

Exploring Psychological Functioning Among Pre-Service Teachers: Etiology, Consequences, and Interventions

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Abstract:- The issue of psychological wellbeing among pre-service teachers had received heightened attention as a research platform at this time of global health emergency. A marked increase in mental health researches undertaken globally in recent years attests to this. In the Philippines, before the pandemic onset, universities in Manila known for their robust Behavioral Science curricular offerings have conducted comparative studies. This research determined the pre-service teachers' psychological profile was a trailblazing initiative to place Bicol University among the lead institutions heeding the urgent call for research that identified maladaptive behaviors within cognitive, affective, social, and occupational spheres. Students who reported moderate to significant psychological distress further participated in small focus groups. They shared narratives during childhood and adolescence they considered as precursors of their current psychological-emotional difficulties. Quantitative scores from the BPI instrument and qualitative data obtained from focus group discussions served as the basis for crafting policy recommendations and program proposals to improve mental health services delivery in the university, upgrade the current curriculum for teacher education and promote the professional development needs of teachers in the realm of mental health literacy, given that they perform a critical role in handling social-emotional and cognitive health issues in the classroom. The outcome is a developed, context-specific, holistic mental health and resilience program for pre-service teachers of Bicol University for psychological maladjustment, improving stress-coping skills, cultivating self-management, emotional regulation, and pro-social behavior.

Keywords:- *Mental Health, Psychological Resilience, Mental Health Interventions, Holistic Wellbeing*

I. INTRODUCTION

Academic competence alone does not determine success in school and at work. Current researches point out that cohort survival rates among university students are contingent on both intellectual and affective factors, capacity for self-efficacy, emotional regulation, interpersonal skills, and tolerance for stressful situations. The World Health Organization (WHO, 2017), affirmed that mental health issues had become more evident in college, with higher incidence reported among graduating students. Faced with academic pressures that are not matched to their knowledge

and abilities, they felt overwhelmed and unable to cope. Worse, they engaged in self-defeating, maladaptive, and harmful behaviors that eventually become more severe mental ill-health manifestations.

Existing works on mental health in the United States presented a grim landscape. Globally, about 14% of the world's population were affected by psychiatric disorders, with an average of 88 reported cases for every 100,000 citizens (Kessler et al., 2005). In the same epidemiological study, major depression ranked first at 16.6%. Alcohol abuse and phobias came close at 13.2% and 12.5%, respectively. One out of five children had mental health disorders, and suicide was the leading cause of death among adolescents (CDC, 2013). About two-thirds of the youth had experienced a traumatic event before sixteen (APA, 2008.) Unaddressed, these issues resulted in various difficulties at school, such as low academic functioning, chronic absenteeism, and disciplinary concerns (De Socio & Hootman, 2014.)

With no extensive epidemiological statistics on mental disorders in Asia comparable to Kessler's work, mention is made about an Asian study involving a nationwide sample of 6,600 Singaporeans (IMH, 2012). It concluded that major depressive disorder and alcohol abuse had the highest incidence among the respondents, congruent with Kessler's assertions. WHO's Global Health Estimates report in 2017 upheld said findings, indicating that in Southeast Asia, 27% of its population were afflicted with depressive disorder while 23% battled anxiety disorders. These figures could be under-reported due to denial of actual mental conditions or delay in seeking help for fear of greater stigmatization.

In the Philippines, the rising statistics on mental health disorders among Filipino adolescents and adults aged 15 – 29 years old accentuated the need to avert cases from escalating to a level where proactive prevention becomes secondary to cure. There were 2,558 Filipinos who died by suicide, averaging seven instances per day (WHO, 2012). The Department of Health confirmed that 1 in 5 Filipino adults manifested symptoms of mental illness topped by schizophrenia, depression, and anxiety. It was unclear how many pertained to Filipino high school and college students. Succeeding studies found that graduation turn-over was higher among emotionally resilient students than those who adjust poorly; thus, they are vulnerable to dysfunction in important executive functioning areas.

This is manifested among pre-service teachers in the BU College of Education. Interviews, classroom observations, and feedback from mentors revealed that some students experienced mental ill-health due to psychological problems and dilemmas encountered in the family systems. Guidance records showed referral cases for symptoms of anxiety, depression, bipolar disorder, and other emotional difficulties. There were records of students who sought counseling, psychological and medical intervention for relief. If symptoms were left untreated, these issues will impact academic performance, student teaching internship, and personal wellbeing. While there is consensus that mental health problems take root in childhood, with most clinical symptoms present before the age of 14, issues become more pronounced through various stressors appearing in adolescence. Hormonal changes, major life decisions, peer and familial pressure, separation from home, academic and societal expectations, and exposure to digital technology were among the negative factors that placed college students under extreme mental and emotional duress. (Auerbach, 2016.)

Philippine state and private higher education institutions have taken laudable steps to provide the broadest access to their college students' mental health care services. They devised internal systems and procedures from early identification of mental disorders through management and prevention. Universities conducted peer outreach programs, consultation, referral services, and mental health counseling to clients who experienced psychological problems, persistent in their campaign to raise mental health literacy levels among students and personnel by advocating activities to promote holistic healthcare.

The notion that universities are primary access points for promoting social and emotional learning and service delivery contexts for mental health care (Durlak, Weissberg & Dymnichi, 2011) had gained worldwide prominence. No agency could best protect a country's mental health capital except the academe, a catchment area for this purpose. Bicol University, a premier state university in the Bicol Region, must therefore lead in offering a range of services designed to respond to early signs of students' mental and emotional distress and other psychological needs. Known for its excellence in instruction, research, and accreditation status, it must set up evidence-based mental health programs for its students and teachers, given the latter's exposure to a host of various occupational stressors. Harmonizing programs for mental health literacy other than the regular wellness activities must be implemented to ensure full human development. The university must prioritize training on mental health knowledge and personnel competencies in teacher education institutions so that signs of social, emotional, and mental health concerns that strain their wellbeing and school performance could be abated.

II. MATERIALS AND METHODS

This study described the psychological profile of BUCE pre-service teachers along with family demographics, extreme life experiences narratives (ELEN) in childhood and

adolescence, and personality functioning as measured by the Basic Personality Inventory (BPI). The standard instrument is a 12- scale, 240- item true or false questionnaire designed to measure normal personality and psychopathology. It yields information helpful to psychologists, counselors, and other professionals in a wide variety of contexts. It can be administered individually or in supervised groups and is appropriate for use with clients 13 – 74 years old.

A total of 192 sophomore students participated in this study. The researcher sought informed consent during the parents' orientation. Consent forms for unrepresented students were sent home and retrieved from their sons or daughters. Testing lasted for a week following the Dean's approved schedule. Practicum students in counseling facilitated the activity while scoring, norming, and profiling were done following the technical manual for reporting test results.

Focus group discussion (FGD) commenced after the respondents' individual, and college test profiles were generated. The participants were identified based on their BPI profile and their willingness to shed light on the personality domains that revealed psychological-emotional difficulties and maladaptive functioning. One hundred twelve or 58.33 % of respondents agreed to participate in the one-day FGD. Eight small groups comprised the FGD sample, each led by facilitators who oriented the students on the discussion agenda and protocols. Respondents who obtained significantly elevated scores or exceeded the threshold required for clinical cases were grouped. Following standard questions to guide the discourse, the participants described family relationships and conditions at home. They talked about experiences in childhood and adolescence, which affected their typical trajectory of self-development. They also suggested suitable interventions for their problems at home and with peers and coping with past unsettling life events. Conversely, those who declined to join the FGD were provided copies of their test results and encouraged to see the guidance counselor at their convenience for an informed discussion of their profile.

Recurrent themes from the respondents' chronicles, considering the period, duration, perceived impact of past events in their lives, were thematically examined using scissor and sort technique and content analysis to facilitate coding. Allusions to the effects on personal development and association with their current psychological state were documented. Factors that shaped the students' strengths or competencies and their weaknesses or vulnerabilities were deduced and psycho-emotional distress and dysfunction symptoms were identified. They served as the basis for crafting possible interventions and policy recommendations in providing an institutionalized mental health and resilience program for pre-service teachers. The sessions went well except for occasional tearful episodes. Ethical standards were strictly observed, given the confidentiality of shared accounts and sensitivity of the issues, while empathetic care and emotional support were demonstrated throughout the discourse.

III. RESULTS AND DISCUSSION

➤ Psychological Profile of Pre-service Teachers

Family demographics revealed that one hundred thirty-five or 70.31% of the respondents are females, while fifty-seven or 29.68% are males. They were between 19 - 20 years of age and came from low-income families. About 110 or 58.33% reported gross annual income way below the poverty threshold (PSA,2018). Most of the parents were either daily wage earners or economically inactive. Their inability to

provide financial security, decent social status, and mature identity proved detrimental to psychological stability, with solid evidence of causality between employment and wellbeing (Flint et al., 2013). Along with family size, the respondents belonged to households with four to six members. One hundred fifty-four or 80.20% were children born within cohabiting union, proof of the growing complexity, diversity, and emerging changes in living arrangements and family kinship structures.

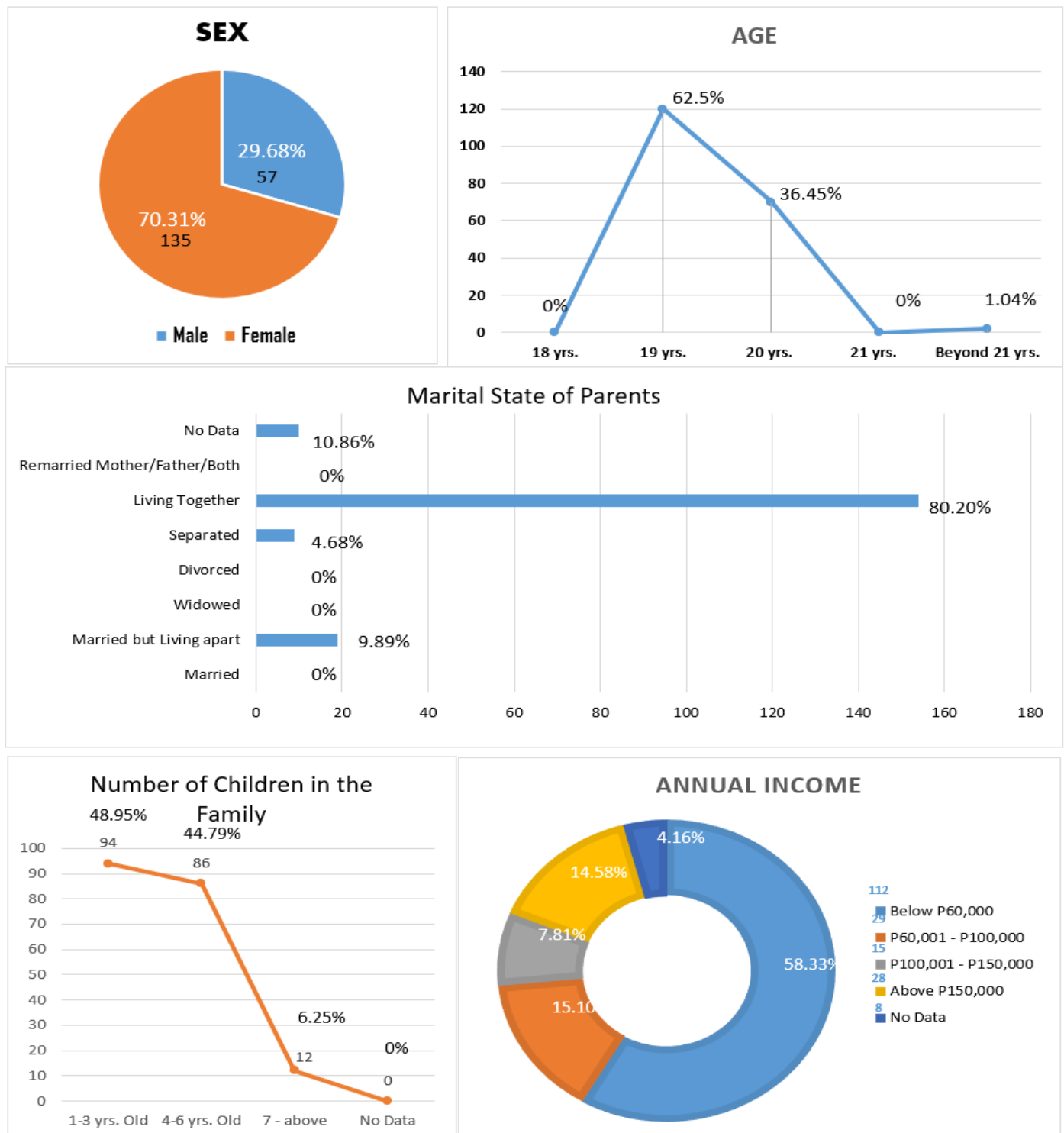


Fig 1: Socio-Demographic Profile of the Respondents

➤ *Extreme Life Experiences Narratives (ELEN): The Interrupted Life Stories in Childhood*

One dominant theme across narratives revealed that seven participants belonged to non-intact homes. Their parents worked abroad as domestic helpers, caregivers, construction workers, or administrative staff in private companies. They were seldom home, so parental presence was sorely missed during formative years. While some students understood the need to secure the family’s finances, four respondents felt that growing up into adolescence wanting nurturance and emotional support from parents was difficult and hurtful. They felt inexplicable neediness for peers or adult models and harrowing emptiness when relatives and friends did not provide special attention.

Three respondents showed tendencies for belligerence and aggression. They had grown in a family where their parents got separated because the father was physically and verbally abusive, alcoholic, and had extramarital affairs. One respondent said; “Dagitonon ako madam sa ama ko ta sa murang edad mi, pigkukulugan niya si mama sa atubangan mi. Nambababayi na siya, laklakero pa, wara ngani siya pigtataong kuwarta para sa pamahawan mi.” (I am mad at my father. He would hurt our mother in our presence. He was womanizing, was habitually drunk but could not even give us a decent breakfast.) He and his siblings felt relieved when their mother decided to leave their home and bring them back to her ancestral home to start their life anew. Another recounted how distraught she was when she saw her mother’s emotional meltdown upon learning that her father had abandoned them to live with his mistress while working abroad. “Kaya palan si Papa mo dae na nakakarumdom magpadara nin kuwarta satuya ta igwa na siyang ibang pamilya duman sa Saudi. Kaya palan bako na siya arog nung dati an pag- ataman dangan pagrumdom sa mga pangangaipo ta bako naman palan kita an pigkukunsiderar niyang pamilya.” (Your father does not send us money, nor remember to take care of our needs because we are not his family anymore; he now has a family in Saudi.) She claimed that these words became intrusive thoughts when she was alone.

Asked to describe their fathers, the respondents portrayed the latter as emotionally detached, negligent figures in their lives. One reported feeling so inadequate, describing herself as "a small dot at the center of a wide, hollow space where you cannot see the beginning and the end." She had never known or met her biological father. Another said, his father was unworthy of respect because the one he expected to love and protect the family betrayed and abandoned them. Early induction to hurtful experiences is crucial since some biological dispositions, sociocultural contexts, and psychological processes interact and expose children at higher risk for mental health problems later in adult life. (Mental Health Foundation, 2016). The dynamic environment and overall quality of filial relationships among family members, the support available to them, and the parent's health and wellbeing (Marryat and Martin, 2010) predict how children will behave and conduct themselves as adults. Recent research upheld these findings suggesting that children’s behavioral problems were strongly linked with the

quality of their parents' relationship, with a poorer-quality relationship predicting more significant emotional-behavioral problems among children from lower-income families (Mental Health Foundation, 2016).

Poverty was cited as a decisive factor that affects their self-view. Two respondents recalled how he and his younger brother scavenged for metal crafts to sell so they could eat. One shared how she pitied herself for being out of school while her neighborhood playmates continued their studies. She recalled how she, at 12 years old, decided to work in Manila to augment the income her mother earned from doing laundry. She recounted how she saved money to finance her college studies but was demeaned by her household employer when she decided to leave for Bicol to enroll in college. "Ang mga katulad mo, hindi na dapat nag- aambisyon pa ng mga ganyan, praktikal ka dapat, hindi yung gagaya- gaya ka pa sa mga likas na maykaya. Mamaya, magda- drop ka rin lang naman.” (People like you should no longer aspire to finish college. Be practical; do not liken yourself to those who can afford; you will only drop.) Another disclosed that he volunteered for construction work as a daily wage laborer to help provide food and medicines for his ailing father, who eventually died of health complications as the family could not afford the cost of treatment and hospitalization.

The struggle that people living in poverty confirmed that economic scarcity increased the risk of mental health problems and was both a cause and consequence of mental ill-health (MPSE, 2015). The same report mentioned that in the United Kingdom, 26% of women and 23% of men at high risk for mental health issues were from the lowest socio-economic class. The link between poverty and mental health was strong, and the impact of poverty on the latter was pervasive; hence, tackling the root causes of both phenomena by mitigating their effects on individuals, families, and communities needed urgent action and intervention. There was also evidence that children from underprivileged families were at greater risk for educational and social exclusion other than vulnerability to mental health problems. They felt like a failure, unproductive, and distinctly pessimistic about the future than their more affluent peers (Ayre, 2016), thus the importance of prioritizing access to mental health services among marginalized groups.

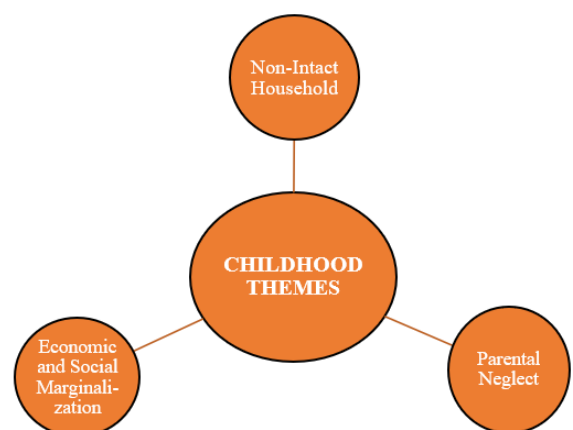


Fig 2: Schematic Presentation of the Dominant Childhood Themes

➤ *Resilience Narratives in Adolescence*

The transcript of the discussion identified dysfunctional relationships at home as a central issue in adolescence. Two respondents claimed that parents were neglectful in providing for their needs. Resources were scarce, and monthly income was insufficient to pay off loans. Consequently, parents argued over unsettled bills and scant resources. A student echoed that his constant exposure to contentious issues and disagreements had made him combative and short-tempered with his younger siblings. Some disclosed feeling lonely and unworthy because communication patterns in the family were cold and constantly strained. They revealed feeling nervy, on edge, and stressed when talking to their parents about relationship matters, school difficulties, and failure because they were very authoritative, uncompromising, and reprimanded them without hearing them out entirely.

Several respondents cited poverty as a continuing battle. One cried at how she desperately struggled to make ends meet by doing laundry work for board mates to enjoy complimentary dinner and survived freshman year by doing assignments on borrowed laptops from classmates. Another mentioned delaying college enrollment, taking on odd jobs, like construction work, to alleviate the family's financial burden. Another disclosed his father's recent suicide due to undetected depression over his incapacity to provide for his children's daily sustenance and school expenditures. Being the eldest of seven children, he felt distraught and remorseful of his failure to notice symptoms and prevent his father from taking his own life.

The loss of parents, siblings, and grandparents was essential in some chronicles. Suicide was the most traumatic and unresolved experience for one male respondent. Vehicular accident deaths and lingering illness were likewise distressing for others who disclosed that they continue mourning over the untimely loss of people they considered sources of constant encouragement and support. While bereavement is not a mental health condition but a common reaction to the loss of significant affinities, grief for prolonged periods may result in mental health complications if it is aggravated by other conditions such as depression, anxiety disorders, and unresolved trauma. Those who had difficulty adjusting to life after a loss stated that Facebook, Twitter, and other social media outlets positively mediated grief experience through accessing empathy, virtual presence, and social connection. They provided alternative social outlets associated with a range of positive psychological outcomes (Grieve, 2013.) Conversely, a recent study concluded that higher levels of social media use amplified its deleterious impact on depression (Inauen, 2020.)

Issues with poverty and exposure to traumatic life events resulted in prolonged distress and perpetuation of the cycle of social disadvantage (Taylor, 2020.) The intensity of an individual's reaction depends on his developmental level, available resources, and pre-existing conditions in the family. Anxiety reactions developed, including fears, sleep disturbances, loss of interest in everyday activities, and decline in school performance. These students needed not only sensitivity but also a compassionate and nurturing environment to survive. A case in point was that of a female respondent who reported mood and sleep disorder. She registered periods in which her mood shifted from being bubbly, overexcited, and in high spirits to feeling awful, empty, and isolated at another time. Accordingly, her disappointments over people or events caused her insomnia. Asked if she sought advice from counselors or had seen a doctor, she declined to consult a physician because she did not know the process and would be unable to pay for consultation fees.

Three male respondents were mum about their emotions. Unlike females who relied heavily on friends as a sounding board for negative feelings, they revealed that they were self-isolated rather than histrionic about their problems. One of them disclosed that when family pressures and conflict were challenging to tolerate, he endured by going out on drinking sprees, arguing that alcohol soothes. He noted how his consumption increased over time, including nicotine use and disinterest in studies. "Minsan kaya Madam, mapagal naman sabuton an sakuyang mga magurang. Maski kuta na tios, dae sanang ribok urualdaw ta garo ang feeling ko, minsan sumabog na; mas marhay ng maghanap ki istaran na may katrangkiluhan. An pagmati ko kaya Madam garo su kaipuhan ko maging numb para dae ako maapektuhan. Napapahibi man ako sa sitwasyon ugaring masupog ipaheling." (Sometimes, I find it hard to understand my parents. I wish home was peaceful even if we lack resources. Rather than feel like blowing up, it is better to numb my feelings and find a relaxing place. I cry over our situation, but I feel embarrassed to show it.)

Undeniably, there is a link between certain mental health problems like delinquency and conduct disorders among children exposed to maltreatment, trauma, and violence (Yampolskaya and Chuang, 2012). A study of psychiatric-inpatient adolescents found that disruptive and addictive behaviors were allied to at least one traumatic experience (Abram et al. 2013). With some of the respondents sharing analogous circumstances, providing psychological boost and scaffolds by scaling up protective factors was necessary to shield them from the ramifying consequences of early exposure to negative socialization. This would mitigate the impact of unfavorable conditions at home on the students' self-perception, level of confidence and esteem, choice of values, and guiding principles crucial to developing a healthy self-concept.

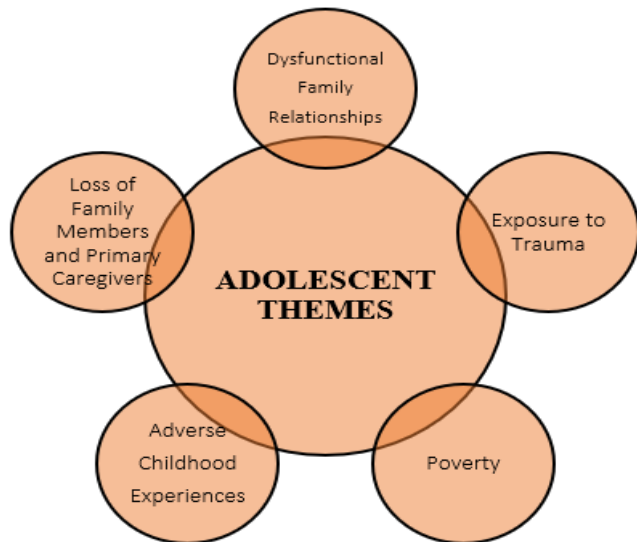


Fig 3: Schematic Presentation of the Dominant Adolescent Themes

➤ *BUCE - BPI College Profile*

BUCE (n=192)				
Scale	TS 0-59		TS 60-above	
	f	%	f	%
Hypochondriasis	97	51%	95	49%
Depression	130	68%	62	32%
Denial	157	82%	35	18%
Interpersonal Problems	151	79%	41	21%
Alienation	104	54%	88	46%
Persecutory Ideas	20	10%	172	90%
Anxiety	79	41%	113	59%
Thinking Disorder	34	18%	158	82%
Impulse Expression	80	42%	112	58%
Social Introversion	96	50%	96	50%
Self-Depreciation	68	35%	124	65%
Deviation	35	18%	157	82%

Note. The TS score compares the respondent's raw score and the standardization group scores for each scale.

Table 2 shows the BPI profile of the college. A TS score 60> implies problematic behaviors, maladaptive functioning, or a high probability of exhibiting symptoms of a particular condition. A TS score within the 0 – 59 range indicates the strength, average, or absence of signs of maladaptive, problematic behaviors.

Areas of personal strength or normal functioning were on the following scales: Denial (82%), Interpersonal Problems (79%), and Depression (68%). The strength in interpersonal functioning was particularly remarkable. One hundred fifty-one or 79% of the respondents revealed that college peers filled up empty emotional vacuum spaces in their lives. The strong affinity bonds, shared affection, and opportunities for interaction with friends infused memorable experiences they had not felt at home. The presence of teachers who acted as surrogate parents providing material support gave them hope and inspiration to continue their educational journey. The company of relatives who modeled persistence, optimism, grit, purposiveness, and aligning their actions towards goal achievement made them less depressive. One hundred thirty respondents, or 68%, indicated that they handled personal setbacks well and found ways to navigate difficulties.

In contrast, areas of problematic adjustment clustered on three variables: cognitive functioning, critical deviant behaviors, and self-perception or sociability. Evidence suggested a high incidence of mental functioning problems (90%), persecutory ideas (82%), and thought disorder (82%), while 82% favorably endorsed deviant behaviors. Other domains of maladjustment were on scales for self-depreciation (65%), anxiety (59%), and impulse expression (58%). These were corroborated by the majority, who screened positive for low self-esteem, erratic mood, and personal-emotional distress. The respondents vouched for the presence of thought disorder. They admitted to having confused thinking patterns or perceptions, which made them prone to misunderstand reality. This disturbance affected the organization and expression of ideas that compromised learning, thinking, reasoning, and attention, leading to social or occupational deficits.

Disordered thinking showed explicit associations to behavioral or emotional undercurrents (Cotton, 2012). Other authors explained that this mental condition had biological, genetic, and environmental causation. It could be anatomic, drug-induced, or due to life-altering events such as relationship breakdowns, death of loved ones, abuse experiences, or overwhelming problems related to money, work, trust issues, and relationships (Stern, Rosenbaum, Wilens, 2015). The students' narratives provided collateral evidence that disruptive events, unresolved problems, and continuing struggles situated students at a greater risk for thinking disorder.

Respondents likewise resonated with items related to antisocial delinquency or deviant socialization. This predisposition was disquieting since deviations from acceptable social codes could destabilize school settings' learning processes. Aberrant, wrongful, and aggressive behavior in the classroom could lead to conflict with peers and authority figures and teething troubles concerning conformity to social convention. These acts may provoke emotional tension, abnormalities in personality development, although these are normal reactions resulting from aversive life circumstances. (Wolfe, Marcum, Higgins & Ricketts, 2014).

Deviant behavior often has social causality. The vast literature on deviance underscored that strong tendencies for antisocial orientation were concomitant to conditions of upbringing, disadvantages in education, and to one's social environment, including how adolescents defined self-image, social significance, and value. (Berdibayeva, Garber, Ivanov, Satybaldina, Smatovad & Yelubayeva, 2016). The students' accounts resounded with this as they claimed problems at home and in their family life, grew up without parental supervision, had experienced early induction to alcohol and nicotine use, and were left almost entirely on their own to fend for their needs. With a lack of role models to exert positive influence and build one's social self around time-honored values, self-development consistent with adult standards seemed truncated or impaired. The internal motivation for social adaptation was grossly wanting. Adolescents who resided in families without a second parent or the social cell itself was dysfunctional were usually psychologically handicapped in coping with their problems (Thibaut 2017).

The respondents likewise showed deficits along with self-perception and sociability. They demonstrated self-deprecating attitudes, appraising themselves as inadequate, inferior, and unworthy. These limitations were linked to economic and social marginalization experiences and ill-treatment at a critical stage of life. Sadly, maltreatment was not always limited to the physical realm but included emotional violence that caused inextinguishable harm to an individual's mental, emotional, and physical health (Swann & Bosson, 2010). Although they reported moderate levels of psychological distress, those who screened positive for maladaptive behaviors and participated voluntarily during the FGDs expressed that they had not accessed treatment facilities or sought counseling services available at counseling offices. This adamancy confirmed that while essential guidance services were in place, an observable trend of underutilization of mental health services among students continued to persist. Remarkably though, they did not deny or repress their difficulties. Their low denial score was particularly significant because despite the odds life had thrown at them, indices of effort to achieve a level of transcendence were present and social support was available even if some were oblivious and have unreceptive attitudes towards mental health services.

In summary, all these findings pointed to the essentiality of customizing appropriate interventions that focus on promoting professional mental health services. Pre-service teachers needed proactive interventions targeting mental health knowledge and help-seeking attitudes to not suffer in silence for prolonged periods, which may be detrimental to overall health and wellbeing.

➤ *Factors Contributing to Strengths and Vulnerabilities*

The college profile showed T scores within the 0 – 59 range on the following BPI personality scales: Denial (82%), Interpersonal Problems (79%), and Depression (68%). Per the test norms, scores below $TS = 60$ generally indicated the relative strength or adaptive capacity on the said domain. The low scores and denial, interpersonal problems, and depression

implied a capacity for realistic self-evaluation, good interpersonal insight, and behavior. The ecology of factors associated with the students' distress included financial, living, study, and social pressures from early childhood. On the other hand, the availability of an external support system outside the home, which included relatives and friends and a deeply-rooted spirituality, made them invulnerable and conjointly worked to help overcome their crisis at crucial stages in their lives.

During the FGDs, the students articulated that they used various coping strategies, such as seeking social support, looking for benefactors or philanthropists, and engaging in part-time work to augment income and fund their studies. Others found succor in faith-based practices like prayer, devotion rituals, communal retreats offered by Christian organizations at school or in their respective communities. Some found solace from listening to relaxing music, reading inspirational books, and doing yoga or meditation routines. One talked about going to a restful place, walking on the seashore to calm down and collect herself when anxiety built up due to stress from work or the external environment. Other male respondents resorted to escape avoidance behaviors such as binge drinking and increased nicotine use, despite knowing that these were detrimental to health if done habitually. Interestingly, none reported using illegal drugs to seek temporary relief.

➤ *Way Forward: Proposed Interventions*

This paper illumined the need for university-based interventions, seeing the heightened risk for psychological distress experienced by pre-service teachers. The identified weaknesses, maladaptive forms of coping, and their association to adverse home experiences during early developmental years that impacted their overall psychological functioning highlighted the need for inclusion of mindfulness-based interventions in teacher education programs with the potential to reduce stress in pre-service teachers (Birchinnal, 2019). The research findings underscored the need for strategies to alleviate distress symptoms and improve adaptive capacity during college and beyond.

Data culled from the college profile and narratives laid the groundwork for creating a contextualized intervention program for the college, focusing on psychological issues related to thought disorders, self-esteem, and propensity for antisocial or deviant behavior. Given the decimated number of counselors, misperception of the value of counseling services, compounded further by a negative attitude towards help-seeking and the lack of emotional intelligence training to improve psychological well-being (Vesely, 2014), mental health education becomes an integral component of the program. Crucial to crafting intervention modalities are plans for capacitating the faculty on mental health literacy, given the dearth of licensed counselors in the university and their unique position to provide direct help to students who lacked emotional clarity and showed difficulties handling challenging realities at home and in school. Trauma support-informed educational practices to address pre-service teachers' emotional and mental health must be guaranteed

(Roman, 2020). The comprehensive scope of mental health and the challenge of creating a climate for social and emotional learning requires multiple professionals to share in service delivery, including teachers (Ball, 2011; Mellin, Anderson-Butcher, & Bronstein, 2011).

When the school provides the right avenues for personal growth and the faculty are sufficiently prepared to enable the growth mindset to thrive, both may collude and work to reduce the damaging impact of adverse circumstances on students' mental health and wellbeing. This grounding would teach them new habits of mind that foster the development of a healthy self-concept. Moreover, when an empowering school environment exists, protective factors against ill-health would minimize the influence of past events on their social-emotional health and reorient their outlook towards the prospects of a better, more resilient, and hopeful future for pre-service teachers.

IV. PROPOSED RECOMMENDATIONS AND CONCLUSIONS

Creating an Academic Resilience Consortium to ensure activities promoting healthy personal development among pre-service teachers is mandatory. Similarly, a Crisis Management Center with functional helpline numbers and manned by an interdisciplinary team of helping professionals trained to provide psychological first aid, risk assessment, crisis counseling, and referral for emergency cases must be set up, given reported cases of pre-service teachers with psychological issues and incidence of mental health fallout, anxiety, and depression. The team should provide competent caring such as psychosocial services through free telemedicine, telepsychology, and offline/online counseling since students do not have the resources to avail of them from private practitioners. Effort must be exerted to craft local policies aligned with and responsive to national mental health policy and the specific provisions of the Philippine Mental Health Law, especially those applicable in university settings. Curriculum enhancement for teacher education to develop resilience (Beltman, 2018) policy review of admission, recruitment, and student services are vital concerns.

Further, there is a need to scale up faculty training for symptom recognition, classroom-based support strategies, and referral for students who present themselves with mental health issues. This entails implementing a university-wide mental health program to improve outcomes for students afflicted with or at risk for psychosocial and emotional difficulties due to exposure to adverse childhood experiences and severely strained relationships among non-intact families. Additionally, provision for enabling the counselors and other helping professionals through self-care and wellness programs is equally of utmost primacy to prevent burnout and vicarious trauma resulting from regular exposure to harmful, toxic discourse with clients.

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