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Beyond Mental Health Diagnosis: Exploring the Lived Experiences of Students with Depression

Ronnie Ville S. Valdez
Graduate School, University of the Cordilleras, Baguio City 2600, Philippines

Author Email: vronnieville@gmail.com

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Abstract. Depression continues to weigh heavily on students, affecting both their studies and personal lives, yet stigma and limited mental health services often prevent them from seeking help. In the Philippines, cultural values and family ties strongly shape how struggles are understood; however, support is not always enough when awareness of mental health remains low. Specifically, in the Cordillera, the deeper emotional weight of student depression—and the kinds of support students themselves find most meaningful—remains little explored. To address this gap, this study brings their voices forward, offering insights that can guide more student-centered and culturally rooted approaches to care. In particular, it explores the psycho-emotional experiences of students diagnosed with depression and the support mechanisms they perceive as most beneficial. Methodologically, the study employed a qualitative phenomenological design, utilized purposive sampling, and applied Colaizzi's seven-step method. Findings revealed that students navigate their condition by rebuilding identity, balancing academics, and redefining relationships, which may either deepen through empathy or weaken through misunderstanding. Moreover, four key supports emerged—*Kapwa*-oriented support, spiritual guidance, personal agency, and non-judgmental space—underscoring the need for schools and policymakers to create inclusive environments, strengthen guidance services, and develop mental health programs that are both culturally sensitive and centered on students' lived realities.

Keywords: Cordillera; Depression; Mental health; Psycho-emotional experience; Support mechanisms.

1.0 Introduction

Depression is one of the most pressing mental health concerns among students today. The World Health Organization (WHO, 2017) identifies it as a leading cause of disability worldwide, affecting over 322 million people, nearly half of whom are in South-East Asia and the Western Pacific. Students, in particular, struggle with academic, social, and personal pressures that often remain invisible but deeply affect their well-being. Midgley et al. (2015) describe how depression in adolescents manifests as misery, anger, isolation, and educational disruption, while Weitkamp and Klein (2016) note that many feel overwhelmed by the notion that they must face depression alone. These findings highlight that beyond clinical definitions, depression is a lived reality that erodes young people's identity, purpose, and sense of belonging.

Globally, schools are increasingly recognized as central to addressing student mental health. Kutcher et al. (2016) argue that mental health literacy (MHL) is key to creating interventions that are contextually and developmentally appropriate. International efforts further emphasize that sustainable solutions require not only institutional support but also approaches sensitive to culture and community.

In the Philippines, cultural values and systemic conditions both shape how depression is experienced and managed. Collectivist norms and the concept of hiya often foster stigma and emotional restraint, discouraging open discussions and help-seeking (Zhou et al., 2022; Reyes, 2024). This silence was amplified during the COVID-19 pandemic, when academic and familial pressures intensified vulnerability (Serrano et al., 2022). Policy advances, such as the Mental Health Act of 2018 (RA 11036) and the Guidance and Counseling Act of 2004 (RA 9258), mark progress in prioritizing mental health. However, implementation is constrained by a shortage of counselors, low salaries, and limited professional growth (Cordero, 2023). Government agencies have introduced targeted programs, including CHED's call for specialized interventions and DepEd's Mental Health and Psychosocial Support standards, while online counseling and virtual groups have offered alternative access (CHED, 2021; Cabato, 2024). Still, institutional support alone remains insufficient. Family involvement, central to Filipino culture, plays a critical role in treatment adherence and outcomes (Birmaher et al., 2016). Still, limited mental health literacy and enduring stigma continue to restrict its effectiveness (Patel et al., 2018).

Within this broader national context, resilience and social support emerge as key protective factors. Dong et al. (2024) found that support enhances resilience, and together they significantly reduce depression. This finding resonates with Filipino values of *kapwa* (shared identity), where relational bonds are central to coping (Enriquez, 1994). Indeed, students' well-being is closely tied to their relationships, even as they continue to struggle with anxieties about the future and strained interactions with authority figures (Bactasa & Sumande, 2021). However, stigma persists as a barrier: Martinez et al. (2020) report that Filipinos often turn first to family, friends, or religious figures rather than professional services, reflecting Enriquez's (1992) distinction between ibang-tao (outsiders) and hindi-ibang-tao (insiders). Coping strategies also include connecting with nature, drawing on spirituality, and seeking peer support (Valencia & Abante, 2023; Billote et al., 2022). Schools can strengthen these mechanisms through accessible counseling, awareness campaigns, and peer-led initiatives (Sinabutar & Sinabutar, 2022). However, barriers such as denial, embarrassment, and discomfort in disclosure remain (Villamor & Dy, 2022). While literature has established the prevalence and clinical aspects of depression, fewer studies capture the subjective experiences of students, particularly within localized cultural contexts.

This gap is especially significant in the Cordillera Administrative Region, where indigenous beliefs and practices profoundly influence how mental health is understood. Sinabutar and Sinabutar (2022) observed that students experiencing depression, anxiety, and stress often associated these struggles with difficulties they could not overcome. However, distress is also interpreted through indigenous frameworks, such as *dagsen*—a spiritual heaviness described by Ligsay and Dizon (2023)—or, among Kankana-ey communities, magico-spiritual influences, relational tensions, and economic pressures (Moreno-Lacalle et al., 2023). Support likewise extends beyond immediate family, with students drawing strength from kinship ties, community rituals, and indigenous healing practices that provide belonging and affirmation. These cultural approaches highlight that care often begins outside formal clinical settings, through shared traditions and community presence.

Despite the growing body of research on student mental health, the deeper emotional dimensions of depression—such as isolation, feelings of heaviness, and struggles with identity—remain underexplored in the Cordillera context. While many studies recognize the importance of support systems, far less is known about which forms of support students themselves truly find helpful. Too often, interventions are designed from institutional perspectives rather than being rooted in the lived realities of the students they intend to serve. This gap highlights the urgent need for research that is student-centered and culturally grounded, placing value on personal stories and the meaning students themselves give to their experiences.

This study seeks to fill that gap by listening closely to the voices of students who have been clinically diagnosed with depression. At its core, it provides them with a platform to share their struggles, hopes, and coping strategies. By foregrounding these narratives, the study not only validates students' experiences but also empowers them, affirming that their insights matter in shaping how mental health is understood and addressed.

The findings carry significance for multiple stakeholders. Colleges and universities can use them as a guide to create policies and practices that foster more inclusive and compassionate learning environments. For guidance counselors and mental health professionals, they offer a clearer picture of the nuanced needs of students with depression, highlighting the importance of tools and support systems that are sensitive to both cultural context and lived experience.

Finally, the study contributes to scholarship by laying a foundation for future research on how mental health intersects with education, identity, and overall well-being over time. By centering student voices, it not only advances understanding but also opens space for more responsive and humane mental health initiatives.

2.0 Methodology

2.1 Research Design

This study employed a descriptive qualitative research design using a phenomenological approach. This approach is especially suitable because it allows the researcher to deeply explore participants' psycho-emotional experiences and perceived support mechanisms, staying true to their own perspectives and meanings. Phenomenology offers a structured yet flexible framework.

2.2 Participants and Sampling Technique

Participants were selected through purposive sampling. Ten students were chosen based on the following criteria: (1) enrollment in the institution, (2) a clinical diagnosis of depression, and (3) active engagement in managing their condition. Data saturation was reached when recurring patterns emerged and no new themes were identified in subsequent interviews.

Table 1. *Demographic Profile of the Participants*

Participant	Age	Year Level	Sex	Duration of Diagnosis	Accessed Support Systems
P1	19	1	Female	5years	Psychiatric and counseling
P2	24	4	Female	2 years and 8 months	Psychiatric
P3	22	4	Female	1 year and 3 months	Psychiatric
P4	20	2	Female	2 years and 5 months	Psychiatric, counseling, and financial assistance
P5	21	3	Female	1 year and 9 months	Psychiatric
P6	27	3	Female	1 week	Psychiatric and counseling
P7	21	2	Female	1 year 1 month	psychiatric
P8	21	3	Female	1 month	Psychiatric and counseling
P9	20	3	Female	4 years 9 months	Psychiatric
P10	24	2	Female	10 months	Psychologist

2.3 Research Instrument

The study employed a researcher-made semi-structured interview guide consisting of two main questions: What are the psycho-emotional experiences of students after receiving a clinical diagnosis of depression? Moreover, what support mechanisms do students perceive as most beneficial in managing their academic and personal lives after receiving the diagnosis? Probing questions were used to elicit richer responses, such as participants' initial reactions to their diagnosis, changes in academic performance and relationships, experiences of stigma, sources of emotional support, and suggestions for additional services. The instrument was validated by a panel of ten using the Validation Rubric for Expert Panel (Simon & White, 2016), which assessed clarity, conciseness, practicality, and alignment with objectives. Results confirmed the instrument's validity across all items.

2.4 Data Gathering Procedure

The researcher first secured ethical approval from the institution's Ethics Committee. After receiving approval from the research panel, further authorization was sought from the Research Director of the participants' institution. Once the approvals were obtained, the researcher collaborated with the Student Development Officer (SDO) and the school guidance counselor to identify students diagnosed with depression. The SDO played a crucial role in the sampling process, ensuring that participants met the study's criteria while safeguarding their privacy. Willing participants were then referred to the researcher. Interviews were scheduled at mutually convenient times, considering participants' academic and personal commitments. At the beginning of each session, participants were provided with an information sheet (adapted from King et al., 2019, pp. 37–38). Upon agreeing to participate, both the researcher and the participant signed a consent form (adapted from King et al., 2019, p. 40). Data collection was conducted through one-on-one, face-to-face interviews, each lasting approximately 60 to 90 minutes. Sessions were held in a counseling room to ensure confidentiality, with a guidance counselor available upon request. Interviews were audio-recorded with the participants' consent using a fingerprint-password-protected smartphone, and field notes were simultaneously taken to complement transcripts and enhance interpretive accuracy. Upon completing the interview, participants received a bookmark token as a gesture of appreciation.

2.5 Data Analysis Procedure

This study followed Colaizzi's (1978) seven-step method, which guided the analysis from raw transcripts to the formulation of themes. After each interview, transcripts were produced and cross-checked with field notes to capture both verbal and non-verbal expressions. Responses given in native languages were translated into English with careful attention to cultural nuance. The researcher immersed in the data through repeated readings (Step 1), extracted significant statements relevant to the research questions (Step 2), and formulated meanings grounded in participants' own words (Step 3). These meanings were then organized into clusters of themes (Step 4), which were refined into broader categories to represent shared experiences (Step 5). A comprehensive description of students' lived experiences was then developed (Step 6), and finally, the findings were validated through member checking, where participants confirmed the accuracy of the interpretations (Step 7).

2.6 Ethical Considerations

Participants were provided with an information sheet detailing the study's purpose, procedures, and their rights, which was communicated through both verbal and non-verbal means. Written informed consent was obtained, with both the researcher and participants signing the consent form to confirm voluntary participation. Withdrawal was permitted at any stage without penalty or consequence. To ensure confidentiality, all personal identifiers were replaced with codes, and findings were reported in a manner that did not disclose participants' identities. Audio recordings of interviews were temporarily stored on a fingerprint- and password-protected device and deleted immediately after transcription. Physical data, including printed transcripts and consent forms, were placed in sealed envelopes marked "Confidential" and secured in a locked cabinet accessible only to the researcher. Participants were informed that they could skip any questions or terminate the interview at any time without explanation. A debriefing session followed each interview to clarify how the data would be used and to ensure participant understanding. Given the sensitivity of the topic, the potential for emotional distress was anticipated. A licensed guidance counselor from the institution was placed on standby to provide immediate psychological support if needed. Additionally, participants were provided with information on accessible mental health resources. The research protocol, including ethical safeguards, was approved by the Research Director of the participants' institution. No monetary compensation was provided; however, participants received a small token of appreciation from the researcher.

3.0 Results and Discussion

3.1 Psycho-emotional Experiences of Students After Receiving Clinical Diagnosis

Meaning-making

This theme captures how students diagnosed with depression attempt to interpret their condition through the lens of their life experiences. Participants try to reconcile their diagnosis with past traumas, strained relationships, and socio-economic struggles, constructing a narrative that helps them understand and validate their experiences. This meaning-making process is not merely cognitive; it is also emotional, tied to self-worth and grief. Students did not passively accept their clinical diagnosis; instead, they actively made sense of it.

Many participants revisited painful memories they believed were central to their mental health struggles, highlighting how meaning-making is an ongoing, dynamic process following diagnosis. These memories, often resurfacing as repetitive thoughts, became integral parts of their inner narrative and personal interpretations of their depression. For example, P1 encapsulated how traumatic memories dominated her mental space post-diagnosis, "*the rape case and my mother*". Here, the clinical label did not introduce a new realization; it validated an already existing trauma. Diagnosis served not as a discovery of something foreign, but as a way of making sense of longstanding emotional pain. Similarly, P3 reflected:

"*The verbal abuse from my relationship connects to my childhood sexual abuse.*"

The diagnosis allowed her to weave together disparate emotional wounds into a coherent story, reinforcing how meaning-making involves linking present suffering with past experiences.

In this way, clinical depression for many participants was not perceived as an isolated mental state but as a continuum of unresolved trauma, reinterpreted through the lens of diagnosis. Some participants, like P6,

expressed their internal experience through vivid metaphors, signaling emotional paralysis and struggles in articulating their pain:

"Deep inside, you are screaming, but you cannot express it physically. You question yourself, Am I worthy?"

This inability to verbalize overwhelming feelings illustrates a fractured process of meaning-making, where the emotions are recognized but not yet fully understood or integrated into a coherent personal narrative.

However, not all participants remained trapped in confusion or despair. Some demonstrated positive reappraisal, showing early signs of adaptive meaning-making. P7 stated, *"The diagnosis was expected…"* Similarly, P8 accepted her condition within the context of grief:

"Maybe at that time, I was grieving, so I accepted right away that I had a mental problem."

For these students, meaning-making involved anticipating and accepting their mental health challenges, suggesting that prior emotional work helped them to reframe their diagnosis as a step toward healing, rather than as a disruptive rupture. In contrast, some participants initially exhibited cognitive dissonance, struggling to connect seemingly minor life events to profound emotional suffering. P2 shared:

"How could that small thing cause it… it turns out having a broken family has a big impact".

Here, the participant's initial disbelief evolved into a deeper understanding of how seemingly small experiences accumulate emotional weight over time. This shift underscores that meaning-making is not immediate—it is an evolving reinterpretation of one's life story.

Finally, some participants demonstrated external attribution as part of their meaning-making journey, focusing on particular individuals they perceived as responsible for their emotional distress. For example, P10 shared about her mother-in-law:

"When I see her… she really hates me… it turns out it is not normal to be constantly scolded".

This externalization highlights how meaning-making sometimes involves identifying sources of pain in the environment. Across these varied narratives, it becomes clear that receiving a diagnosis of depression initiates not just an emotional reckoning but an active process of reconstructing personal meaning. Students were not merely passive recipients of a clinical label; they were active agents trying to organize, explain, and integrate their past and present into an understandable story of self.

The findings suggest that personal histories play a crucial role in shaping individuals' understanding of their mental health struggles. While recognizing external factors is valid, staying trapped in those cycles can hinder emotional recovery. These findings resonate with the concept of Cognitive Adaptability, as defined by Taylor's (1983) Theory of Cognitive Adaptation, which involves the ability to modify attitudes and thinking processes in response to shifting circumstances, particularly in the face of adversity. Taylor's theory identifies the sense of meaning as the individual's ability to interpret difficult situations in a way that aligns with their personal beliefs, helping them understand the reasons behind their experiences. Marco et al. (2021) indicate that meaning-making during cognitive behavioral therapy (CBT) for adjustment disorders serves as a partial mediator between anxiety symptoms and depressive symptoms. Cognitive Appraisal Theory (Lazarus & Folkman, 1984) also supports these findings by explaining how individuals assess and interpret stressors. In this study, participants engaged in cognitive appraisal by evaluating past experiences and their impact on their current mental health. Some actively sought help and reframed their diagnosis as a step toward healing, demonstrating positive cognitive reappraisal.

Self-reconstruction

The theme of self-reconstruction reflects a transformative process that students with depression undergo, shifting from negative self-perceptions toward an empowered sense of self. It is a theme rooted in transformation, one that speaks to how pain, when acknowledged and processed, can lead to new realizations, stronger identities, and a

sense of renewed agency. At its core, this theme reveals a gradual shift from self-blame and feelings of weakness to acceptance, strength, and purpose.

Many of the participants shared that in the early stages of their depression, they saw themselves through a lens of inadequacy. The weight of their emotional struggles often manifested as guilt and shame, leading them to internalize the belief that they were the problem. However, over time, and through various turning points, these same individuals began to see themselves differently. They slowly detached their identity from their pain and started to view their suffering as a catalyst for growth. P1 captured this shift poignantly when she shared:

"Before, of course, I was young, and I saw myself as the weakest. But as time passed, I realized that my struggles became my motivation to move forward. Brave (describing herself)".

This narrative illustrates a core moment in which, initially viewing herself as fragile, P1's recognition of bravery marks a reclaiming of her narrative, an assertion that her identity is not limited to her past vulnerabilities but is instead enriched by her capacity to survive. Similarly, P4's account exemplifies how mindset transformation played a key role in her rebuilding. "It seems like I became more motivated to view life differently. It feels like I should understand life better because of what happened to me. I should change my mindset so I can handle my situation." Her words highlight that self-reconstruction is not about denying pain, but rather about consciously adapting one's internal frameworks to navigate life's adversities better. P6 further illuminated the spiritual dimensions of self-reconstruction:

I have worth. I have a purpose now that I have had that second chance in life. Perhaps God has not taken me yet because I have a purpose in life. It seems I want to be a testimony for others who are suffering but not understood.

For P6, self-reconstruction involved not only the rebuilding of personal worth but also the expansion of self towards others—a move from individual healing to communal responsibility. In this sense, self-reconstruction is not merely an internal process but also a relational one: a rebuilding of self about the broader human community. Even among those who had not achieved complete emotional healing, significant internal shifts were evident. P9 described:

"*If there is one thing that changed in my perception, it is to stop blaming myself. I was always the one blaming myself. So that changed after the consultation. Free. Free. I do not feel okay, but I feel free."*

P9's account reveals that self-reconstruction does not necessarily equate to the eradication of sadness or hardship. Instead, it often entails cultivating an act of freeing oneself from cycles of self-blame. In this light, emotional freedom may be understood as an emerging indicator of psychological growth, suggesting not only a reduction in distress but also a redefinition of self-perception, wherein the participant begins to view themselves not as defective but as deserving of understanding.

The narratives demonstrate that self-reconstruction is a complex and multifaceted process, involving both psychological and emotional aspects. It begins with a breakdown of old self-perceptions and ends with the creation of a new identity—one that embraces vulnerability, finds purpose in pain, and reclaims power from suffering. Recovery, therefore, is less about eliminating pain and more about learning to see suffering not as a defining flaw but as a meaningful part of their evolving identity. Only then can recovery become not just survival, but a source of strength.

The findings of this study align with the framework of Self-Determination Theory (SDT), which offers a comprehensive understanding of human motivation, particularly in relation to the interplay of intrinsic and extrinsic forces. At the core of SDT are three fundamental psychological needs: competence, autonomy, and relatedness. In the context of depression, students often face a diminished sense of competence. However, the findings suggest that as students with depression work through their experiences and reconstruct their self-perceptions, they develop a renewed sense of competence. This transformation is facilitated by the process of positive reframing, which enables these students to regain confidence in their ability to cope with challenges. As Deci and Ryan (1985) explain, competence involves the feeling of being effective in one's activities and attaining valued outcomes. Another critical component of SDT is autonomy—the ability to act in alignment with one's

values and desires, free from external control. The students in this study demonstrate how their emotional and psychological growth is strongly connected to reclaiming their autonomy. Autonomy is not just about independence; it is the experience of choice and volition. For these students, autonomy meant gaining the freedom to define their own life stories. As they found purpose in their struggles, they no longer saw their challenges as obstacles but as opportunities for self-authorship and personal development. Furthermore, SDT highlights the need for relatedness—the intrinsic desire to feel connected to others. In the case of depression, students often experience profound feelings of isolation. However, the study reveals that relatedness can act as a transformative force. In this context, relatedness becomes functional by alleviating the weight of self-blame. As Deci and Ryan (1985) note, relatedness is the feeling of being connected to others, of having a sense of belonging, which is crucial in the healing process for those coping with depression. The systematic review and meta-analysis by Dean et al. (2025) examined how interventions for depression affect self-perceptions in young people aged eleven to twenty-four. They found that while such interventions generally lead to minor improvements in both depressive symptoms and self-perception outcomes, these changes may occur independently of each other. The authors suggest that future treatments could be more effective by explicitly targeting negative self-perceptions to help young people develop a positive sense of self.

Relationship Paradox

This theme captures the psycho-emotional push and pull experienced by students after receiving a mental health diagnosis. This theme reflects how students' interpersonal relationships undergo deepening and distancing—a paradoxical co-existence of closeness and alienation. While some connections become stronger through care and emotional openness, others are strained by misunderstanding, discomfort, or the student's need to withdraw for self-preservation. The paradox is not merely situational; it reveals the emotional labor and psychological recalibration students engage in.

For many, families became more attentive and emotionally present. P3 shared how her family's consistent monitoring made her feel more connected, though it came at the cost of peer relationships:

In my family, we became closer because they really monitored me, and with my friends... I lay low for a few months... I felt like I might affect their energy levels, so I distanced myself to think about what I needed to do.

The voluntary withdrawal implies the relational tension at the heart of the paradox: while familial bonds strengthened, the fear of becoming a burden to friends prompted voluntary distance. Students often internalized the emotional labor of protecting others from their struggles. Similarly, P4 described how her family's increased emotional presence did not extend to her social life. She found herself isolated from most friends, maintaining only a select few genuine companions:

They used to check on me daily, but now their check-ins have doubled. They seem to know when something is wrong because they suddenly call and ask if I am okay. Because of that, I became closer to my family. However, with my friends, I struggled. Now, I only have a few whom I genuinely consider friends.

Again, the paradox is evident: emotional security within the family sphere contrasts sharply with social fragmentation among peers. In this context, social fragmentation refers to the lack of close, supportive relationships, marked by feelings of disconnection or not fitting in. Remarkably, within the same relational spaces, some participants experienced both emotional openness and constraint. P6 grew more expressive with her family but felt alienated during gatherings, as relatives became overly sensitive around her presence:

I became more open in the sense that when they check on me, we can say whatever we want, especially when it comes to emotions… However, during family gatherings or dinners, they want to laugh, but they become too sensitive because I am there, so the atmosphere becomes quiet. Sometimes, that becomes a barrier for me to attend because they want to share funny experiences, but they hold back because of me. That is one of the disadvantages. With my friends, nothing changed because they understand when I am quiet. They do not push me, and they still treat me the same as before.

Here, the family's well-meaning sensitivity constrained authentic expressions of joy, while friendships offered a rare space of stable, judgment-free connection. This dual experience captures how relationships, even supportive ones, can generate emotional tension. Beyond experiences shaped by empathy and care, the relationship paradox

deepens when students encounter emotional invalidation. P2 shared how her father dismissed her diagnosis outright, undermining her emotional reality:

When my father found out that I was diagnosed, he acted as if I was making excuses, saying… 'You are just using that as a reason.' When I tried to explain, he would say, 'Take your medicine and you will be fine.

Rather than receiving support, P2's vulnerability was met with suspicion and dismissal. The paradox is painful: those closest to the student, expected to offer care, sometimes become sources of emotional alienation. P3 echoed this dissonance, as her struggles were minimized through harmful comparisons:

They would say, 'That is just in your mind.' 'Other people have bigger problems than you.' Even when I try to explain my feelings, they do not understand. That is all they say – 'Others have worse problems than you, yet you act like this.

Dismissive statements like the above widen the emotional distance, trapping students between the need for validation and the reality of dismissal. Also, P6 recounted being accused of fabricating her struggles, exposing the profound wound of being doubted at one's core:

I heard someone say, 'She is just making that up'… Moreover, I overheard, 'She is just using that as an excuse.' Who am I to make up a mental disorder, a mental health issue? This is not something you gossip about and say, 'She is just acting,' or 'She is just pretending.' You do not even know why someone suddenly changed.

This painful questioning of her reality shows how social skepticism corrodes the self. The relationships that should offer sanctuary instead become sources of emotional injury, deepening the paradox of seeking connection but encountering rejection. Overall, the experiences of the students vividly illustrate the relationship paradox in their psycho-emotional journeys, that is, while familial and peer relationships could simultaneously nurture and wound, the students continuously negotiated their needs for connection and authenticity amidst emotional complexity.

This reveals that students do not simply receive support; they interpret and sometimes resist it based on its authenticity. Similarly, emotional distance may be chosen for self-preservation, but it can spiral into isolation when not understood by others. This theme also suggests that support is not always straightforwardly beneficial. Students may experience support as invasive, especially when it lacks genuine understanding. On the other hand, even passive acceptance from peers can be a powerful stabilizing force when it respects the student's silence. Furthermore, these findings highlight the profound impact of a clinical diagnosis not just on individuals' mental health but also on their social life. This is in line with the findings of Rivera and Antonio (2017), who explain that stigma surrounding mental health remains prevalent in Filipino culture, manifesting in various domains such as the home, workplace, and educational settings. As noted by Tanaka et al. (2018), individuals with mental health challenges often experience stigma, which can exacerbate mental health struggles by limiting access to emotional and practical support. The contradiction between strengthened familial bonds and weakened friendships highlights the broader concept of the Relationship Paradox, where a mental health diagnosis can simultaneously lead to deeper connections. The paradox in mental health experiences can be better understood through the lens of Social Identity Theory (SIT), as proposed by Worley (2021), which explores the concept of ingroups (us) and outgroups (them), suggesting that social identity groups and the intergroup relations they form can significantly shape attitudes and behaviors—including those surrounding mental health diagnoses. This dynamic often results in ingroup favoritism, where individuals view their group more favorably than others. When individuals are diagnosed with a mental illness, they may be labeled as part of an outgroup, which can lead to discriminatory behaviors or social distancing, even from the very groups they rely on for support. This duality, facing both exclusion and dependence, reflects the paradoxical nature of their relationships. This experience can be further understood through the Filipino concepts of *ibang-tao* and *hindi-ibang-tao,* introduced by Enriquez (1994). These concepts describe how Filipinos relate to others. *Ibang-tao* refers to someone perceived as an outsider, with whom interactions are formal or guarded, while *hindi-ibang-tao* refers to someone seen as emotionally close and familiar. In the context of school life, students with mental health diagnoses may hesitate to seek help from teachers or counselors they perceive as *ibang-tao*, and instead turn to peers or loved ones viewed as *hindi-ibang-tao.* This reinforces the SIT framework, where perceived group boundaries shape behavior, and highlights how cultural

constructs influence whom students see as safe sources of support, perhaps deepening the exclusion-inclusion paradox they experience in daily interactions.

Endurance in Adversity

This theme encapsulates the psychological resilience and coping efforts of students clinically diagnosed with depression, as they strive to continue their academic pursuits despite the intense emotional and cognitive burdens they carry. This endurance is not simply about performing well; it is about surviving within the educational space, functioning amidst fatigue, anxiety, numbness, or intrusive thoughts. The theme reflects how students transform academic demands into sources of structure, distraction, or even self-validation. The students' educational persistence becomes both an anchor and a battlefield, where success is defined not just by grades, but by the very act of staying in the fight.

For these students, academic achievement becomes a manifestation of resistance. The effort to complete requirements, attend classes, or sustain performance despite internal chaos highlights how education becomes more than a responsibility; it becomes an act of willpower. Endurance, therefore, is expressed through the act of showing up, even in the absence of motivation or clarity. P1 captured this spirit by reframing her diagnosis as a challenge rather than a defeat. She shared:

"It remained my motivation... Even if that is the case, you should still show that you can fight it".

Her words reflect a conscious psychological reappraisal, turning the illness into a source of strength rather than a hindrance. Another student, P5, spoke about sustaining high academic performance: *"I coped, and I still got high grades"*. Here, academic success becomes not just an educational milestone, but an emotional anchor—a tangible proof of capability amidst inner struggles.

However, endurance was not always measured through achievement but through perseverance itself, as P2 described. She said in relation to the effort it took to meet basic academic demands, *"I push myself to finish them before I sleep..."*.This reflects the ongoing tension of battling lethargy and disengagement. Persistence—simply finishing a task—becomes a victory in itself. Meanwhile, P4 illustrated how academic engagement served as a cognitive defense against intrusive thoughts:

"If I keep myself busy, especially with academics, I do not think about something being wrong with me."

For students like her, academic routines function as both emotional distractions and spaces of perceived normalcy, helping maintain an identity separate from their diagnosis.

The psycho-emotional experiences of these students reveal a nuanced form of resilience where academic engagement becomes both a challenge and a strategy. This implies that educational institutions must recognize that endurance for students with depression is often invisible: it is the silent effort of attending, the unspoken struggle of completing assignments while overwhelmed, and the quiet victories of holding on. While some students were able to harness their studies as a coping mechanism, others struggled to sustain motivation without external support. Research suggests that mental health conditions impose cognitive and emotional burdens that interfere with academic performance, particularly in areas such as concentration, memory retention, and motivation (Almulla, 2024). However, the findings also indicate that students who sought help or found purpose in their studies exhibited greater academic engagement than those who withdrew from class. While endurance in adversity is a crucial factor in academic persistence, it should not be the sole reliance for success. The findings of this study reinforce the idea that psychological endurance is not merely about surviving academic life with depression but about actively striving for progress. However, resilience should not be mistaken for self-sufficiency. As noted by Almulla (2024), academic resilience extends beyond mere perseverance; it emphasizes that adaptive help-seeking behaviors and structured support systems are crucial in reducing the adverse effects of depression on students' academic performance. In essence, this underscores that survival in education for students with depression is not measured by academic performance, but by their capacity to persist—day after day—even when each step feels heavier than the last.

3.2 Support Mechanisms Students Perceive as Most Beneficial in Managing their Academic and Personal Lives after Receiving a Diagnosis

Kapwa-Oriented Support

At the heart of the Filipino value system is *Kapwa,* a core concept in *Sikolohiyang Pilipino* that emphasizes shared identity and mutual interdependence. This study reveals that *Kapwa* is not merely a culturally ideal but a beneficial support mechanism for students with depression. Through the lens of *Kapwa*, students perceive healing not as a solitary endeavor but as a collective process, one rooted in emotional intimacy, shared struggle, and reciprocal care.

Across narratives, participants consistently shared how emotional stability was often anchored in their relationships with family, friends, and significant others. These connections served as emotional anchors, enabling students to offload psychological burdens in spaces where they felt understood. For instance, P1 shared how talking to friends provided a sense of lightness and motivation to keep going:

"My friends are like that; I confide in them my burdens. After I do that, I feel relieved, as if my emotions become lighter and I feel like I have no problems. It is like I keep going forward."

Similarly, P6 emphasized the importance of family and friends as protective figures:

"They always tell me to always look for a protective figure, meaning your family and friends, so that in case you have a trigger point again, you can approach them."

These accounts highlight *Kapwa* as an emotional safety net—students feel less overwhelmed because others are there to absorb, contain, and understand their struggles. Emotional relief, as participants described, comes not merely from venting but from the validation of being heard by someone who shares in their pain. This shared struggle is central to Filipino notions of well-being, where mental health is closely tied to social and relational dynamics. Beyond emotional support, *Kapwa* also actively counters isolation, a common feature of depression. Participants recounted how friends would initiate check-ins or encourage outings when signs of withdrawal appeared. P2 shared:

"My friends, if they notice that I have not invited them to go out for a long time, they will be the ones to invite me so that I will not be isolated in my boarding house."

Likewise, P10 emphasized how laughter and companionship from classmates created a positive emotional atmosphere:

"Then, when I am with my classmates, my friends who make me laugh, at least there is a positive impact on me."

These proactive gestures create a buffer against loneliness, demonstrating that collective attentiveness can function as a protective factor. These interactions not only distracted from depressive symptoms but also transformed emotional states, fostering a sense of normalcy and inclusion. Emotional support also extended into cultural rituals and family practices. Several participants shared that acts such as preparing special meals or ensuring medication adherence were not merely practical gestures but deeply symbolic. P3 recalled, "They really looked after me. During times when I had no motivation for school, they encouraged me. They even made sure I took my medicine." P6 also shared how a simple act from her family communicated deep care, "It is like I saw that when something special was prepared, it meant I was special… I felt special to my grandfather." These gestures affirmed their worth despite struggles with mental illness, illustrating Martinez et al.'s (2020) concept of *hindi-ibang-tao,* reinforcing belonging and mitigating internal alienation.

Extended family members also played pivotal roles. P10 recounted:

"My aunt was the one who suggested that I seek medical help. They were more understanding because they knew what depression is."

Similarly, P6 mentioned, "They are ready to listen, especially my aunt, who checks on me and even messages our dean and psychologist." This broadens *Kapwa* beyond immediate family to a broader community of care and support.

Importantly, students did not position themselves solely as recipients of care. They expressed a desire to contribute to others' healing, suggesting initiatives such as group sharing sessions, peer mentorship, and mental health programs. P4 meant:

"There should be a monthly gathering where everyone can share, with guidance still present."

Similarly, P7 proposed:

"There should be a regular group session so they can share. At least they can lighten their emotions by talking to one another."

P1 emphasized the role of survivors in motivating others:

"If there are those who have survived depression, they are the ones who can best motivate students clinically diagnosed with depression."

This reflects the reciprocal nature of *Kapwa*—a core concept in Filipino Psychology that embodies shared identity and interconnectedness. According to Pe-Pua and Protacio-Marcelino (2000), *Kapwa* extends beyond simply being with others; it entails a dynamic process of *pakikipagkapwa*, or sharing oneself with another in a way that recognizes mutual humanity. Within this framework, empowerment does not solely stem from receiving care, but also from the act of offering it. For students with depression, this entails that their resilience may be strengthened not only through support systems but also through their capacity to extend care to others.

Participants called for regular forums, emotional check-ins, and group counseling not just as interventions, but as expressions of shared responsibility and community care. P3 suggested that students with lived experience could initiate programs to inform others:

"They can initiate a program or activity so they themselves can inform others. It would be more effective if it came from their own experiences."

From a policy perspective, these insights suggest that mental health services in academic institutions should adopt culturally grounded frameworks. Incorporating *Kapwa*-oriented practices—such as relational group processing, student-led sharing circles, and family-inclusive sessions—may foster deeper engagement and emotional resonance for Filipino students.

This finding emphasizes that peer support plays a crucial role in fostering a sense of belonging and empowerment, especially for individuals with lived mental health experiences. According to Reis et al. (2022), peer networks offer not only emotional support but also a platform for individuals to transcend an illness-centered identity, thus enabling them to embrace a renewed sense of purpose. Similarly, participants' willingness to initiate and engage in collective healing activities demonstrates that support is most effective when it allows both receiving and giving care. Moreover, the study affirms that *Kapwa*-oriented support extends beyond emotional bonds to encompass cultural traditions and family rituals. Martinez et al. (2020) highlight the profound influence of Filipino cultural values on help-seeking behaviors for mental health issues. Their systematic review reveals that, in the Filipino context, individuals are more likely to seek assistance from close family members and trusted friends, those considered *hindi-ibang-tao* (one-of-us), rather than from *ibang-tao* (outsiders), such as mental health professionals. This preference persists even when professional help is accessible, with disclosure and openness often reserved for insiders who share a common identity and trust. This cultural tendency reflects the strong emphasis on family and community support systems, which can both facilitate and hinder mental health help-seeking, depending on the perceived stigma and the nature of relationships within these close circles.

In addition to interpersonal networks, participants' suggestions for structured interventions underscore the necessity of institutional engagement in promoting mental health advocacy. This aligns with the findings of

Neuhaus et al. (2022), who emphasized that peer-led Positive Psychology Interventions (PPIs) have the potential to promote well-being, increase resilience, and strengthen social support systems through shared peer experiences. Empowerment through active involvement is essential in mental health recovery, as it transforms students from passive recipients of care into agents of communal healing.

Spiritual Guidance

The theme emerged as one of the most influential coping mechanisms for students managing depression. This theme underscores the pivotal role that spiritual practices—such as prayer, faith, and cultural rituals—play in helping students navigate their mental health struggles. The participants' narratives highlight how spirituality fosters a sense of hope, resilience, and connectedness, which in turn mitigates feelings of isolation and emotional distress.

Many participants reported turning to prayer during times of distress, seeking divine intervention, guidance, and emotional relief. P4 shared how prayer served as a way to realign her mindset during turbulent moments:

Moreover, I know that only God will not respond by speaking, but I hope He will allow me to reflect on what I should do and what is wrong, and that I can endure it. I hope you can help me, even if only to change my mindset.

Similarly, P5 viewed prayer as a form of dialogue with God, seeking emotional strength and signs of reassurance:

"God… prayers, like talking to God. I ask for support and strength. I also open up to God. Lord, help me, give me signs if I can do this."

Poignant reflections came from P7, who highlighted how prayer helped her overcome suicidal ideation:

God. Just pray, talk to God. Share everything… So, I asked Him to help me, and it worked, which is why I am here speaking… 'Lord, are You still there? Are you still willing to help me? I am willing to help myself as long as you help me.' So, I think He helped me. That is why I am still here – I fought against my suicide attempts; I fought against my persistent negative thoughts.

These narratives reflect how prayer became an emotional anchor, providing comfort and divine assurance against feelings of despair.

Beyond personal prayer, some participants engaged in cultural spiritual practices. P3 described undergoing a *mambunong* ritual, which offered emotional restoration:

When they saw that I seemed lost, they sought a shaman. Then they prayed, calling my name like 'come (name),' and after that, we returned. They prayed again and placed oil on my hand. After that, it was the last session. I felt okay after that, and my feelings improved during that time.

This illustrates the cultural significance of indigenous rituals, such as *lawit* and prayer led by the *mambunong,* in coping with emotional struggles, linking cultural identity to healing practices. However, not all participants leaned on traditional spirituality. P10, for instance, preferred modern spiritual practices like meditation and personal prayer:

I do not believe in that (cultural practices); it is more about meditation and prayers to God. There are changes in me, and maybe those practices help, but it only really works through prayers – just you and God.

The findings underscore the pivotal role of spirituality, not only as a source of comfort but also as a framework for meaning, with the belief that a higher power is providing guidance. Frankl (1984) argued that if there is meaning in life at all, then there must be meaning in suffering, emphasizing that even in the midst of adversity, individuals can find purpose. This insight highlights spirituality as an effective coping mechanism for students, with some participants finding solace in indigenous practices and others engaging in more contemporary forms of spiritual expression.

In this study, many students turned to spiritual guidance as a means to transcend their personal suffering. They frequently interpreted their emotional pain as part of a broader existential journey shaped by a higher power,

which imbued their experiences with purpose and meaning. This aligns with Frankl's (1984) notion of self-transcendence, the idea that the more one forgets himself—by giving himself to serve others—the more human he is. Frankl emphasized that enduring suffering becomes possible when it is placed within the framework of a greater meaning, asserting that suffering ceases to be suffering at the moment it finds a meaning. Drawing from the framework of logotherapy, Frankl (1984) proposed that redirecting one's focus from inner anguish to an external source of meaning—whether spiritual, relational, or moral—can transform adversity into a pathway toward personal and existential fulfillment.

The relationship between spirituality and mental health also reveals that students often seek support beyond traditional clinical and institutional interventions. This idea is reflected in the study of Del Castillo et al. (2023), who explored the role of prayer among Filipino Christian youth. They found that worship served as a coping resource to manage stress and adversities, helping individuals feel closer to God and regain a sense of control during difficult times. Furthermore, prayer promoted self-reflection, gratitude, and perseverance, enabling youth to endure suffering while maintaining hope and trust in God. These findings show that spiritual practices are not only sources of comfort but also tools for emotional resilience and psychological growth. Furthermore, the therapeutic effects of spirituality across both indigenous rituals and modern practices highlight the adaptability of spiritual coping strategies over time. Participation in *mambunong* rituals, for example, supports the growing body of literature advocating for the integration of spiritual practices into mental health care. Aggarwal et al. (2023) emphasized that religiosity and spirituality may be important, but these are factors in the prevention and management of depression and anxiety in young people that are overlooked.

Personal Agency

Personal agency surfaced as a critical component in the participants' coping strategies for managing depression. It refers to the capacity of individuals to make decisions and take proactive steps to influence their emotional and mental well-being. This theme underscores the idea that, while external support mechanisms such as family, friends, and institutions play essential roles in alleviating the psychological burden of depression, it is the participants' conscious efforts and decisions that are most crucial for sustaining emotional stability. This finding aligns with the cognitive adaptability theory, particularly the concepts of Sense of Mastery, which reflects the belief of individuals in their ability to influence and control their environment, and Self-Enhancement, which involves focusing on personal strengths and achievements to maintain a positive self-image in the face of difficulties.

A prominent expression of personal agency was the intentional balancing of academic and personal life. P2 shared how they deliberately chose to rest when overwhelmed by academic demands:

"*I just try to balance it. There are times when I focus on my academics, and there are also times when I give my mind a rest.*" This proactive time management illustrates a strong Sense of Mastery, as P2 consciously decides when to engage with academic responsibilities and when to prioritize rest. Such choices reflect a belief in one's ability to regulate mental and emotional state. Self-enhancement was also evident in strategies focused on positive distraction and emotional regulation. P5 described turning to books, breathing exercises, and chores to manage overthinking:

By reading books. It helps me clear my mind, as I tend to focus more on the book rather than overthinking. Aside from books, just simple inhale-exhale exercises. Oh! This, too, ma'am—household chores. When I do chores, I can avoid overthinking. Yes, ma'am. It is beneficial. Instead of overthinking, I can divert my thoughts. Because once I overthink, my body starts to break down. So, it is better to stay busy rather than overthink.

These deliberate activities reflect both mastery and self-enhancement. By selecting strategies that foster calm and focus, P5 demonstrates adaptive thinking and emotional self-regulation—key features of cognitive adaptability. Another manifestation of personal agency was the recognition that healing must involve the self, not just the professionals. P10 emphasized this by stating:

"*It is not just the doctor or psychiatrist who will heal you completely. It is also yourself because if you do not take action, then there is nothing.*"

P10's insight illustrates Sense of Mastery, as she affirmed her role in the healing process, consistent with Taylor's (1983) framework of adaptive coping.

Personal agency also involved distancing from toxic relationships to safeguard mental health. P5 shared:

"I distanced myself, ma'am. I distanced my emotions. I have fewer friends now because I cut off those who were toxic."

Likewise, P7 initially withdrew from social circles but later chose to reconnect because the condition had improved:

I distanced myself from my family – not just my family, but from friends and everyone. I did not want to have company; I did not want to talk to anyone. I did not want anything, so I always preferred to be alone. However, as I helped myself to communicate, things got better. My communication with my family is gradually returning to normal.

This gradual reconnection, following a period of self-reflection, illustrates the dynamic process of cognitive adaptability (Taylor, 1983). This process demonstrates the three core elements of cognitive adaptation: a sense of meaning, in which the participants began to understand their isolation as part of a personal healing journey; a sense of mastery, seen in their deliberate effort to regain communication and reconnect with others; and self-enhancement, as they gradually recognized their capacity to adapt and recover.

This reveals that students with depression actively seek ways to manage their emotional states, whether by regulating their environment, setting boundaries, or taking accountability for their healing. This finding is supported by the concept of self-efficacy, which refers to one's belief in one's capability to execute behaviors necessary to produce specific performance attainments (Moore, 2016). Participants' proactive strategies, such as balancing academics with rest, employing breathing techniques, and engaging in activities like reading or household chores, exemplify high self-efficacy. These actions demonstrate their confidence in managing stressors and their emotional well-being. Research indicates that individuals with high self-efficacy are more likely to adopt a health-oriented lifestyle, effectively managing complications of the disease and treatment, and adhere to therapeutic regimens (Behzadi et al., 2023), which altogether contribute to improved mental health outcomes. Therefore, fostering self-efficacy is essential in supporting students with depression. By strengthening self-efficacy, individuals are better equipped to face challenges, reducing the risk of persistent or recurrent depressive episodes (Wang et al., 2022). Furthermore, the withdrawal from relationships observed in some participants underscores the need to understand personal agency not only as proactive engagement but also as the ability to make difficult decisions for self-preservation. Selective distancing can be a protective measure for individuals facing toxic relationships or overwhelming social expectations.

Non-judgmental Space

A non-judgmental space refers to an environment where students feel emotionally and psychologically safe to share their experiences without fear of criticism, invalidation, or social repercussions. It fosters openness, empathy, and healing—elements crucial for students diagnosed with depression who often struggle with stigma, isolation, and internalized distress. In the academic context, such a space can be found in institutional counseling, faculty and administrative outreach, and the general climate of psychological safety provided by the school.

Participants consistently emphasized that non-judgmental spaces allowed them to express their emotions freely, feel acknowledged, and receive affirmation, which alleviated their distress. Among the various mechanisms available to them, counseling services emerged as the most beneficial and central to their sense of support. Counseling was not merely a formal process but a symbol of care and readiness to listen, a haven where students felt heard without fear of judgment. P1 shared:

"Counseling. Ma'am, it is good because even in this school, at any time, there is always someone I can approach."

This highlights the availability and reliability of the guidance office, contrasting with the unpredictability or inaccessibility of support in other social circles. P2 elaborated on how consistent check-ins made them feel seen:

"*I still prefer counseling… they call me and check on me… we feel that what we are going through is acknowledged.*"

Intentional follow-ups, even simple *kamusta* (check-ins), helped bridge their internal struggles with institutional care. P4 and P8 emphasized how counseling provided emotional relief, and P4 stated, "…I have someone to talk to who will not judge me." These moments of venting and being heard were therapeutic to the students, offering emotional regulation after enduring long periods of bottled-up distress. Similarly, P10 described the profound impact of being understood:

"*I felt lighter because they understood that what I am going through is not easy…*"

This reflects empathetic validation, even without problem-solving, which helped ease their psychological burden.

While counseling services were central, participants also recognized the importance of faculty and department-level interventions. Proactive outreach, such as checking on attendance or initiating conversations, was perceived as deeply supportive. P3 shared:

"*Especially when they noticed I was not attending some classes; they really tried to reach out to me.*"

Similarly, P5 highlighted the consistent support from clinical instructors, "My instructors check on me every week… because when I cannot open up to my parents, at least they are there to listen." Such interventions suggest a multi-layered support system, where counselors, teachers, and administrators work together to build a web of care, especially when family communication is limited. Even indirect departmental gestures provided relief, as shared by P6, "*…I feel relieved, at least I have someone I can talk to…*"

These narratives affirm that non-judgmental spaces are not just theoretical ideals but tangible and impactful realities for students with depression. They thrive in environments where care is decentralized, present both in formal counseling and everyday relational acts.

Overall, these insights underscore that creating non-judgmental spaces is essential not only for immediate relief but for fostering long-term resilience among students with depression. Whether through counseling services or faculty outreach, their presence enables students to share their struggles, receive validation, and find relief. Rogers and Pilgrim (2014) emphasize the importance of creating environments where individuals feel safe to express themselves without fear of criticism or stigma. They argue that such non-judgmental spaces are essential for effective therapeutic relationships and mental health support. Counseling services provide structured support that encourages self-expression and emotional processing. According to Chaudhry et al. (2024), a positive internal team environment characterized by shared purpose, social support, and having a voice within the team was significantly associated with students' psychological well-being. These factors contribute to the psychological well-being of management students in higher education. Support from Faculty and administrators further reinforces the impact of non-judgmental spaces by ensuring that students feel seen and valued. The role of faculty in providing emotional and psychological support is well-documented, with studies indicating that perceived teacher support is positively correlated with student well-being (Ma & Jiang, 2023). Feng and Zhang (2022) asserted that more attention should be paid to teacher support and peer relationships to promote the development of altruistic behaviors among college students and ultimately promote their mental health.

4.0 Conclusion

This study revealed that students with depression navigate their struggles by rebuilding their sense of self, striving to balance academic demands with emotional well-being, and reshaping relationships that may grow stronger through empathy or falter through misunderstanding. At the heart of these experiences is *Kapwa*-oriented support, which stands as the study's key contribution—showing how shared understanding and a sense of belonging can make mental health care more compassionate and culturally meaningful. Based on these findings, several recommendations are offered. First, curriculum integration of mental health education can promote awareness and reduce stigma. Second, schools can create safe and inclusive spaces where peer support groups and open conversations are encouraged. Third, partnerships with community, spiritual, and professional support systems can expand available resources. Fourth, staff training should be strengthened to ensure that educators and personnel are responsive to students' mental health needs. Finally, while these recommendations provide a

framework for student-centered and culturally sensitive interventions, future research is needed to assess their effectiveness across different educational contexts.

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The author carried out the aspects of the study.

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The researcher declares that there is no conflict of interest in the conduct of this study.

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