

Help-Seeking for Mental Health Among Filipino College Students: A Systematic Literature Review

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Abstract: *Help-seeking for mental health is essential for strengthening emotional resilience and overall well-being among students, particularly in tertiary education. As awareness of mental health issues increases in colleges, understanding how students engage with professional mental health services becomes increasingly important.*

This systematic review examines the barriers and facilitators influencing the help-seeking behaviors of Filipino college students in relation to their mental health. The analysis synthesizes findings from quantitative studies conducted between 2020 and 2025, focusing on reported help-seeking levels, cultural and psychological barriers, institutional support mechanisms, and demographic associations.

Results show that professional help-seeking remains low, with students preferring informal support from friends and family. Key barriers include limited access to services, financial difficulties, stigma, cultural norms such as hiya (shame), self-reliance, and lack of knowledge. On the other hand, factors such as recognition of distress, social support, positive experiences, and improved institutional responses—particularly following the COVID-19 pandemic—have contributed to increased participation in mental health services.

KEYWORDS: *Mental health, help-seeking, college students, Philippines, barriers, facilitators, prevalence*

I. INTRODUCTION

Mental health issues among college students in the Philippines have become an increasing public health priority. The transition to adulthood, academic pressures, financial difficulties, and changing social roles put students in a uniquely vulnerable position. These challenges are worsened by personal, family, cultural, and institutional factors that influence how students view and respond to psychological distress (Ines, 2020; Tan et al., 2025). Despite the growing availability of campus counseling services, seeking professional help remains limited. Many students continue to experience symptoms of anxiety, depression, and burnout without seeking formal support, often due to stigma, lack of awareness, and financial barriers (Ines, 2020; Salacut et al., n.d.).

Barriers to help-seeking are consistently noted across studies, with social stigma, fear of judgment, and limited access to services being the most common (Villamor & Dy, 2022; Martinez et al., 2020). Conversely, factors such as peer encouragement, mental health literacy, and positive past experiences with counseling help promote help-seeking (Villamor & Dy, 2022). These factors often intersect with socio-demographic variables like gender, socioeconomic status, and academic standing, influencing students' willingness and ability to seek help

(Tan et al., 2025). Beyond individual and interpersonal factors, systemic issues further complicate access to mental health care. These include lack of insurance coverage, limited government support, shortages of trained professionals, and the absence of a centralized referral system. Additionally, many primary healthcare providers lack proper training to recognize early signs of mental illness, delaying timely treatment (World Health Organization, 2020). These structural issues are reflected in institutional settings, where mental health programs in higher education are unevenly implemented and often lack sustainability, integration, or a student-centered approach (Rungduin et al., 2023; Plata, 2020).

To address these ongoing gaps, the Department of Health and the World Health Organization launched the Philippine Council for Mental Health Strategic Framework 2024–2028, aiming to strengthen mental health systems, reduce stigma, and improve access through policy reforms, capacity-building, and community engagement (World Health Organization, 2023). This national framework provides a timely context for examining how institutional policies and programs influence help-seeking behaviors in higher education.

This study aims to synthesize existing research to: (1) determine the prevalence of professional help-seeking among Filipino college students; (2) identify and measure common barriers and facilitators; (3) examine socio-demographic factors associated with help-seeking; and (4) evaluate how institutional policies impact help-seeking behavior. The findings will inform evidence-based strategies to improve mental health support in Philippine universities.

Research Questions

1. What is the reported prevalence of professional help-seeking for mental health concerns among college students in the Philippines?
2. What are the most common barriers to help-seeking, and how frequently are these barriers reported across studies?
3. What are the main facilitators that promote help-seeking?
4. What socio-demographic factors are associated with help-seeking behaviors among Filipino college students?
5. How do institutional policies and programs quantitatively impact help-seeking rates among college students in the Philippines?

II. RESEARCH METHODOLOGY

The review of literature and studies focused mainly on studies that met specific inclusion criteria. Eligible studies had to be conducted within the Philippines and published between 2020 and 2025. Studies were identified using electronic databases, including Google Scholar, PubMed, and Philippine E-Journals. These studies must focus on college or university students as participants. Both quantitative and qualitative research designs were accepted, provided that the studies reported empirical findings relevant to the topic. To ensure academic rigor, only articles published in peer-reviewed journals were included. Finally, the scope of the review was limited to research that directly addressed Filipino college students' mental health and help-seeking behaviors, ensuring that the evidence gathered was both contextually and thematically aligned with the objectives of the study.

III. RESULTS AND DISCUSSION

After reviewing the relevant literature and conducting a thematic analysis of the findings, several factors influencing Filipino college students' mental health help-seeking behaviors were identified. This section presents these findings in relation to the guiding research questions, highlighting recurring themes across both qualitative and quantitative studies. These themes reflect patterns of prevalence, barriers, facilitators, socio-demographic influences, and institutional impacts, and are discussed below in detail.

1. Prevalence of Mental Health Help-Seeking Among Filipino College Students

Mental health concerns among college students in the Philippines have become an increasingly critical issue, yet professional help-seeking remains surprisingly low. Even when students experience significant psychological distress, many do not turn to formal counseling or mental health services. Instead, they often rely on informal networks or online platforms for support. Research by Abad Santos, Cleofas, Austria, de Guzman, and Sarile (2023) indicates that only about 8–12% of students actively engage with professional mental health services, highlighting just how few students seek formal care.

This limited use of professional services has led students to increasingly depend on alternative sources, such as online social support, to cope with stress and mental health challenges. While these resources provide some emotional relief, their reliance reflects the ongoing scarcity of formal help-seeking. Across universities, regions, and even during nationwide crises, the pattern is clear: the majority of Filipino college students do not access professional mental health resources, underscoring a persistent gap between students' psychological needs and the utilization of formal services.

Evidence from University-Based Studies

Research conducted at individual universities provides further insight into this low engagement with formal services. Pantaleon, Uy, and Dino (2022) observed that students primarily rely on informal networks, such as family and friends, even when experiencing significant psychological distress. Reyes and Hocson (2025) reported similar findings among students at a private Philippine university, noting that only a small fraction sought professional mental health support. The JRMSU Threshold (2025) study corroborates this pattern, showing that across multiple colleges and universities, formal help-seeking remains limited, with most students coping through informal support systems.

These findings demonstrate that low utilization of professional mental health services is consistent across university settings, leaving the majority of students to manage distress without formal support.

Evidence from National and Crisis Contexts

Evidence of low engagement with formal mental health services is also seen nationwide and during health emergencies. Gonzalo and Alibudbud (2024), in a study conducted during the COVID-19 pandemic, found that even when universities offered mental health initiatives and subsidized counseling programs, only a minority of students engaged with these services.

These findings demonstrate that low utilization of formal services is widespread and persistent, not confined to specific universities or regions. The evidence underscores a substantial gap between psychological need and formal service use.

Overall, the evidence paints a clear picture of the challenges Filipino college students face in accessing professional mental health support. Despite experiencing psychological distress, only a small fraction seek formal services, leaving most to navigate their struggles through informal or online networks. This consistent trend across universities, regions, and even during crises reflects not just limited engagement but also a broader gap between students' mental health needs and the resources they actually utilize. Recognizing this low prevalence is essential for understanding the landscape of student mental health and help-seeking patterns in the Philippines.

IV. Barriers to Help-Seeking

Social and Cultural Barriers

Cultural stigma remains the most pervasive barrier to professional help-seeking among Filipino college students. The deeply rooted value of *hiya* (shame) keeps individuals from admitting their mental health issues and seeking professional help as it is associated with weakness or personal failure (Tagufa et al., 2023; Garcia & Pacheco, 2020). Fear of being the topic of gossip (*chismis*) and judgment from the community further reinforces this concealment, fostering an environment where mental health concerns are kept privately to avoid social stigma (Garcia & Pacheco, 2020).

Family expectations like *utang na loob* (debt of gratitude) and maintaining reputation increase avoidance of professional help. With the Filipinos being a collectivist society, many college students prioritize harmony within the family and external appearances over their own well-being (Lorenzo & Ramos, 2020). In addition, *pakikisama* (social harmony) encourages conformity and is not so open with discussions of personal distress especially when emotional distress is seen as a sign of weakness.

The absence of open conversations about mental health within Filipino households quietly nurtures a culture of avoidance, where struggles remain unspoken and support is seldom sought. Students feel anxious in discussing mental health concerns with parents who may think that mental health struggles are signs of weakness and lack of faith (Lorenzo & Ramos, 2020; Santos & Roldan, 2020). These collective patterns—peer judgment, family silence, and gendered expectations—create an ecosystem that sustains avoidance and reinforces cultural stigma.

In a broader context, norms such as resilience and self-reliance encourage belief that one should solve one's own problem and recover from it rather than discuss it with mental health professionals (Baloran & Hernan, 2022; Mendoza & Tizon, 2022). These broader cultural beliefs foster self-stigma and guilt over help-seeking behaviors.

Gender expectations intensify these barriers. Male students are expected to embody strength and emotional control, perceiving help-seeking as a threat to their masculinity and social identity (Aquino & Gutierrez, 2021). While women may be seen as more emotionally expressive, societal pressure still discourages them from burdening others with their struggles (Rubio et al., 2024).

Social factors, including peer pressure, family dynamics, and limited support systems also influence students' willingness to seek help. The lack of strong support from peers and family isolates individuals struggling with distress (Rivera & Villanueva, 2022). Students often rely on friends or online spaces for help but seldom seek counseling due to mistrust or confidentiality issues (Santos & Roldan, 2020).

Collectively, these findings underscore that cultural identity, family expectations, and gender norms converge to sustain stigma and silence around mental health support.

Psychological Barriers

At the individual level, psychological barriers such as self-stigma, emotional suppression, and low self-efficacy directly decrease help-seeking intentions.

Internalized self-stigma causes students to perceive seeking counseling as unnecessary or shameful (Manalastas, 2021; Dela Cruz & Gapasin, 2023). Influenced by both cultural conditioning and self-perception, they tend to dismiss their symptoms, deny their distress and are afraid of being labeled as "crazy" (Eusebio & De Vera, 2021).

Insufficient mental health literacy complicates this problem as low understanding regarding mental health can keep someone from identifying psychological symptoms and cause them to misunderstand their illness thereby delaying professional help (Soriano & Castro, 2022)

Coping mechanisms can also sometimes inhibit someone from seeking professional help. Common among Filipinos are repression of distress and avoiding emotional vulnerability (Eusebio & De Vera, 2021). It is from a culturally reinforced belief that emotions should be kept inside.

Self-efficacy can also determine one's help-seeking behavior. Students with low self-efficacy in dealing with emotional distress are less likely to approach professionals. These findings emphasize the need for building empowerment and autonomy among students to overcome hesitations in seeking help (Patricio and Nicomedes, 2025). In the same way, perfectionism and acknowledging their mental health struggles are associated with failure or incompetence (Bautista & Garcia, 2021).

Collectively, these studies demonstrate that psychological barriers stem from the interconnection of self-perception, emotional restraint, and internalized stigma—creating an inward cycle of silence that prevents early intervention and emotional recuperation.

V. Facilitators That Promote Help-Seeking

Mental health literacy

According to a study by Gagolingan (2024), increasing mental health literacy among college students can help promote effective help-seeking behaviors. It could be a way for the students to recognize symptoms, understand the conditions and treatment options, and know possible appropriate services. One common way to enhance mental health literacy of students nowadays is to educate them through online seminars. The study conducted by Gagolingan (2024) found that mental health webinars significantly improved students' understanding of mental health and reduced hesitation to seek help. This shows that enhancing mental health literacy is a way to increase students' awareness, which is also seen as a factor affecting the mental health help-seeking behaviors of students. Thus, in the study of Argao et al. (2021), the importance of integrating mental health education into university programs to build awareness and confidence was emphasized.

Having knowledge about mental health is the first step in gaining self-awareness. It will significantly enhance one's awareness of what an individual is experiencing or going through. Furthermore, studies have revealed that self-awareness emerges as a foundational facilitator for help-seeking. The study of Tan (2025) revealed that gaining an understanding of help-seeking can also be linked to an individual's decision to seek support. Students who recognized their psychological distress and understood the need for intervention were more likely to initiate help-seeking behaviors. Pantaleon et al. (2022) emphasized that problem recognition, decision-making, and the presence of a support system are critical stages in this process. Their qualitative study involving 14 university students in Metro Manila highlighted that both informal (family, friends) and professional (counselors, psychologists) sources of help are accessed depending on the individual's outlook and awareness. It shows that having awareness of their condition is an essential factor in initiating the process of seeking help.

Moreover, increasing the students' mental health literacy will help them identify the severity of the problem. This perceived severity may influence the urgency and likelihood of seeking help. Martinez et al. (2020) noted that students often delayed seeking formal support until symptoms became unmanageable. This threshold-based behavior suggests that interventions should aim to promote earlier recognition and response to distress as it is crucial in initiating action to address the problem – specifically, the act of seeking help. This is also supported by the ICCEPH study (2025) that linked higher mental health literacy with improved quality of life and increased

help-seeking behavior. In addition, it is crucial that people are educated to prevent greater fear in order for them to be able to adjust to the situation (Arnado and Bayod, 2020).

Trust and social support

Another key facilitator that was consistently cited across multiple studies is a sense of trust and support. Trust in the help provider, whether informal or professional, was another critical factor. Students often preferred informal sources, such as family, romantic partners, or friends, due to pre-existing trust. These informal support networks often serve as the first line of help-seeking, especially when trust is already established. (Pantaleon et al., 2022). The study conducted by Villamor and Dy (2022) stated that the most preferred source of help by Filipino students was a friend which also supports the idea that students go to people whom they trust to seek the support that they need.

In addition, Tan et. al (2025) also revealed that many students hesitate to seek help because of fear of judgment or misunderstanding. In therapeutic settings, trust is also essential. This is evident in the person-centered approach, a technique often utilized by Filipino psychologists and counselors. This approach prioritizes the client–therapist relationship, emphasizing that trust must first be established. When trust is present, clients are more likely to openly share their experiences, thoughts, and feelings, making the process more effective.

Moreover, Martinez et al. (2020) further reinforced the notion that social support, especially from trusted individuals, plays a significant role in encouraging help-seeking, particularly when distress levels are high. Furthermore, Pantaleon et al. (2022) mentioned that the presence of a support system, aside from problem recognition, decision-making, is important in seeking intervention. Social support from family, friends, and peers significantly enhances students' comfort and willingness to seek help. In addition, Arnado and Bayod (2020) reported that emotional support, such as simply listening or checking in, helps students cope with academic and personal stress. This strengthens the idea that having social support is an important factor in the students' mental health, as Fronda et al. (2025) demonstrated that perceived social support is a strong predictor of mental health among first-year college students.

Arnado and Bayod (2020) also emphasized that connectedness to significant others is important. In their study, the participants consider their family and friends as the first people to whom they can rely on seeking help when they are having troubles. They are more confident sharing their concerns with them, as compared to helping professionals. While it is not considered formal help-seeking, seeking help from significant others was preferred due to the perceived support from family and friends. This type of existing support helps students a lot in recognizing that they need help. Their study showed that simply listening to concerns is a great help for students, and that even a simple phone call can make them feel better. Aside from this, Tan (2025) also stressed the effectiveness of the support system becomes apparent throughout the help-seeking process, from problem recognition to decision to seek help.

Accessibility and affordability of services

Financial considerations were frequently mentioned as both a barrier and a facilitator. Martinez et al. (2020) reported that students with sufficient financial resources were more inclined to seek professional services. Conversely, limited financial capacity discouraged engagement with mental health support. Although not extensively discussed in all studies, the presence of in-campus and nearby mental health services was identified as a facilitator. This affirms that accessibility and affordability are essential for sustained utilization, especially among students from lower-income backgrounds.

Moreover, online counseling has increasingly been recognized in the Philippine context as a facilitator of help-seeking behavior because it reduces stigma through anonymity and minimizes the discomfort of face-to-face disclosure. Tan et al. (2025) underscored that self-stigma remains a significant barrier to help-seeking among Filipino college students, suggesting that the anonymity afforded by digital platforms can mitigate stigma and encourage earlier intervention. Furthermore, recent local studies highlight how digital platforms have reshaped the accessibility of mental health services for Filipino college students, particularly in reducing stigma and expanding reach

Perez (2025) conducted a nationwide study on telepsychology in the Philippines, which included college students, and found that telepsychology was generally perceived as acceptable and feasible. Students particularly valued privacy and accessibility, though clearer ethical guidelines were recommended.

In addition, Domingo (2023) highlighted that students at the University of Makati valued the accessibility and anonymity of online guidance services, though confidentiality and counselor availability remained concerns. Similarly, Flores and Rungduin (2024) reported that counselors in Metro Manila observed students' receptiveness to online counseling due to its convenience and reduced stigma, even if rapport-building was more challenging compared to in-person sessions. It is also demonstrated in the study of Navarez and Santos (2024) that synchronous telecounseling via video conferencing was effective in sustaining support during lockdowns, with anonymity helping students feel safer in disclosing sensitive issues.

These studies suggest that Filipino college students appreciate the convenience and accessibility of these services. Online counseling and telepsychology not only improve accessibility but also directly address cultural barriers such as stigma in the Philippine context. However, it entails challenges such as confidentiality, rapport-building, and technical reliability that must be addressed to ensure long-term adoption and effectiveness of online platforms.

While not widely discussed, health insurance and institutional support mechanisms were noted as potential facilitators. Martinez et al. (2020) suggested that access to structured support, such as insurance, could also encourage earlier intervention.

Intervention and support programs

Martinez et al. (2020) highlighted that anti-stigma initiatives and awareness campaigns serve as important facilitators. These programs encourage students to recognize mental health concerns and seek professional support. Tagufa et al. (2023) similarly found that institutional programs at Manila Central University helped nursing students overcome stigma and become more open to counseling services.

The notion that educational interventions also play a crucial role is also strengthened in the study of Argao et al. (2021). It was demonstrated that mental health literacy programs among Filipino college students improved knowledge and reduced stigma. This is also supported by the study of Gagolinan (2024) that was mentioned earlier. It showed that webinars on mental health literacy increased students' willingness to seek help. Pantaleon et al. (2022) also reinforced this by emphasizing that structured literacy-focused interventions are essential in shaping positive attitudes toward counseling and bridging gaps in awareness.

Digital programs have further expanded access and facilitated help-seeking as evidenced in the study of Domingo (2023) that documented the University of Makati's online guidance services, which students valued for their accessibility and anonymity. This can also be seen in the studies of Flores and Rungduin (2024) and Navarez and Santos (2024) that found that online counseling and synchronous telecounseling provided safe spaces for disclosure, reducing stigma and encouraging engagement. In a broader context, Perez (2025) confirmed that

telepsychology is both acceptable and feasible in the Philippines, with privacy and accessibility being its strongest advantages. Tan et al. (2025) added that self-stigma remains a challenge, but anonymity in digital platforms helps mitigate this barrier, thereby facilitating earlier intervention.

Community-based programs also contribute to help-seeking. Arnado and Bayod (2020) observed that during the pandemic, students relied on institutional and community support systems to cope with distress. Doctor (2025) emphasized culturally sensitive approaches, such as engaging churches and parenting groups, provide trusted avenues for addressing behavioral health issues among Filipino youth.

These studies demonstrate that intervention and support programs, whether literacy-focused, digital, institutional, or community-based, actively facilitate help-seeking among Filipino college students by reducing stigma, improving accessibility, and creating safe, supportive environments for disclosure and care.

VI. Socio-Demographic Factors Associated With Help-Seeking Behaviors among Filipino College Students

Socio-demographic variables—including age, gender, educational attainment, income level, religious affiliation, and place of residence—play a significant role in determining mental health perceptions and help-seeking behaviors. Across the literature, these characteristics consistently interact with cultural norms and structural contexts, shaping both the motivations for and barriers to mental health service utilization.

Villamor and Dy (2022) demonstrated that demographic characteristics such as age (20–21 years), gender (predominantly female), and socioeconomic status (₱200,000–₱500,000 annual family income) were associated with differing perceptions of the benefits and barriers to help-seeking among Filipino college students. Respondents identified self-awareness and improved mental health as key benefits, while discomfort in expressing emotions—particularly within romantic relationships—emerged as a salient barrier. These findings suggest that socio-demographic factors influence not only help-seeking attitudes but also the preferred sources of support, linking personal identity to social context.

At the cultural level, studies synthesized by Tan et al. (2025), drawing from Martinez et al. (2020), reveal a general reluctance among Filipinos to seek formal mental health services despite high psychological distress. Preference for family- and peer-based support remains prominent, and financial constraints and limited service accessibility continue to act as structural barriers. These findings align with the patterns observed among college students, demonstrating how socio-demographic and cultural factors intersect in shaping help-seeking pathways.

Socioeconomic status emerges as a particularly influential factor across multiple studies. Cruz (2025) found that higher income, educational attainment, and social standing were associated with a greater likelihood of seeking professional assistance. Similarly, Rey (2022) identified socioeconomic status as a significant predictor of mental health literacy—encompassing knowledge of self-help strategies, awareness of available support, and recognition of risk factors—among adults in Metro Manila. Individuals with greater financial and educational resources thus possess more opportunities both to access information and to seek appropriate services.

Among student populations, differences in demographic composition influence help-seeking attitudes and behaviors. Bangeles (2025) reported that college students (primarily females aged 21–23) displayed moderate mental health status but high levels of help-seeking attitudes and intentions. Yet, as shown in Cabulay et al. (2025), actual utilization of mental health services among undergraduates remains low, with gender, religion, and personal attitudes significantly shaping service use. This discrepancy highlights a persistent gap between positive help-seeking intentions and actual engagement with available services.

Finally, Scheer et al. (2020) demonstrated that socio-demographic variables operate in an intersectional manner, particularly among marginalized groups. Income insufficiency, minority sexual orientation, stigma experiences, and poor physical and mental health collectively contributed to reduced service access among older sexual minority women. Although this population differs from Filipino youth, the findings reinforce the broader conclusion that socio-demographic factors rarely act in isolation but rather intersect to influence help-seeking patterns.

VII. Institutional Policies and Programs

Governance, Institutionalization, and Role Clarity

Effective campus mental health programs in Philippine HEIs depend on translating national mandates into concrete campus structures and roles. Republic Act No. 11036 and its Implementing Rules and Regulations provide the statutory obligations that universities must operationalize through university policies, manuals, and task forces (Republic Act No. 11036, 2018; Department of Health, 2019). Evaluations of institutional practice reveal that universities that appoint a designated Mental Health Program Officer and maintain standing multi-unit committees (guidance/counseling, health services, student affairs, faculty representatives, security) report clearer referral pathways, faster escalation of high-risk cases, and higher perceived implementation fidelity among staff (University of the Philippines Diliman, 2020; De La Salle University, 2020). For example, UP Diliman's MHPSS Manual documents how a coordinated governance structure shortened time-to-first-contact during crises by standardizing intake responsibilities and handoff protocols across units (University of the Philippines Diliman, 2020). Similarly, Ateneo's Counseling and Psychological Services protocols and student handbook codify SOPs for intake, triage, crisis response, confidentiality, and academic accommodations, which institutional reviewers credit with improving defensibility and consistency in case management during audits (Ateneo de Manila University, 2021). Institutional documents also note that clear governance reduces role confusion between guidance offices and clinical services and facilitates formal MOAs with LGUs and hospitals for emergency referrals (Pamantasan ng Lungsod ng Maynila, 2021; University of the Philippines Diliman, 2020).

CHED Alignment, Reporting Lines, and Standardized Monitoring & Evaluation (M&E) Tools

Alignment with CHED Student Affairs and Services (SAS) guidance has been pivotal for creating comparable reporting and Monitoring & Evaluation systems across HEIs (Commission on Higher Education, 2019). CHED memoranda issued during the pandemic (CMO No. 8 and CMO No. 39, s. 2021) encouraged flexible service delivery and wellness curricula integration, prompting many campuses to adopt standardized indicator sets and reporting templates (Commission on Higher Education, 2021a, 2021b). The CHED SAS Region VIII portal and its enhanced M&E tool provide practical templates that several HEIs adapted to measure time-to-first-contact, counselor caseloads per term, proportion completing intake, crisis de-escalation targets, and referral outcomes (Commission on Higher Education Region VIII – Student Affairs and Services, 2024). Case evidence from institutional reports indicates that when operational definitions for these indicators are standardized, leadership can more reliably detect demand spikes (e.g., exam periods, enrollment surges) and target temporary staffing and triage resources accordingly (Commission on Higher Education Region VIII – Student Affairs and Services, 2024; Commission on Higher Education, 2019).

Program Evaluation Findings: Effectiveness, Implementation Quality, and Sustainability

Program evaluations across Philippine HEIs show that multi-component interventions combining anti-stigma campaigns, gatekeeper training for faculty/staff/peers, low-barrier brief counseling, and clear confidentiality messaging can increase help-seeking intent and short-term utilization when delivered with fidelity (Garcia & Reyes, 2021; Firmante, 2017). Institutional outcome monitoring from FEU and UP Diliman demonstrates that transparent service menus, scheduled walk-in hours, routine outcome measures, and student feedback loops correlate with improved retention in care and more accurate matching of capacity to demand (Far Eastern University, 2022; University of the Philippines Diliman, 2020). However, policy briefs and scoping reviews caution that effect sizes are often moderate and highly sensitive to implementation context; sustainability declines when counselor caseloads exceed recommended thresholds, escalation protocols are vague, or budgets are not protected—conditions documented in preparedness assessments following the pandemic (Espinosa et al., 2024; Rungduin, Miranda, & Espinosa, 2023). These evaluations underscore that program design must pair demand-generation strategies with supply-side investments (hiring, supervision, training) to secure durable gains.

Equity, Regional Differences, and System Continuity

Evaluations and institutional manuals repeatedly point to equity gaps across HEIs: regional campuses and smaller private colleges frequently report fewer counseling personnel, limited language-appropriate materials, and weaker formal partnerships with local health services, which are associated with lower utilization and higher dropout after intake (Pamantasan ng Lungsod ng Maynila, 2021; Far Eastern University, 2022). Several institutional M&E templates recommend disaggregating indicators by campus, college, and student subgroups to identify underserved pockets and deploy targeted supports (Commission on Higher Education Region VIII – Student Affairs and Services, 2024; Espinosa et al., 2024). Cross-system continuity is also an issue; DepEd’s Counseling and Referral System and the IRR for RA 12080 provide structured protocols for school-based MHPSS that HEIs can map into their intake and triage processes to improve handoffs for incoming senior high students flagged for follow-up care (Department of Education, 2021; Department of Education, 2025). Where such crosswalks are implemented, HEIs report fewer lapses in care during the transition from senior high to tertiary studies.

Digital and Hybrid Modalities: Implementation Lessons and Monitoring & Evaluation (M&E) Implications

The rapid adoption of tele-counseling and hybrid intake models during COVID-19 expanded reach and reduced wait times for many students; UP Diliman and several private HEIs documented increased first-contact rates following tele-practice rollouts (University of the Philippines Diliman, 2020; Far Eastern University, 2022). Evaluations indicate that digital modalities improve timeliness and convenience but require explicit escalation SOPs and strong privacy safeguards because digital-only delivery can be insufficient for high-severity cases without integrated in-person follow-up and clear referral links to LGU or hospital services (University of the Philippines Diliman, 2020; Pamantasan ng Lungsod ng Maynila, 2021). From an M&E standpoint, automated system logs, timestamped workflows, and standardized electronic case notes enable precise measurement of service timeliness, missed appointments, and re-engagement rates—data elements that CHED-aligned reporting templates and regional portals can capture for aggregated monitoring (Commission on Higher Education Region VIII – Student Affairs and Services, 2024; Commission on Higher Education, 2019).

Quality Assurance, Audits, and Accreditation Linkages

Embedding mental health indicators into institutional QA and accreditation processes increases the likelihood that programs outlast pilot funding and are institutionalized. De La Salle University and Ateneo’s

documented policies show how including mental health metrics in internal audits and accreditation narratives drives corrective action, resource protection, and leadership accountability (De La Salle University, 2020; Ateneo de Manila University, 2021). Preparedness analyses and policy briefs following the pandemic recommend dashboards and routine audit cycles tied to executive review so that SOP fidelity, counselor workload distribution, service timeliness, and student satisfaction measures inform budget and staffing decisions (Espinosa et al., 2024; Rungduin et al., 2023). Where HEIs have integrated these QA linkages, evaluations report greater stability in staffing and clearer trajectories for program improvement.

Regional and Global Frameworks Informing HEI Practice

WHO, UNICEF, and UNESCO frameworks offer standardized indicator sets, governance principles, and system review tools that HEIs can adapt for campus M&E and program evaluation (World Health Organization, 2019; World Health Organization, 2021; UNESCO, 2022). The WHO regional initiative and dashboard work emphasize common metrics and data governance that support national and subnational planning (World Health Organization, South-East Asia Regional Office, 2024; World Health Organization, 2025). UNICEF and UNESCO tools such as RAMES advocate multi-level evaluation, participatory review processes, and inclusion of student voice in evaluation cycles—practices several Philippine HEI manuals and policy briefs recommend when refining campus M&E designs (UNICEF Philippines, 2021; UNESCO Bangkok & UNICEF East Asia and Pacific, 2025).

Across the reviewed documents and evaluations, a clear pragmatics emerges: legislative mandates, CHED guidance, and institutional policies catalyze program adoption, but sustainable impact requires governance clarity, protected budgets, workforce development, and routinized M&E. Priority actions for evaluators and policymakers include adopting standardized M&E indicators with operational definitions; integrating mental health metrics into QA and accreditation; protecting recurrent funding and training pipelines for counselors; formalizing MOAs with LGUs and hospitals for rapid referral; and embedding student feedback and equity disaggregation into routine evaluations (Commission on Higher Education, 2019; Republic Act No. 11036, 2018; Espinosa et al., 2024). Implementing these recommendations will improve fidelity, enable cross-institutional learning, and increase the likelihood that HEI mental health programs produce sustained, equitable improvements in student well-being.

VIII. CONCLUSIONS

Help-seeking among college students in the Philippines remains significantly low, with only 8–12% actively utilizing counseling and formal mental health services. Instead, students tend to rely more heavily on informal sources of support such as family, friends, and peers, even during periods of crisis. This pattern reflects a broader cultural context where stigma, shame, fear of judgment, gender norms, low mental health literacy, and limited access to affordable services act as major barriers to professional help-seeking. Conversely, factors such as improved literacy in mental health, trust in family and peer networks, greater accessibility of services—particularly tele-counseling—and anti-stigma campaigns have been shown to encourage students to seek professional support. Socio-demographic variables, including age, gender, income, religion, and place of residence, also directly influence help-seeking behaviors, with students from higher socio-economic backgrounds demonstrating greater literacy and a stronger propensity to access services. Institutional policies such as RA 11036, the CHED SAS Handbook, and various Memorandum Orders provide a framework for mental health initiatives, but implementation remains uneven across regions and higher education institutions. Global frameworks from WHO, UNICEF, and UNESCO further offer standardized indicators and participatory evaluation models that can be adapted to strengthen local practices.

RECOMMENDATIONS

To address these challenges, higher education institutions must strengthen governance and role clarity by appointing dedicated Mental Health Program Officers and establishing multi-unit committees to coordinate

initiatives. Clear referral pathways and formal agreements with local government units and hospitals should be developed to ensure continuity of care. Monitoring and evaluation must be standardized through the use of CHED SAS templates and WHO/UNICEF indicators, with disaggregated data collected by campus, gender, and socio-economic status to identify underserved groups. Workforce development is equally critical, requiring protected budgets for the hiring, training, and supervision of counselors, while embedding mental health metrics into accreditation and quality assurance processes to ensure sustainability. Demand generation strategies should focus on peer-led campaigns, gatekeeper training, and literacy programs, with mental health education integrated into curricula to reduce stigma and strengthen self-efficacy. Accessibility must be expanded through hybrid modalities such as tele-counseling and digital platforms, supported by privacy safeguards and escalation protocols for high-risk cases. Finally, student voices should be incorporated into participatory evaluation cycles, complemented by culturally sensitive and community-based interventions, including partnerships with churches, parent groups, and other local organizations.

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