a master's degree (40%) and lastly, those who have doctorate degree (6.7%). Nearly half of the counselors/coordinators have less than a year of experience (46.7%). Additionally, there are no respondents with over 15 years of work experience. Most respondents have attended less than 10 trainings or seminars (53.3%), while on the other hand, a small number (6.7%) have attended between 41-50 and 51 or more. In terms of employment status, majority of the counselors/coordinators have permanent status (53.3%), with 40% on a contract of service, and a small portion of 6.7% holding temporary positions. It shows the situation of state universities in not having adequate number of full-time mental health professionals in their institutions to implement mental health-related programs. In one of the universities, their guidance counselor is actually holding a faculty position and was just designated as guidance counselor (Ms. J., personal communication, April 24, 2024).

Table 4. Level of Effectiveness of the State Universities' Mental Health Promotion Policies and Programs

	Students	QD	Implementers	QD
1. Raising awareness on mental health issues	2.54	Effective	2.87	Effective
2. Identifying support and services for individuals at risk	2.43	Effective	2.73	Effective
3. Providing support and services for individuals at risk	2.42	Effective	2.67	Effective
4. Providing facility access, including referral mechanisms of individual with mental health conditions to treatment	2.39	Effective	2.80	Effective
5. Providing facility access, including referral mechanisms of individual with mental health conditions to psychosocial support	2.45	Effective	2.87	Effective
6. Having mental health professionals	2.45	Effective	2.80	Effective
Total	**2.44**	**Effective**	**2.79**	**Effective**

Legend: Ineffective- 1.00-1.66, Moderately Effective- 1.67-2.33 and Effective -2.34-3.00

Table 4 shows the level of effectiveness of various mental health initiatives as assessed by both students and implementers. Each initiative is rated on a quantitative descriptor (QD) scale, with corresponding qualitative descriptors indicating their effectiveness. The data in this table shows that both students and implementers acknowledge the efforts of the state universities in raising awareness about mental health issues as effective, with students' rating of 2.54 and implementers rating it with 2.87 which is slightly higher than the former. This result is consistent with the other indicators namely "identifying support and services for individuals at risk," "provision of support and services for at-risk individuals," "the initiative for providing facility access and referral to treatment," "provision of facility access and referral to psychosocial support and presence of mental health professionals and "having mental health professionals." Generally speaking, students with 2.44 total rating and implementers with 2.79 total rating with just a little difference in their ratings.

Researches consistently show that perceptions of program effectiveness can vary between different stakeholders, often influenced by their roles and expectations. For instance, implementers such as educators, administrators, and health professionals are more intimately involved in the design and implementation of programs and policies. This involvement can lead to a heightened perception of effectiveness due to their deeper understanding and commitment to the initiatives. On the other hand, students experience the programs as beneficiaries which can result in a different evaluative perspective (Murphy et al, 2021). This explains why implementers rated the state universities with a higher effectiveness rating than the students.

In addition to this, it is also important to take note that both students and implementers put the same rank of rating on indicators "raising awareness about mental health issues" and "provision of facility access and referral to psychosocial support and presence of mental health professionals," meaning they assessed the mentioned indicators as the top two most effective in the mental health-related programs and policies of the state universities. Thus, it says that effective programs and policies of Region 2 state universities

somewhat invest their focus on raising awareness about mental health and in providing facility access and support to students. This is consistent to the conducted university events or campaigns by the state universities like mental health awareness seminars. This is consistent to the study of Wada et al (2019) which stated that college/universities have exerted efforts in conducting semestral mental health awareness campaigns and yet to produce significant changes in the future. But in reference to the same study, there is a need to know how the students' awareness play its role in their disclosure and willingness to seek help. In addition, provision of facility access and referral to psychosocial support and presence of mental health professionals was rated high mainly because it is a requirement of the state to establish a facility for each educational institution to have facility and mental health professional access for students (Congress of the Philippines, 2018).

Table 5. Differences between the student-respondents' assessed effectiveness of mental health promotion policies and programs of the state universities when grouped according to university

	University					*F*	*Sig.*
	BSC	CSU	ISU	QSU	NVSU		
1. Raising awareness on mental health issues	2.37	2.59	2.56	2.61	2.44	7.09*	0.00
2. Identifying support and services for individuals at risk	2.33	2.45	2.40	2.54	2.38	4.54*	0.00
3. Providing support and services for individuals at risk	2.31	2.47	2.33	2.54	2.39	7.12*	0.00
4. Providing facility access, including referral mechanisms of individual with mental health conditions to treatment	2.31	2.46	2.31	2.45	2.39	3.94*	0.00
2. Providing facility access, including referral mechanisms of individual with mental health conditions to psychosocial support	2.26	2.39	2.49	2.48	2.65	11.20*	0.00
3. Having mental health professionals	2.46	2.43	2.40	2.59	2.34	6.65*	0.00

ns – not significant (> 0.05), * - significant (<0.05)

Table 4a evaluates various aspects of mental health initiatives across five universities: University V, University W, University X, University Y, and University Z. Each initiative is rated by students, and the table includes the F-values and significance (Sig.) for comparisons among universities. The data shows that there are significant differences among the respondents' perception if grouped according to university. It is consistent with what Viennet & Pont (2017) have stated about laws when adopted were not always implemented as expected from the crafted one, and do not result to the same outcomes due to different factors.

University Y students gave the highest rating to the effectiveness of raising awareness (2.61), while University V students gave the lowest one (2.37). The F-value indicates significant differences among universities, suggesting that some institutions are assessed as more effective in raising mental health awareness than others. Secondly, in terms of identification of support and services for individuals at risk,

University Y students rated the highest (2.54), while University V students rated it lowest (2.33). The significant F-value suggests variability in assessed effectiveness across universities. University Y students again rated this aspect highest (2.54), and University V students rated it lowest (2.31). The significant differences indicate some universities are seen as more effective in providing support services than others. University W and University Y students rated this aspect highest (2.46 and 2.45, respectively), while University V and University X students rated it lowest (2.31). The significant F-value suggests that perceptions of facility access and referral mechanisms differ across universities. University Z students rated this aspect highest (2.65), indicating a strong perception of effectiveness, while University V students rated it lowest (2.26). The significant F-value indicates notable differences in how universities provide psychosocial support. University Y students rated the presence of mental health professionals highest (2.59), while University Z students rated it lowest (2.34). The significant differences suggest variability in the assessed adequacy of mental health professionals across universities.

In general, University Y generally received higher ratings across multiple areas, suggesting stronger mental health support as assessed by their students. In contrast, University V and University Z often received lower ratings, indicating areas for further improvement. The significant F-values and corresponding p-values (0.00) indicate that these differences are statistically significant, highlighting the need for tailored approaches to mental health support in five universities.

Table 6. Differences between the student-respondents' assessed effectiveness of mental health promotion policies and programs of the state universities when grouped according to age

	AGE				F	Sig.
	Below 18	18-19	20-121	Above 22		
1. Raising awareness on mental health issues	2.42	2.52	2.55	2.54	0.34^{ns}	0.80
2. Identifying support and services for individuals at risk	2.33	2.42	2.44	2.44	0.25^{ns}	0.86
3. Providing support and services for individuals at risk	2.25	2.39	2.44	2.44	0.96^{ns}	0.41
4. Providing facility access, including referral mechanisms of individual with mental health conditions to treatment	2.33	2.35	2.42	2.45	1.92^{ns}	0.12
5. Providing facility access, including referral mechanisms of individual with mental health conditions to psychosocial support	2.50	2.48	2.40	2.52	2.53^{ns}	0.06
6. Having mental health professionals	2.42	2.43	2.45	2.49	0.34^{ns}	0.80

ns – not significant (> 0.05), * - significant (<0.05)

The data indicate that there are no significant differences in the perceptions of mental health initiatives based on age groups, as indicated by the non-significant F-values (ns) and p-values greater than 0.05 for all items. This suggests that students across all age groups generally have similar views on the effectiveness of the state universities' mental health promotional policies and programs. This is aligned to what Auerbach et al (2016) have stated that individuals across various age groups benefit from mental health programs, with age having a minimal essence or effect on assessed effectiveness of these programs, since there are more influential factors that affect it like accessibility, relevance and quality of implementation.

Table 7. Differences between the student-respondents' assessed effectiveness of mental health promotion policies and programs of the state universities when grouped according to sex

	SEX		*t*	*Sig.*
	Female	Male		
1. Raising awareness on mental health issues	2.57	2.45	3.42*	0.00
2. Identifying support and services for individuals at risk	2.45	2.38	2.04*	0.04
3. Providing support and services for individuals at risk	2.44	2.38	1.66*	0.10
4. Providing facility access, including referral mechanisms of individual with mental health conditions to treatment	2.41	2.34	2.03*	0.04
5. Providing facility access, including referral mechanisms of individual with mental health conditions to psychosocial support	2.47	2.40	1.90 ns	0.06
6. Having mental health professionals	2.45	2.43	0.55 ns	0.58

ns – not significant (> 0.05), * - significant (<0.05)

Female students rated the effectiveness of raising awareness on mental health issues, identification of support and services for individuals at risk, and the access to facilities and referral mechanisms for treatment significantly higher than male students. The significant t-value (p = 0.00) indicates a statistically significant difference between the two groups based on the mentioned indicators.

In addition, female students rated both the provision of support and services for individuals at risk and access to facilities and referral mechanisms for psychosocial support slightly higher than male students, but the difference is not statistically significant (p = 0.10). On the other hand, female and male students rated the presence of mental health professionals similarly, with no significant difference between the groups (p = 0.58).

Overall, the data show that female students generally rated the effectiveness of mental health promotional policies and programs higher than male students. Statistically significant differences are observed in raising awareness on mental health issues, identifying support and services for individuals at risk, and providing facility access for treatment. It simply explains that sex has a significant effect to the

perception of students on the effectiveness of mental health policies and programs in their universities. This can be explained through the varied societal norms and gender roles expected from male and female students. Men were generally self-reliant in terms of managing their problems which can lead to less involvement to mental health-related programs or activities that makes them less informed about the universities' programs and policies specifically in the four indicators: raising awareness on mental health issues, identifying support and services for individuals at risk, providing support and services for individuals at risk and facility access, including referral mechanisms of individual with mental health conditions to treatment. However, no significant differences are found in the provision of psychosocial support or the presence of mental health professionals. This indicates that female students perceive certain aspects of mental health initiatives more positively than male students.

Table 8. Differences between the student-respondents' assessed effectiveness of mental health promotion policies and programs of the state universities when grouped according to years in the university

	Years in the University					F	Sig.
	1	2	3	4	5		
1. Raising awareness on mental health issues	2.50	2.54	2.57	2.52	2.50	0.68^{ns}	0.64
2. Identifying support and services for individuals at risk	2.41	2.46	2.45	2.37	2.30	1.00^{ns}	0.41
3. Providing support and services for individuals at risk	2.42	2.38	2.47	2.38	2.30	1.33^{ns}	0.25
4. Providing facility access, including referral mechanisms of individual with mental health conditions to treatment	2.39	2.35	2.45	2.38	2.25	1.67^{ns}	0.14
2. Providing facility access, including referral mechanisms of individual with mental health conditions to psychosocial support	2.53	2.40	2.42	2.46	2.45	2.42^{*}	0.03
3. Having mental health professionals	2.46	2.42	2.45	2.47	2.65	0.68^{ns}	0.64

ns – not significant (> 0.05), * - significant (<0.05)

Perceptions on raising awareness on mental health issues, identifying support and services for individuals at risk, providing support and services for individuals at risk, facility access and referral mechanisms for treatment are similar across different lengths of stay, having mental health professionals are similar across students with no significant differences ($p > 0.05$). However, there is a statistically significant difference in perceptions on providing facility access and referral mechanisms for psychosocial support ($p = 0.03$), with first-year students rating it highest (2.53) and second-year students rating it lowest (2.40).

Overall, the data show that perceptions of most mental health initiatives are consistent regardless of the number of years students have spent at the university. The only statistically significant difference is found in the provision of facility access and referral mechanisms for psychosocial support, where first-

year students have a higher perception of effectiveness compared to second-year students. Due to the fact that universities prepare and target more activities for incoming students (first year) more than higher ones, the latter are more exposed to policies and programs of universities. It is also because of the yearly orientation programs for first year students which give them fresh ideas about the services of the universities related to mental health (Gallagher et al., 2017). This suggests that, generally, the length of stay does not significantly impact students' views on the effectiveness of the university's mental health initiatives, except in the area of psychosocial support.

Table 9. Differences between the student-respondents' assessed effectiveness of mental health promotion policies and programs of the state universities when grouped according to course

	COURSE												F	Sig.
	BSHM	BSTM	BS ENTREP	BSBA	BSMA	BSA	BPA	BEED	BSED	BTLED	BAS	BSBE		
1. Raising awareness on mental health issues	2.52	2.39	2.48	2.65	2.54	2.38	2.75	2.69	2.55	2.47	2.32	2.50	3.25*	0.00
2. Identifying support and services for individuals at risk	2.41	2.45	2.32	2.51	2.32	2.15	2.25	2.70	2.45	2.38	2.28	2.50	4.09*	0.00
3. Providing support and services for individuals at risk	2.41	2.39	2.23	2.47	2.27	2.08	2.25	2.64	2.46	2.38	2.35	2.50	3.47*	0.00
4. Providing facility access, including referral mechanisms of individual with mental health conditions to treatment	2.40	2.42	2.28	2.44	2.25	2.00	2.25	2.48	2.44	2.37	2.32	2.50	1.70ⁿˢ	0.07
5. Providing facility access, including referral mechanisms of individual with mental health conditions to psychosocial support	2.36	2.18	2.31	2.62	2.47	2.62	2.00	2.54	2.52	2.40	2.65	3.00	5.33*	0.00
6. Having mental health professionals	2.44	2.39	2.33	2.45	2.27	2.08	2.50	2.58	2.48	2.51	2.54	2.00	3.25*	0.00

not significant (> 0.05), * - significant (<0.05)

Significant differences exist among the courses/programs in their ratings of raising awareness on mental health issues (p = 0.00). Students in the BPA program rated it highest (2.75), while students in the BSA program rated it lowest (2.38). There are significant differences among courses in their ratings of identifying support and services for individuals at risk (p = 0.00). BEED students rated it highest (2.70), while BSA students rated it lowest (2.15). Significant differences are observed among courses in their ratings of providing support and services for individuals at risk (p = 0.00). BEED students rated it highest (2.64), while BSA students rated it lowest (2.08). There are no significant differences among courses in their ratings of providing facility access and referral mechanisms for treatment (p = 0.07), although BSBE students rated it highest (2.50) and BSA students rated it lowest (2.00). Significant differences exist among courses in their ratings of providing facility access and referral mechanisms for psychosocial support (p = 0.00). BSBE students rated it highest (3.00), while BPA students rated it lowest (2.00). There are significant differences among courses in their ratings of having mental health

professionals (p = 0.00). BEED students rated it highest (2.58), while BSBE students rated it lowest (2.00). In general, students who belonged to education and arts courses/programs gave the highest rating for the implemented mental health programs and policies. This is supported by the claims of Czyz et al. (2013) that academic courses of study or programs may influence students' perception and utilization of mental health programs/services.

CONCLUSION

The respondents from the five state universities rated their institutions "effective" in implementing mental health promotion policies and programs. The implementer-respondents consistently gave higher ratings of effectiveness and compliance compared to student-respondents. The results of this study reject the null hypothesis on the three profile variables (university, sex, and course) and accept it on age and years of stay. It implies that there are really significant differences between the respondents' assessed level of effectiveness of state universities' implementation of mental health promotion policies and programs when they are grouped according to university, sex and course. On the other hand, there are no significant differences when they are grouped according to age and years of stay in the universities.

The results indicate that the five universities have differences in implementing their mental health-related activities due to various factors. University Y consistently received the highest ratings all across the indicators under effectiveness, which explains that it is the top-performing university in championing mental health-related initiatives in the area of Region 2. Students across different ages have similar perceptions about the effectiveness of mental health initiatives. In terms of sex, female students generally rated the effectiveness of mental health promotional policies and programs higher than male students. Moreover, the length of stay does not significantly impact students' views on the effectiveness of the university's mental health initiatives, except in the area of psychosocial support. As to course, students with education courses rated the effectiveness of their university's mental health initiatives higher than students from other courses.

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