



Mental Health in the Modern Age: A Qualitative Inquiry into Stigmas and Coping Mechanism of College Students

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ABSTRACT

This study explores how college students, specifically BSED English majors, perceive and cope with stigma related to mental health. The primary objective is to understand the coping mechanisms they employ and how these affect their overall well-being. A qualitative research design was used, employing a phenomenological approach to gain deeper insights into students' lived experiences. Five participants were purposively selected and took part in one-on-one, in-depth interviews. Prior to data collection, informed consent was obtained to ensure participants' rights and confidentiality. The interviews were audio recorded with permission, and notes were taken during each session for documentation purposes. Verbatim transcriptions of the interviews were produced, and thematic analysis was applied to identify recurring patterns and meanings. From the data, eleven key themes emerged, capturing the students' perceptions, challenges, and coping strategies in relation to stigma and mental health. These include self-isolation, fear of judgment, resilience through peer support, and the role of academic pressure, among others. The findings reveal that stigma continues to influence how students manage their mental health, often leading to silence and emotional burden. However, they also demonstrate strength and adaptability through personal strategies and support systems. The study concludes that addressing mental health stigma within academic environments is essential and recommends the development of more inclusive and supportive mental health programs tailored to the needs of education students.

1. INTRODUCTION

One of the most serious and challenging problems that a lot of people deal with, specifically students, is the issue of mental illness. Since increasingly college students are showing up on campuses with more serious problems and needs for medications, student mental health is becoming a more prominent issue in higher learning [6]. Additionally, there are valid concerns about how students' mental health needs are being served in light of campus tragedies like the 2007 Virginia Tech massacre and the media's coverage of the issue [3,7]. These issues also highlight the devastating impact that unmet demands may have on campus communities [10]. In the last five to ten years, mental health has received more attention on college campuses, leading to increased understanding of increasing needs of students [14]. Higher education institutions have struggled to

integrate this emerging field of student mental health into their present campus cultures and structures, frequently in the face of budget cuts and ambiguous policies on liability and duty for student safety [13]. Moreover, the current advice for administrators covers a wide range of mental health-related campus enhancements, such as peer-led education initiatives, specialized psychologist-to-student ratios, and the rise of behavior-intervention and threat-management teams [4,12].

Further, mental health has emerged as an important concern that colleges must take into action and eventually resolve. Moreover, the Centers for Disease Control state that the two most prevalent mental health conditions in the United States are anxiety and depression [13]. Unipolar depression ranks top in the majority of middle-class and wealthy countries and is the third most debilitating illness worldwide (CDC, 2018). The lifetime prevalence rates of depression are slightly

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lower among Blacks (4.57%) and Hispanics (5.17%), and greater for women (11.7%) than for men (5.6%) (CDC, 2018). In the previous year, almost 25% of American adults reported having a serious depressive episode. Furthermore, the lifetime prevalence rates for anxiety disorders, such as generalized anxiety, phobias, panic disorder, post-traumatic stress disorder, and separation anxiety, are 10% and 15% for men and women, respectively, as stated in 2018 CDC statistics. The prevalence of anxiety disorders is higher in developed countries than in developing nations. Similarly, in both the general population and the college population, women experience anxiety at higher rates than men [11]. Ultimately, 4% of Americans suffer from bipolar illness; However, women are more likely than males to have the condition, and men often develop it earlier in life [13]. Bipolar illness is the most expensive behavioral health diagnosis overall, including expenditures to the person receiving the diagnosis, with a lifetime hospitalization rate of around 40%. Studies has looked into how stigma affects people's decision. Studies shows that students are afraid of being categorized [4].

In addition, a relationship between greater stigma rates and lower rates, and that lower stigma levels are linked to positive attitudes [14]. Two qualitative studies have examined how students with mental health disorders perceive and understand stigma. These studies have discovered that students express a desire to be treated like individuals rather than as "disorders" and that they are aware that others may view them negatively if they disclose their mental health issues [24]. Despite some significant recent research, it is unclear how stigma and coping strategies connect to particular student experiences. Prior research has not looked into how stigma is experienced on a daily basis or what sorts of interactions students encounter that make them feel stigmatized [1].

Moreover, the present study aimed to bridge this knowledge gap and advance knowledge regarding the experiences of stigma faced by BSED English students by building on recent research on coping mechanisms and stigma. The researchers specifically targeted students who self-identified as having a mental health issue in order to learn more about how stigma affected them and how it affected their perspectives. To strengthen this study, the researchers anchored the debates on particular theories.

Stevan E. Hobfoll's Conservation of Resources (COR) theory [25] has offered a framework for comprehending the steps involved in encountering, managing, and developing resilience in the face of long-term and serious stress. The findings of the

study demonstrate that mental health stigma has a profound impact on students' well-being and their choice of coping mechanisms, which can be better understood through the combined lens of Conservation of Resources (COR) Theory and Cognitive Appraisal Theory [20].

Furthermore, from the perspective of COR Theory [25], stigma functions as a threat to valued personal resources, such as social support, self-esteem, academic motivation, and emotional stability. Students who perceive stigma surrounding mental health may fear rejection or discrimination, leading to resource loss in the form of social isolation, reduced academic performance, and declining psychological health [23]. This perception of loss, or threat of future loss, triggers stress responses. In many cases, students may attempt to conserve their remaining emotional resources by avoiding help-seeking behaviors, even though this avoidance further perpetuates their distress. Maladaptive strategies, such as substance use or self-harm, may be adopted as temporary means to protect or replenish depleted emotional resources, although these ultimately lead to further loss [19].

Additionally, Cognitive Appraisal Theory is about the experience of stigma is interpreted through two evaluative processes. In the primary appraisal, students interpret stigma as a direct threat to their identity, social belonging, or academic success [3,7]. This threat is often perceived as highly stressful. During the secondary appraisal, students assess their ability to manage this stress, including whether they have access to coping resources (e.g., supportive peers, counselors, coping skills). If students believe they lack adequate internal or external support, they may feel helpless or overwhelmed, leading to emotional exhaustion and poor coping responses [20,21].

Furthermore, these theories explain how students perceive mental health stigma as both a threat to their psychosocial resources (COR Theory) and as a stressor that overwhelms their coping capacity (Cognitive Appraisal Theory). These appraisals contribute to a cycle where resource loss and poor coping strategies exacerbate mental health issues [21]. Conversely, students who have access to supportive environments and positive coping tools are more likely to preserve or rebuild their resources, enhancing their resilience and well-being [1].

The purpose of this phenomenological study was to explore the lived experiences of stigma's coping mechanisms affecting the mental health of college students enrolled at a medium-sized public community college who self-identified with a

mental health issue. To explore student experiences of stigma and their coping mechanisms, researchers used with a qualitative, interpretative, and phenomenological approach and analysis. It has been the insight of the informants that this study provided rich descriptions of the lived experiences of stigma and their coping mechanisms, which will in turn lead to a better understanding by professionals of the impact stigma has on today's college students; this research study includes three (3) research questions: (1) What are the lived experiences of BSED English Students in terms of stigmas affecting their mental health? To know what are the live experiences of BSED English Students in terms of stigmas affecting their mental health; (2) How do they cope up with the challenges they encounter? To know how do they cope up with the challenges they encounter; (3) What are the insights of BSED English students in relation to being stigmatized that can affect their mental health? It is to determine what are the insights of BSED English students in relation to being stigmatized that can affect their mental health.

2. MATERIALS AND METHODS

The researcher used a qualitative research design specifically the phenomenological type of research, which involves trying to understand the essence of phenomenon. Phenomenology is interested in the individual experiences of people. It usually involves in-depth interviews with subjects, and sometimes researchers will interview the same subject several times to get a full picture of their experience with the phenomenon. In line with this study, phenomenological research is looking for the universal nature of experience. As cited in the study of Creswell [26], the fundamental goal of the approach was to arrive at a description of the nature of the particular phenomenon. The utilization of a phenomenological qualitative design to approach this study helps in delving further into the perceptions of BSED English students on their coping mechanism on stigmas that is affecting their mental health live experience. Data gathering: To gather the data for this study, an in-depth interview (IDI) was utilized by the researchers to have an approach that provided rich information useful for this study. Jimenez et al. [18] characterized an in-depth interview as an interview that permits researchers to access rich exploration of experiences.

Research Respondents and Informants Selection and Sampling Procedure: Qualitative Phase. To determine the participants of this study, the researchers utilized purposive sampling. As stated by Lewis et al. [19], this kind of sampling

permits researchers to identify individuals who are open and willing to provide sample information on the basis of knowledge and experience. This specific sampling also was highly described by Creswell & Poth [17] as the sampling that enables the researchers to effectively identify and select participants who are most knowledgeable about the topic of the study. Thus, in this study, purposive sampling was the sampling that the researchers used. For the research instrument, this study utilized an in-depth interview (IDI) as its research instrument [18]. In-depth interviews are a qualitative research instrument used to conduct thorough interviews with a small number of participants [15]. Unlike other forms of qualitative research, researchers who use an in-depth interview approach spend a significant amount of time with each participant using a conversational format (Rutledge and Hogg, 2020). The five (5) participants in this study were students of BSED English. The participants were chosen through the use of purposive sampling and non-probability based on the inclusion criteria, or a set of predefined characteristics used to identify subjects who would be included in this research study. The identified participants were determined by the following criteria: (1) they are BSED English students; (2) they have experienced mental health issues for at least one year; (3) they are seeking help from professionals or therapists; (4) they are identified as students with high anxiety levels. The research experts of the school validated the interview guide questions first before the conduct of the interview to ensure the accuracy and relevance of the guide question. As stated by Creswell [26], to be able to gather in-depth information from participants and to evaluate, determine, and analyze the significant meaning behind the perceptions of the interviewees or participants, an in-depth interview is a must in qualitative research [16].

2.1. Statistical analysis

The data in this study was analyzed using thematic analysis. It is typically used to describe a group of texts, such as interview transcripts. The researchers scrutinized the data carefully to uncover recurring themes, subjects, ideas, and patterns of meaning [5]. Thematic analysis is an excellent way to learn about people's experiences, views, and ideas, allowing the researchers to develop new ideas and concepts based on the data [22].

3. RESULTS and DISCUSSIONS

This section of the study shows the results using tables followed by discussions based on the results of the study. The items in the table have been analyzed, categorized, and arranged according to themes that were composed of different core ideas that were acquired from the participants' responses. Findings derived from the study are thoroughly examined and supervised by the researchers, adviser, data analyst, research coordinator, and evaluators.

Table 1. Themes and core ideas of the lived experiences of bsed english students in terms of their stigmas affecting their mental health

Themes	Core Ideas
Self- Factor	• Being pressured by the family • Traumatizing feeling • Procrastinating • Anxiety attack • Culture Shocked
Peers Negative Influence	• Family Manipulation • Experiencing traumatized • Feeling overly responsible for negative outcomes • Feeling anxious for no reason • Stress and negative thoughts
Assessing the Challenge	• Feeling overwhelmed and exhausted • Not finding the right accommodation • Too many distractions • Experiencing low motivation • Uncomfortable with ambiguity
Externalize Self-Dedication	• Dedication leads to positivity • Family related depression affects relationships • Feeling exhausted • Reason to be unfocused • Develop mental toughness

3.1. Self-Related Factor

The first themes talk about what are the live experiences of the respondents about being stigmatized. Moreover, it tells how these issues of stigmatization affect their mental health.

As stated by Informant 1, who said that:

"I'm overly pressured because of my parents and I am the eldest daughter, and it is expected that it is me who guides them and helps my siblings to finish school." (IDI_I1)

Another narrative from Informant 2, said that:

"When I witnessed a murder, which was my cousin, he died at a very young age. He was choked by someone, or smothered him with a pillow I guess." (IDI_I2)

Another one from Informant 3, also said that:

"When the projects and research are done at the same time, I don't know what to do first, then I panic at this time because I'm the person who doesn't know how to manage time and what to do with it." (IDI_I3)

Asserted by Informant 4, who also said that:

"Since before I experienced an anxiety attack that led to depression." (IDI_I4)

Also, Informant 5 expounded his experience by saying:

"Had anxiety and stress back in first year, I had a hard time before adjusting to the school's system where it would cloud my mind and make me feel restless and anxious." (IDI_I5).

One of the reasons why self-related factors can lead to stigmatization is the human tendency to categorize and classify others based on individual traits or characteristics [19]. In his research on social categorization, Tajfel [28] found that individuals have a natural inclination to categorize people into groups and outgroups based on perceived similarities or differences. This categorization process often leads to the formation of stereotypes and prejudices, which can in turn contribute to stigmatization [12].

3.2. Peers Negative Influence

The second theme for the first research question is that BSSED-ENGLISH Students experience the negative influence from their peers. As stated by respondent coded IDI_I1 her experience as:

"When I was pressured by my family knowing that I am the eldest, that is the reason why I suffer this mental illness that later on lead me to the worst stigmatization." (IDI_I1)

Another narrative stated by respondent coded IDI_I2 hers experience as:

"When I was traumatized, we went to a psychologist because I often zone out, but until now it is still there, I will zone out suddenly, since then it is very difficult to focus." (IDI_I2).

Another one from respondent coded IDI_I3, also said that:

"One time I was an officer and my seniors said that I was the one who managed something and then I was blamed for not doing something, so I claimed the blame instead of them." (IDI_I3).

Asserted by respondent coded IDI_I4, who also said that:

"My anxiety is attacking without knowing such a reason, I can't afford to socialize because what if I break down immediately? That's why I think I am feeling stigmatized." (IDI_I4).

Stigmatization is a pervasive issue in our society, and it often stems from negative peer influence. Peers have a significant impact on our thoughts, behaviors, and attitudes, and when they engage in stigmatizing behaviors, it can have damaging effects on individuals who are already marginalized [4].

One of the main reasons why peers' negative influence can lead to stigmatization is the desire to fit in and be accepted by the group [3]. In a study conducted by psychologist Solomon Asch, he found that individuals are more likely to conform to group norms even if they know they are wrong. This phenomenon, known as conformity, can lead individuals to adopt stigmatizing beliefs and behaviors in order to gain acceptance from their peers [19].

3.3. Assessing The Challenges

The third theme for the first research question is how did the BSED-English Students assess their challenges.

As stated by respondent coded IDI_I1 her experience as:

"I overwork myself sometimes, because sometimes I am scared to be seen as a failure by them so that's all." (IDI_I1).

Another narrative stated by respondent coded IDI_I2 her experience as:

"I always zone out and lose my focus. When I read, I lose my comprehension, that's it." (IDI_I2).

Another one from respondent coded IDI_I3, also said that:

"I get easily distracted and my mind goes in black." (IDI_I3).

Asserted by respondent coded IDI_I4, who also said that:

"Someone may hurt your feelings and it can really affect your mental health." (IDI_I4).

One of the main reasons that assessing challenges can lead to stigmatization is due to lack of understanding and empathy. Often, people who are not facing similar challenges may struggle to relate to or comprehend the difficulties faced by others [12].

Aggarwal et al. [24] discuss the concept of "labeling theory" in their research on stigma and mental illness. They argue that when individuals are labeled as having a mental illness or facing other challenges, this can lead to negative stereotypes and discrimination, further perpetuating the cycle of stigmatization [19].

3.4. Externalize Self Dedication

The fourth theme talks about what are the experience of BSED -English Students in externalizing their self-dedication.

As stated by respondent coded IDI_I1 her experience as:

"I need finish this study so that I can be a help to my family I do not have a father anymore I only have my mother but she is mentally-unstable, so I have to, and my grandmother is the one who is supporting my school expenses so who am I ? to stop my grandmother is doing it for free so I will put my studies first I will finish this." (IDI_I1).

Another narrative stated by respondent coded IDI_I2 her experience as:

"I am also depressed because most of the time my family is arguing mostly, so, I am easily affected by the fight, so I can also think about how my family has become." (IDI_I2).

Another one from respondent coded IDI_I3, also said that:

"When I keep going, I just want to drop and it's hard for me, then there are times when I feel like I want to stop, that's tiring." (IDI_I3).

Asserted by respondent coded IDI_I4, who also said that:

"Having a problem that troubles your mind will really affect everything that surrounds you and you may end up not focusing on your studies." (IDI_I4).

Respondent coded IDI_R5, also said that:

"Studying is my priority despites of the struggles of mental illness that I face." (IDI_I5).

Self-dedication is the act of committing oneself to a goal or purpose, often at the expense of personal comfort or convenience. While this characteristic is typically seen as a positive trait, externalizing self-dedication can sometimes lead to stigmatization from others [24].

One of the reasons why externalizing self-dedication can lead to stigmatization is that it may be perceived as selfish or narcissistic behavior [22]. According to a research study at the University of Buffalo, New York was found out that individuals who prioritize their own goals and aspirations above all else may be viewed as self-centered or egotistical by others. This perception can lead to negative judgments and attitudes from those who value relationships and social connections over personal achievements [3,12].

Table 2. Theme and Core Ideas of how do they cope up with the challenges they encounter

Themes	Core Ideas
Self-Prioritizing	• Means of isolating • Ignoring the problem • Self-management • Self-focus • Self-motivation
Self Confound	• Self-distraction • Maintaining positive thinking • Self-distraction • By means of calming • Self-discipline
Relying to Other People	• Self-emancipation • Seeking help when it is needed • Seeking friend/s online • By having someone to lean on • Self-greedy
Self Assistance	• Emerging problems • Trying to ignore problem as long as she can • Self-assist • Putting studies as priority and self-motivation • Putting studies as priority

3.5. Self-Prioritizing

First theme for the second research question on how the BSED-English Students focus on themselves by means of self-prioritizing.

As stated by respondent coded IDI_R1 her experience as:

"I take sleeping pills to sleep and forget about my problems." (IDI_R1).

Another narrative stated by respondent coded IDI_R2 her experience as:

"I try to ignore it or I just forget." (IDI_R2).

Another one from respondent coded IDI_R3, also said that:

"I do silent treatment." (IDI_R3).

Asserted by respondent coded IDI_R4, who also said that:

"Not really dwelling on the problems that can't be solved easily." (IDI_R4).

Respondent coded as IDI_R5, who said that:

"Reminding myself that I want to be rich someday" (IDI_R5).

Self-prioritizing can also lead to improved mental health outcomes. A study by Dr. David Richards, a psychiatrist and researcher, found that individuals who prioritize self-care and prioritize their needs are more likely to experience reduced levels of stress and improved overall well-being. By taking care of themselves first, individuals can better manage their mental health and avoid burnout, which is common among those who neglect their own needs [4].

3.6. Self-Confound

The second theme in the second research question is on how the BSED-English student's keep practicing self-confounding to cope up with those challenges.

As stated by respondent coded IDI_R1 her experience as:

"Through taking sleeping pills, but also I express myself through art or music. That's my coping mechanism so I can say that my problem is severe when I go back to drawing." (IDI_R1).

Another narrative stated by respondent coded IDI_R2 hers experience as:

"It will be less sad when you think about this problem lessen." (IDI_R2).

Another one from respondent coded IDI_R3, also said that:

"Playing games or looking for someone's attention to talk to." (IDI_R3)

Asserted by respondent coded IDI_R4, who also said that:

"Focus on thinking about solutions." (IDI_R4).

Compassion is the key term of self-confounding. Self-compassion is an important coping mechanism for individuals struggling with mental health issues [19]. By practicing self-compassion, individuals can reduce symptoms of depression and anxiety, build resilience, and improve their overall well-being. It is important for individuals to prioritize self-compassion as a part of their mental health care routine, as it can have lasting positive effects on their emotional and psychological well-being [1,7].

3.7. Relying to Other People

The third theme on the second research question on who/how did the BSED-English rely on other people as their coping strategies to cope up with challenges that they encountered.

As stated by respondent coded IDI_R1 her experience as:

"There is one person that's the only person that keeps helping me but there are times that I am reluctant to say it to him/her, so I keep keeping my problems to myself, because I know he/she has his/her own problems and I don't want to be a burden." (IDI_R1)

Another narrative stated by respondent coded IDI_R2 her experience as:

"Sometimes I think when I feel I can't manage it; I have my best friend..." (IDI_R2)

Another one from respondent coded IDI_R3, also said that:

"My friends online who I can talk to." (IDI_R3).

Asserted by respondent coded IDI_R4, who also said that:

"My boyfriend is always there for me whenever I have issues and problems in family, school, and even myself. He makes me calm, makes me think well, and comforts me as well." (IDI_R4)

Further, the reasons why relying on others is important for those struggling with mental health is that it provides a sense of connection and belonging [7]. Feeling isolated or alone can exacerbate feelings of depression and anxiety, whereas having a support system can offer comfort and reassurance. In a study conducted by Chouvalova et al. [1], it was

found that social support can act as a buffer against the negative effects of stress, therefore reducing the risk of developing mental health issues.

3.8. Self-Assistance

The fourth theme on the second objective on how did the BSED-English Students put self-prioritizing by assisting themselves as a self-care.

As stated by respondent coded IDI_R1 her experience as:

"I can forget my problems to focus on studying instead, because I don't want to fail." (IDI_R1)

Another narrative stated by respondent coded IDI_R2 her experience as:

"I'm a sensitive person, but if I can ignore it, I can." (IDI_R2).

Another one from respondent coded IDI_R3, also said that:

"I can, because it is for myself." (IDI_R3).

Asserted by respondent coded IDI_R4, who also said that:

"Of course, studying is more important and you can just find a solution to your problem afterwards." (IDI_R4).

Respondent coded as IDI_R5, who said that:

"It is very important for me to put things first, especially my studies." (IDI_R5).

While seeking professional help is crucial, self-assistance can play a significant role in improving mental well-being and overall quality of life. In the study by Theophilos, Green, & Cashin [27] which provides evidence of the benefits of self-assistance in improving nurses' mental health outcomes for individuals with depression. Overall, self-assistance can be a valuable tool in promoting positive mental health and well-being for individuals struggling with mental health issues [12].

3.9. Self-Distraction

The first theme on the third research question on how did the BSED-English Students motivate or distract themselves from being mentally challenged.

Table 3. Themes and Core ideas of the insights of BSED English Students in relation of being stigmatized that can affect their mental health

Themes	Core Ideas
Self-Distraction	• Focus on studies • Hanging out with friends • Focusing on what is essential • Making the rejection into motivation • Doing relaxation
Perseverance	• Changing physical appearance • Focusing more on studies • Prioritizing mental health • Thinking positively • Activity engagement
Peers Positive Influence	• Resting, putting studies first, and having inspiration • Keeping motivated • Family influence • Family and financial problem motivation • Family as an inspiration

As stated by respondent coded IDI_R1 her experience as:

"I can forget my problems to focus on studying instead, because I don't want to fail." (IDI_I1).

Another narrative stated by respondent coded IDI_I2 hers experience as:

"I'll bond with friends, that's all. Then I visit my best friends, so when we are busy talking, so that I can forget about my problems." (IDI_I2).

Another one from respondent coded IDI_I3, also said that:

"I just focus on what needs to be done." (IDI_I3)

Asserted by respondent coded IDI_I4, who also said that:

"For instance, I was rejected. I will use that as a motivation to become a better person." (IDI_I4).

Respondent coded as IDI_I5, who said that:

"Watching my favorite movies, and doing crochet." (IDI_R5).

One of the main reasons why self- distraction can lead to easy and harmless coping skills is to

replace unhealthy, habitual patterns with conscious efforts to safeguard your recovery. Therefore, by temporarily distracting yourself, you may give the emotion some time to decrease in intensity, making it easier to manage [4]. A study published in Current Biology found that distraction also can serve as a form of pain relief that reduces the number of pain signals that reach the brain by triggering the release of endogenous opioids in the body. Distraction appears to be helpful in regulating emotions not only with anxiety related disorders, such as depression and even acute and chronic pain [10].

3.10. Perseverance

The second theme on the third objective on how did the BSED-English Students think positively with all the problems they are going through.

As stated by respondent coded IDI_I1 her experience as:

"Changing my appearance is also one of my coping mechanisms." (IDI_I1)

Another narrative stated by respondent coded IDI_I2 hers experience as:

"I need to focus more on studies. If I can forget it easily, I will forget that, it is just for studies." (IDI_I2).

Another one from respondent coded IDI_I3, also said that:

"I put my mental health aside; I take care of them first and then mostly I comfort them until I can until they are okay. Then I make them realize how important mental health is in their lives." (IDI_I3).

Asserted by respondent coded IDI_I4, who also said that:

"As a student, amidst having a problem of mental illness and how can I handle it, you will just think positively because everything happens for a reason and God will not give you a problem that you can't solve because He knows that you are strong enough to handle it." (IDI_I4).

Respondent coded as IDI_I5, who said that:

"By engaging in activities that you really love to do." (IDI_I5).

Perseverance can lead to the ability to persist in pursuing a goal despite obstacles and challenges. Perseverance can have positive effects on mental health, such as creating resilience and reducing the symptoms of depression and anxiety [12]. Perseverance cultivates a sense of purposefulness that can create resilience against or decrease current levels of major depressive disorder, generalized anxiety disorder, and panic disorder,

according to a study of Pennsylvania State University in a statement. In this perception, looking on the bright side of unfortunate events has the same effect because people feel that life is meaningful, understandable, and manageable [14].

3.11. Peer Positive Influence

The third theme on the third objective on how did the BSED-English Students keep themselves motivated.

As stated by respondent coded IDI_I1 her experience as:

"My inspiration is my father, because even though he is gone I don't want to stay as I am now, because he said to me that I should not be like them that never finished their studies and that I should be successful, and that's what I promised him even though my course is not architecture." (IDI_I1)

Another narrative stated by respondent coded IDI_I2 her experience as:

"I just imagine that I have the black toga that I want to achieve. Grandma is my inspiration. My grandmother is the one who raised me, so I just want her to be happy." (IDI_I2)

Another one from respondent coded IDI_I3, also said that:

"My family has very high standards which is why I need to finish this. Who is like that? I can do this despite difficulties. My inspiration is family and El is my best friend." (IDI_I3)

Asserted by respondent coded IDI_I4, who also said that:

"In the midst of having a problem when it comes to financial will make you think twice if you can do it, however, that black toga will be my stepping stone to pay back my mom to all of her sacrifices just to provide me the good quality education." (IDI_I4)

Respondent coded as IDI_I5, who said that:

"My family is my inspiration, including my cats." (IDI_I5).

Having a strong support system of peers who provide positive influence can be instrumental in helping people who suffer from mental health issues continue to strive in life [12]. Research has shown that social connections and relationships play a significant role in mental health and well-being [3,14].

One key reason why peer's positive influence is important for individuals with mental health issues is the sense of belonging and connection it provides. A study by Sokolow & Hughes [12] found

that social support from peers is associated with greater overall well-being and lower levels of depression and anxiety. When individuals feel connected to others and have friends who understand and support them, it can help alleviate feelings of isolation and loneliness that often accompany mental health struggles [10].

4. Conclusion

Based on the results of the study, the findings of this study reveal that mental health stigmas significantly affect students' overall well-being. This concern becomes particularly pressing when considering the coping strategies that students often adopt to handle the stress and demands of academic life.

Students grappling with mental health issues frequently experience feelings of isolation and shame, often driven by fear of judgment or discrimination from their peers. This fear contributes to a reluctance to seek help or discuss their struggles openly, resulting in limited support and understanding from their social environment. Consequently, some students may resort to maladaptive coping mechanisms such as substance use or self-harm in an effort to dull emotional pain and manage their distress.

However, such behaviors tend to worsen mental health challenges rather than alleviate them. It is therefore essential for students to acknowledge the harmful effects of mental health stigmas and to adopt healthier coping strategies. These may include seeking professional support from counselors or therapists, confiding in trusted individuals, or engaging in positive self-care practices such as physical activity, mindfulness, or creative expression.

Implications

Stigmas related to mental health continue to negatively affect students' overall well-being and academic success. Many students endure societal judgment and discrimination due to their mental health challenges, often resulting in feelings of shame, embarrassment, and isolation. These emotional consequences frequently prevent students from seeking help and contribute to the worsening of mental health conditions. To effectively address these stigmas and enhance students' coping mechanisms, the following implications and recommendations are proposed:

First, mental health stigma can significantly discourage students from seeking professional support or confiding in others. This reluctance may delay intervention, intensify symptoms, and prevent access to critical coping resources. Therefore, schools and universities must prioritize

the creation of a supportive, confidential, and nonjudgmental environment. This can be accomplished by expanding access to counseling services, implementing mental health awareness campaigns, and organizing peer-led support groups to foster acceptance and reduce stigma.

Second, stigma often compels students to conceal their struggles and maintain an unrealistic façade of perfection. This emotional suppression can lead to chronic stress, burnout, and a diminished sense of self-worth. To mitigate these effects, educational institutions should promote a culture of openness and emotional honesty. Educators and school leaders can take the lead by modeling vulnerability, normalizing conversations about mental health, and integrating opportunities for self-care and stress management into academic life. Creating such a culture encourages authentic expression and reduces the pressure to "appear fine" when students are internally struggling.

Third, it is crucial to provide students with practical tools and resources for managing their mental health. This includes incorporating workshops on mindfulness, stress management, and emotional regulation, as well as integrating social-emotional learning into the curriculum. Such proactive strategies equip students with sustainable coping mechanisms and foster resilience.

In line with these recommendations, the study also recognizes the importance of expanding its sample size and demographic diversity to enhance the validity and generalizability of its findings. A broader and more inclusive participant base would allow for a deeper understanding of how stigma manifests across different student populations and cultural backgrounds.

In conclusion, addressing mental health stigma among students demands a comprehensive approach. By cultivating inclusive environments, encouraging open dialogue, and equipping students with evidence-based coping strategies, educational institutions can help break down the barriers that stigma creates. Collaboration among educators, administrators, mental health professionals, and the broader community is essential to nurturing a culture of well-being, empathy, and resilience within schools.

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Conflict of Interest

No conflict of interest is declared by the authors. In addition, no financial support was received.

Ethics Committee

This study was conducted in accordance with ethical standards. The research strictly followed the guidelines by the University, prioritizing participants' rights and well-being in design, procedures, and confidentiality measures. Participant provided informed consent, with the volunteer form covering research details, risks, benefits, confidentiality, and participant rights.

Author Contributions

Study Design, AK, BÇ; Data Collection, AK, OB; Statistical Analysis, AK, NK; Data Interpretation, AK; Manuscript Preparation, AK, BÇ, NK; Literature Search, AK, KU, OB. All authors have read and agreed to the published version of the manuscript.

REFERENCES

1. Chouvalova, A., Navlekar, A. S., Mills, D. J., Adams, M., Daye, S., De Anda, F., & Limeri, L. B. (2024). Undergraduates' reactions to errors mediates the association between growth mindset and study strategies. *International Journal of STEM Education*, 11(1), Article 26. [\[CrossRef\]](#)
2. Antong, B., Bagcal, J., & Allawan, J. G. (2023). Environmental literacy among 1st year BSBA-FM students at the University of Mindanao Panabo College, Philippines. *Journal of Environmental Impact and Management Policy (JEIMP)*, 3(05), 56–62. [\[CrossRef\]](#)
3. Varshini, A., Kumari, K. K., & Jain, M. (2024). Understanding the influence of digital interaction on mental health and wellbeing among young adults. *International Research Journal on Advanced Engineering Hub (IRJAEH)*, 2(05), 1152–1156. [\[CrossRef\]](#)
4. Drum, D. J., Brownson, C., Denmark, A. B., & Smith, S. E. (2019). New data on the nature of suicidal crises in college students: Shifting the paradigm. *Professional Psychology: Research and Practice*, 40(3), 213–222. [\[CrossRef\]](#)
5. Caulfield, J. (2019). *How to do thematic analysis*. Scribbr. [\[CrossRef\]](#)
6. Hunt, J., & Eisenberg, D. (2019). Mental health problems and help-seeking behavior among college students. *Journal of Adolescent Health*, 46(1), 3–10. [\[CrossRef\]](#) [\[PubMed\]](#)
7. Dingli, A., & Haddod, F. (2019). Interacting with Intelligent Digital Twins. In A. Marcus & W. Wang (Eds.), *Design, User Experience, and Usability. User Experience in Advanced Technological Environments* (Lecture Notes in Computer Science, Vol. 11584, 3–15. [\[CrossRef\]](#)
8. Aggarwal, N. R. (2020). Attitudes of students towards people with mental ill health and impact on learning and well-being. *Journal of Research in Special Educational Needs*, 12(1), 37–44. [\[CrossRef\]](#)

9. Centers for Disease Control and Prevention. (2018). *Burden of mental illness*. <https://www.cdc.gov/mentalhealth/basics/burden.html>
10. Kapatamoyo, K. M. K. (2022). *Attitudes, beliefs, and strategies of African international students towards mental health: A narrative case study* (Order No. 29064942). Available from ProQuest Central.
11. Everly, G. S. Jr., & Lating, J. M. (2002). *A clinical guide to the treatment of the human stress response* (2nd ed.). Springer (Kluwer Academic/Plenum). [\[CrossRef\]](#)
12. Sokolow, B. A., & Hughes, S. F. (2018). *Risk mitigation through the NCHERM behavioral intervention and threat assessment model*. National Behavioral Intervention Team Association.
13. Chen, W. W., & Yang, S. (2025). The impact of COVID-19 quarantine on college students' mental health. *BMC Public Health*, 25, 1–12. [\[CrossRef\]](#) [\[PubMed\]](#)
14. Downs, M. F., & Eisenberg, D. (2019). Help seeking and treatment use among suicidal college students. *Suicide and Suicide Prevention*, 60(2), 104–114. [\[CrossRef\]](#)
15. Allawan, J. (2021). Exploring the factors influencing the performance in biology of senior high school students at University of Mindanao, Philippines. *International Journal of Research and Innovation in Social Science*, 5(6), 352–359. [\[CrossRef\]](#)
16. Allones, M. D. T., & Allawan, J. G. L. (2023). Lived experiences of energy consumers at Panabo City, Philippines: a phenomenology. *Journal of Energy Engineering and Thermodynamics (JEET)*, 3(05), 25–33. [\[CrossRef\]](#)
17. Creswell, J. W., & Poth, C. N. (2016). *Qualitative inquiry and research design: Choosing among five approaches*. Sage publications.
18. Jimenez, M. E., Hudson, S. V., Lima, D., & Crabtree, B. F. (2019). Engaging a community leader to enhance preparation for in-depth interviews with community members. *Qualitative Health Research*, 29(2), 270–278. [\[CrossRef\]](#) [\[PubMed\]](#)
19. Lewis, J., Hernández, D., & Geronimus, A. T. (2020). Energy efficiency as energy justice: Addressing racial inequities through investments in people and places. *Energy Efficiency*, 13, 419–432. [\[CrossRef\]](#) [\[PubMed\]](#)
20. Berjot, S., & Gillet, N. (2011). Stress and coping with discrimination and stigmatization. *Frontiers in Psychology*, 2, Article 33. [\[CrossRef\]](#)
21. Antoniou, A. S., Ploumpi, A., & Ntalla, M. (2013). Occupational stress and professional burnout in teachers of primary and secondary education: The role of coping strategies. *Psychology*, 4(3A), 349–355. [\[CrossRef\]](#)
22. Ma, J., Saita, K., Kaneko, F., & Okamura, H. (2025). Stressors during the COVID-19 pandemic in international students: A qualitative study. *BMC Public Health*, 25, 1–9. [\[CrossRef\]](#) [\[PubMed\]](#)
23. Regehr, C., & Bober, T. (2005). *In the line of fire: Trauma in the emergency services*. Oxford University Press. [\[CrossRef\]](#)
24. Aggarwal, S., Garcia-Telles, N., Aggarwal, G., Lavie, C., Lippi, G., & Henry, B. M. (2020). Clinical features, laboratory characteristics, and outcomes of patients hospitalized with coronavirus disease 2019 (COVID-19): Early report from the United States. *Diagnosis*, 7(2), 91–96. [\[CrossRef\]](#) [\[PubMed\]](#)
25. Hobfoll, S. E. (1989). Conservation of resources: a new attempt at conceptualizing stress. *American Psychologist*, 44(3), 513. [\[CrossRef\]](#) [\[PubMed\]](#)
26. Creswell, J. (2013). *Qualitative inquiry & research design: Choosing among five approaches*. Sage Publication.
27. Theophilos, T., Green, R., & Cashin, A. (2015). Nurse practitioner mental health care in the primary context: a Californian case study. In *Healthcare* (Vol. 3, No. 1, pp. 162–171). MDPI. [\[CrossRef\]](#)
28. Tajfel, H. (2017). Psychological Perspective. *Interdisciplinary Relationships in the Social Sciences*. [\[CrossRef\]](#)