



Assessment of Mental Health of Employees in a Catholic Academic Institution: Basis for Mental Health Policy Program

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Abstract- *The growing concern over workplace mental health globally has underscored the need for context-specific and value-oriented interventions, especially in educational settings. This study assessed the mental health status of employees in a Catholic academic institution in the Philippines, focusing on emotional well-being, psychological resilience, interpersonal relationships, and spiritual wellness. It aimed to develop a policy-integrated occupational mental health framework grounded in Catholic values. Employing an embedded mixed-methods design, the study gathered data from 98 teaching and non-teaching personnel using a researcher-made Likert-type questionnaire and open-ended responses. Statistical techniques included descriptive analysis, Pearson correlation, and ANOVA to determine significant relationships and group differences. Results showed high levels of well-being across domains, with spiritual wellness as the highest-rated. Significant correlations were observed between institutional policy awareness and wellness indicators. The study concludes that integrating faith-based and holistic mental health programs enhances employee engagement, supports institutional mission, and validates the PERMA model in religious academic settings. It is recommended that schools establish inclusive wellness policies, strengthen confidentiality protocols, and embed spiritual care into employee support systems. The findings provide new insights into how Catholic values can influence mental health practices, thereby contributing to the global discourse on developing sustainable, culturally responsive mental health programs in education.*

Keywords: *Education, Mental Health and Spiritual Well-being, Mixed-Methods Design, Philippines*

INTRODUCTION

The phenomenon of mental health concerns among employees has reached a critical point globally, with significant implications for individual well-being and organizational productivity. As reported by the World Health Organization (2022), depression and anxiety result in an economic loss of approximately US\$1 trillion annually due to lost productivity (Nykiforuk et al., 2024). This underscores the urgent need for effective mental health interventions in workplace settings, especially considering that over 25% of employees in Europe have reported

experiencing work-related stress at some point in their careers (Agyapong et al., 2022). Such widespread prevalence of mental health issues highlights the necessity for policies that support mental well-being in the workforce. Research reveals that teachers in North America are significantly affected, with nearly 60% reporting symptoms of burnout due to heavy workloads and emotional exhaustion (Min et al., 2022). This is particularly alarming given the critical role educators play in society. Moreover, studies show that mental health issues among teachers are exacerbated by factors like work-family conflict, especially during high-stress periods such as the COVID-19 pandemic, which further undermines job satisfaction and mental well-being (Cha & Lee, 2024; Ozamiz-Etxebarria et al., 2021). In Africa, the situation appears similarly dire. South African educators face psychological stress rooted in socioeconomic instability, coupled with a lack of mental health support (Bukuluki et al., 2021). The intersection of economic pressures and inadequate mental health resources creates a challenging environment for educators, which can detrimentally affect their overall mental health.

The situation is likewise concerning in Asian countries, particularly Japan and South Korea, where rising levels of depression and increased suicide rates among teachers have been documented (Cielo et al., 2021). This crisis emphasizes the importance of institutional support for mental health, highlighting the necessity for comprehensive programs that address these issues. Effective interventions have been proposed that focus on emotional regulation and resilience training, which are crucial skills for coping with stress (Eltayeb, 2022). For example, mindfulness-based interventions (MBIs) have shown beneficial outcomes, including reductions in stress, burnout, and depression among educators (Cheng et al., 2020). These strategies are increasingly emphasized in institutional mental health policies, which are shifting towards holistic approaches in nurturing educators' emotional and psychological well-being. Moreover, current literature

indicates an emerging focus on mental health literacy within mental health frameworks (Eltayeb, 2022). Programs designed to enhance mental health literacy also play a critical role in fostering a supportive environment. By increasing understanding and awareness of mental health issues, stakeholders within educational systems can cultivate a more proactive approach towards wellness initiatives (Riebschleger et al., 2019). Ultimately, these literature findings underscore the need for robust support systems that prioritize mental health integration within workplace policies and practices, providing educators with the resources and tools necessary to thrive both personally and professionally.

The ASEAN region indicates growing mental health concerns among educators. In Malaysia, recent findings suggest that a significant portion of educators experience emotional distress attributed to work-related stressors, although specific figures detailing this distress require further verification (Wong et al., 2023). This highlights the pressing need for mental health interventions tailored to the educational sector. The Malaysian context is particularly critical, as it highlights systemic challenges faced by teachers, paralleling trends observed across the region. In Singapore, initiatives aimed at enhancing work-life integration and incorporating mindfulness training for school staff have been implemented to combat rising mental health issues (Wong et al., 2023). This proactive approach reflects an understanding that mental well-being is integral to educational success and staff retention. Furthermore, in Vietnam, inadequate support systems and overwhelming administrative workloads hinder students' mental health, indicating a systemic issue within academic institutions that negatively impacts the well-being of both students and educators (An & Hai, 2024) (Huong, 2023). There is a recommendation for public health models tailored to the cultural context of Vietnam, emphasizing early intervention and comprehensive support frameworks for students (An & Hai, 2024). The situation in Indonesia presents additional challenges, as educators face significant burnout due to insufficient psychological support and prolonged working hours (Wong et al., 2023). The relationship between high demands and low personal control, which exacerbates stress levels among teachers, is well-documented in the educational literature (Wong et al., 2023). Similarly, in Thailand, comprehensive wellness initiatives are being implemented that integrate spirituality and mental health into the educational framework, underscoring a holistic approach to teacher well-being (Wong et al., 2023). This approach recognizes that mental health cannot be

addressed in isolation and highlights the interdependence of emotional and spiritual wellness. In Brunei and Myanmar, research has emphasized the urgent need for clearer institutional policies concerning mental health (Wong et al., 2023). The lack of structured frameworks often leaves educators without the necessary guidance to seek help or implement effective mental health strategies within their institutions. Across the ASEAN region, there has been a noticeable shift toward institutional commitment to enhancing emotional and psychological well-being, reflecting an acknowledgment of the critical role that mental health plays in educational effectiveness. These findings illuminate the complex landscape of mental health in the education context within the ASEAN region, emphasizing the need for comprehensive strategies that address the unique cultural, economic, and institutional factors influencing the mental well-being of educators and students alike.

The current state of mental health among educators in the Philippines, particularly within Catholic educational institutions, reflects a complex interplay of unresolved local concerns amidst alignment with global and ASEAN priorities. Research indicates that educators are grappling with emotional strain exacerbated by excessive workloads, inadequate administrative support, and the absence of robust institutional mental health programs (Alibudbud, 2023; . Such conditions significantly undermine the overall well-being of teachers and impede their ability to fulfill their roles effectively. Recent findings suggest that in Catholic institutions, the strain experienced by teachers is compounded by specific expectations related to moral and spiritual leadership, further complicating their mental health landscape (Wong et al., 2024). Moreover, while there is a global and ASEAN emphasis on integrating emotional, psychological, and spiritual dimensions of well-being, local studies reveal disparities in policy communication and implementation. The Philippine Mental Health Act, aimed at enhancing mental health awareness and support, has faced criticism due to poor execution and limited public engagement (Alibudbud, 2023; , (Alibudbud, 2022). This gap in policy application is concerning, as it highlights the fragmentation in how mental health policies are perceived and enacted at the institutional level. Alibudbud indicates that stakeholders often report that the programs developed under this legislative framework remain poorly implemented, suggesting a disconnect between mental health policy intentions and their practical realities (Alibudbud, 2022). Furthermore, existing literature signifies a need for more localized research to address these gaps, specifically focusing on

emotional well-being, resilience, relationships, and the spiritual context within the Catholic academic environment (Božek et al., 2020). Studies underscore that while educators may have spiritual resources to navigate their emotional difficulties, without systematic support structures, these individual coping mechanisms may fall short (Parviniannasab et al., 2022). This necessitates a reevaluation of how mental health programs are designed, ensuring they cater to the unique challenges faced by teachers in these settings. The focus on integrating multiple dimensions of well-being is echoed in literature discussing spirituality as a protective factor against mental health challenges (Božek et al., 2020). However, despite the potential benefits of such integration, the lack of comprehensive evaluation mechanisms to assess the effectiveness of existing mental health programs in educational settings leaves a significant gap in understanding their true impact (Martinez et al., 2020). Therefore, to create an environment that fosters both mental and spiritual well-being, the development and fortification of coherent, evidence-based policies and practices in Philippine educational institutions is essential.

There exists a pressing need for continued localized research that can illuminate the specific challenges faced by educators in the Philippines and suggest iterative improvements to institutional policies. This research aims to harmonize the emotional, psychological, and spiritual dimensions of well-being within the educational framework, fostering an environment conducive to personal and professional growth among educators. This study was conducted to evaluate the mental health of employees in a Catholic academic institution in Olongapo City, focusing on emotional well-being, psychological resilience, interpersonal relationships, and spiritual well-being. It also examined the employees' awareness and evaluation of the institution's mental health policies and programs. The findings will be used to craft an occupational mental health framework grounded in the Catholic mission of human flourishing and compassion. This research is significant for three reasons: it provides empirical data to guide institution-wide mental health initiatives and highlights areas for policy enhancement based on staff feedback. It contributes to local literature by offering a contextualized perspective from a Catholic educational setting. The study aims to bridge the gap between policy formulation and implementation, advocating for a holistic and sustainable mental health culture.

FRAMEWORK OF THE STUDY

The present study adopts the PERMA Model of Well-being by Seligman (2011) as its theoretical framework, emphasizing the five core components of flourishing—Positive Emotion, Engagement, Relationships, Meaning, and Accomplishment. These dimensions are particularly relevant in Catholic academic contexts, where both emotional and spiritual development are integral to the educational experience. The model supports the conceptualization of well-being as a multifaceted construct that includes emotional regulation, psychological resilience, social connection, spiritual meaning, and goal achievement. Positive Emotion is central to emotional well-being, fostering resilience and life satisfaction. Zhang et al. (2022) found that individuals who frequently experience positive emotions demonstrate enhanced resilience and adaptive coping, particularly in high-stress environments such as schools. Engagement and accomplishment further reinforce this by enabling students to connect deeply with their learning tasks and derive fulfillment from their achievements. Magalinggam and Ramlee (2021) identified resilience as a mediating factor between positive emotions and well-being in undergraduate populations, indicating that active involvement in academic life strengthens psychological health. Relationships, as emphasized in the PERMA model, serve as protective factors against stress and burnout. Strong interpersonal connections—especially in a values-based environment like a Catholic school—contribute to a shared sense of purpose and belonging (Sia & Aneesh, 2024; Zhang et al., 2022). These relationships, grounded in compassion and collaboration, are foundational to emotional and spiritual well-being. Meaning, another critical PERMA element, is deeply tied to the spiritual mission of Catholic education. Mohammadi et al. (2024) found that individuals who experience a strong sense of meaning demonstrate higher resilience and psychological health, reinforcing the value of spiritually aligned learning environments in promoting identity formation and purpose. The final PERMA domain, Accomplishment, reflects the role of motivation and goal fulfillment in well-being. Nasser and Fakhroo (2021) argue that the interplay of all five dimensions contributes to a flourishing state, wherein each component enhances the others to create a holistic picture of mental health. This integrated approach is crucial for understanding the experiences of both students and educators in academic institutions, particularly those with a faith-based foundation. Beyond student well-being, the PERMA model also offers insights into occupational mental health. Emotional well-being has been linked to productivity and satisfaction among educators. Klusmann et al. (2022)

observed that emotional exhaustion negatively impacts instructional quality, while Hayat et al. (2021) emphasized emotional regulation as a buffer against workplace stress. These findings underscore the significance of emotional well-being for achieving effective job performance in educational settings. Psychological resilience, often associated with autonomy and a growth mindset, equips individuals to manage stress and rebound from setbacks (Fida et al., 2019). In academic institutions, fostering resilience among faculty and staff leads to improved adaptation and sustained job satisfaction. Moreover, interpersonal relationships within faculty settings serve as crucial buffers against occupational stress. Voss et al. (2023) reported that collegial respect and collaboration enhance enthusiasm and reduce emotional fatigue, while Putra et al. (2023) underscored the role of community and institutional support in elevating workplace satisfaction. Spiritual well-being—although underexplored—plays a defining role in Catholic academic settings. Raj et al. (2023) demonstrated that spiritual leadership and workplace spirituality improve teachers' emotional well-being and job satisfaction. In institutions with religious affiliations, the integration of faith and education fosters a deeper sense of purpose for both educators and learners. At the regional level, ASEAN studies affirm the value of integrating emotional and spiritual well-being within educational institutions. Initiatives in Thailand and Malaysia focus on emotional wellness and psychological resilience through mindfulness-based programs (Parray et al., 2023). Research in Brunei and Vietnam has linked collegial relationships and administrative respect to positive workplace dynamics (Imaduddin, 2024). Meanwhile, Catholic institutions across the region emphasize spirituality as a key factor in building resilience (Raj et al., 2023). In the Philippine context, local studies corroborate the relationship between emotional well-being and instructional quality. Parray et al. (2023) reported that peer collaboration and institutional recognition can reduce teacher burnout. However, implementation gaps persist, with many schools lacking robust mental health policies or comprehensive governance mechanisms (Imaduddin, 2024). While most research focuses on public institutions, there is a limited understanding of how Catholic schools integrate emotional, spiritual, and relational well-being. This highlights the need for further investigation into how these dimensions intersect with policy awareness and institutional culture to form a cohesive occupational mental health framework tailored to Catholic academic institutions. Overall, the PERMA model provides a comprehensive lens for examining both student and

teacher well-being. Its emphasis on interconnected emotional, psychological, social, and spiritual dimensions aligns well with the mission of Catholic education, supporting the development of holistic, value-driven wellness frameworks that can guide policy and practice within faith-based schools.

RESEARCH OBJECTIVES

The study aims to assess the mental health status of employees in a Catholic academic institution in Olongapo City, focusing on key psychological and institutional variables. Specifically, the study intends to: (1) Describe the demographic profile of employees in terms of age, gender, educational attainment, department, employment status, years of service, and occupation. (2) Assess the employees' mental health status across four dimensions: emotional well-being, psychological resilience, interpersonal relationships, and spiritual well-being. (3) Evaluate the employees' awareness, perceptions, and experiences regarding the institution's mental health policies and programs. (4) Determine if significant differences exist in the mental health status of employees when grouped according to demographic profiles. (5) Determine if significant relationships exist between employees' perception of institutional policies and their mental health dimensions. (6) Generate findings that may serve as the basis for proposing an occupational mental health program according to the needs of Catholic academic institutions.

METHODOLOGY

Research Design

This study employs a convergent parallel mixed-methods research design, which involves the simultaneous collection and analysis of quantitative and qualitative data to provide a comprehensive understanding of the research problem (Creswell & Plano Clark, 2018). Quantitative data, gathered through Likert-type scales, measure key domains such as emotional well-being, psychological security, resilience, and spiritual integration, suitable for statistical analysis, including means, correlations, and ANOVA across demographic variables.

Research Site

The study was conducted in a private Catholic academic institution in Olongapo City, Philippines. The institution comprises departments at both basic and higher education levels, as well as non-academic administrative units.

Participants

A total of 98 employees participated in the study through purposive sampling. Respondents included teaching and non-teaching staff, administrators, and general service workers. The diversity in roles and departments provided a comprehensive perspective on institutional mental health.

Instrumentation

The researcher-developed questionnaire was constructed based on established psychological constructs (emotional well-being, resilience, relationships, spiritual health) and literature on institutional mental health policies.

- **Construction and Try-Out:** The instrument underwent expert validation and pilot testing, with Cronbach's alpha reliability scores exceeding 0.85.
- **Reliability and Validity:** Internal consistency was confirmed through statistical reliability testing. Mental health experts and administrators reviewed content and face validity. Reliability analysis was conducted to assess the internal consistency of the scales used in the study. All constructs demonstrated strong reliability, with Cronbach's alpha values exceeding the acceptable threshold of .70 (Nunnally & Bernstein, 1994). Emotional Wellbeing ($\alpha = .915$), Psychological Resilience ($\alpha = .888$), Interpersonal Relationships ($\alpha = .919$), and Spiritual Wellbeing ($\alpha = .887$) all showed good to excellent reliability. Institutional dimensions also yielded high reliability: Policy Development and Implementation ($\alpha = .941$), Emotional Wellbeing Programs ($\alpha = .924$), Psychological Resilience Development ($\alpha = .941$), and Spiritual Wellbeing Integration ($\alpha = .943$). These results confirm that the scales used were internally consistent and appropriate for further statistical analysis.
- **Research Ethics Protocol:**

- **Informed Consent:** Participants were informed of the study's purpose, assured of anonymity and confidentiality, and provided with the right to withdraw at any time.
- **Clearance from Ethics Review Board:** Approval was granted by the institution's Ethics Review Committee prior to implementation.

Data Collection

Surveys were distributed in printed and digital formats. Follow-ups were conducted to ensure completion. Institutional documents on existing mental health programs were also reviewed for triangulation.

Statistical Techniques

Quantitative data were analyzed using descriptive statistics (frequency, percentage, and weighted mean) and inferential statistics, including the Independent Sample t-test, One-Way ANOVA, and Pearson Product-Moment Correlation, to test for significant differences and relationships between variables. Meanwhile, qualitative responses provide insights into barriers and offer suggestions for improving mental health services, enabling thematic analysis to uncover personal experiences and institutional gaps. Integrating these data enhances the validity and depth of the findings, making this mixed methods design the most appropriate for exploring the complex dimensions of mental health in an educational context.

Results and Discussion

This section presents the study's findings, which were obtained using an embedded mixed-methods research design, with the quantitative strand serving as the dominant component. Quantitative data were collected through structured survey items that assessed employees' perceptions of the availability, accessibility, and effectiveness of the school's mental health policies and programs. To enrich the interpretation of these statistical findings, embedded qualitative data were collected through open-ended responses, providing deeper insight into participants' lived experiences, suggestions, and perceived gaps in mental health support. The integration of these two strands provides a more comprehensive understanding of how institutional efforts are perceived and experienced, revealing areas of convergence and divergence that are crucial for informing policy refinement and program enhancement.

1. Quantitative findings

The study gathered data from 98 employees of a Catholic academic institution in Olongapo City, encompassing both teaching and non-teaching personnel. The demographic variables presented offer critical insights into the diversity of the workforce and their potential influence on mental health perceptions and experiences.

Age	Frequency	Percentage
20-29 years old	36	37
30-39 years old	25	26
40-49 years old	14	14
50-59 years old	12	12
60 years old and above	11	11
Total	98	100
Gender	Frequency	Percentage
Male	48	49
Female	50	51
Total	98	100
Highest Educational Attainment	Frequency	Percentage
Highschool	6	6
Bachelor's Degree	43	44
Master's Degree	29	30
Doctoral Degree	18	18
Post-Doctoral Degree	2	2
Total	98	100
Department	Frequency	Percentage
Basic Education Main	38	39
Basic Education Barretto	8	8
College of Architecture	13	13
College of Arts, Sciences, and Education	13	13
College of Business and Administration	8	8
College of Computer Studies	2	2
College of Engineering	0	0
College of Nursing	6	6
Graduate School	5	5
Maintenance	5	5
Total	98	100
Employment Status	Frequency	Percentage
Part time	9	9
Full time probationary	15	15
Full time regular	74	76
Total	98	100
Years of Service in the Institution	Frequency	Percentage
Less than 1 year	8	8
1-5 years	27	28
6-10 years	26	27
11-15 years	9	9
16-20 years	10	10
More than 20 years	18	18
Total	98	100
Occupation	Frequency	Percentage
Teaching Staff (Basic Education, College Instructor, Asst. Prof., Associate Prof., Professor)	66	67
Technical (Administrative Assistant, Purchasing Officer, Bookkeeper, Cashier, Library Assistant, Record Officer, Library IT Staff, Internet Staff/Computer Technician, Evaluator, Liaison Officer, ITSO staff, Research Assistant, Community Development Worker)	4	4
Subject area coordinator (theology and Christian living)	1	1
Clerical (Timekeeper)	1	1

Guard	1	1
Professional (Registered Nurse, Social Worker, Accountant, Librarian, Payroll Officer, Researcher, Internal Auditor, General Property Officer, Assistant to the SAO Director, Assistant Head - CC Hotel, Psychometrician, Assistant Guidance Staff, Budget Officer, Registrar in-charge, Research Coordinator, Museum Curator, Web and Digital Media Administrator)	7	7
Skilled (Secretary, Accounting Clerk, Inventory Clerk, Concession Clerk, Bookstore Custodian, Library Clerk, Record Custodian, HRM Lab Custodian, Internet Lab Custodian, Electronic and Electrical Lab Custodian, Computer Lab Custodian, Mass Comm Lab Custodian, PE/Sports Lab Custodian, Science Lab Custodian, Civil Engineering Lab Custodian, Audio-Visual in-charge, Periodical in-Charge, Cataloger in-Charge)	5	5
Priest	1	1
Administrator	4	4
Highly Professional (School Dentist, School Physician, Librarian, Guidance Counselor, Head - CC Hotel, Head Information Technology Services, Head Maintenance and General Services, Head Security Affairs)	2	2
General Service Staff (Skilled) - Driver, Cook, Electrician, Carpenter, Welder, Plumber	3	3
General Service Staff (Unskilled) - Janitor, Housekeeper	2	2
General Service Staff (Semi-skilled) - Internal Security, Mimeographer/Risographer, Gardener/Utilityman, Bookbinder	1	1
Total	98	100

Age Distribution. The age distribution of employees across departments presents significant considerations for workforce planning and mental health support. A large proportion of the workforce consists of individuals aged 20–29, a group that frequently faces career uncertainty and adaptation stressors. This demographic is particularly susceptible to anxiety and burnout, especially in settings lacking structured psychological support (McGorry et al., 2022; Fan & Nie, 2020). In contrast, employees aged 60 and above represent only 11% of the workforce yet bring valuable emotional stability and adaptive coping mechanisms, often resulting in lower anxiety levels and enhanced resilience (Chi et al., 2021; Dias et al., 2019; Arunachaleeswaran & Bhan, 2022). Their limited presence may signal an underutilized opportunity for intergenerational mentoring and emotional leadership. These patterns are consistent with lifespan development theories, which emphasize shifts in emotional regulation and coping across the life course (Solmi et al., 2021). However, the predominance of cross-sectional studies limits causal inferences, highlighting the need for longitudinal research to clarify the evolution of resilience and psychological well-being over time (Buselli et al., 2020; Dias et al., 2019; Fan & Nie, 2020). Overall, the observed age-related differences underscore the importance of implementing age-responsive mental health interventions that cater to the distinct stress profiles and support needs of younger and older employees alike.

Gender Distribution. The near-equal gender distribution observed in this study, 49% male and 51%

female, offers a robust basis for examining gendered mental health experiences in the workplace. This parity enables a more equitable analysis of how perceptions of mental health and help-seeking behaviors differ across genders. Literature indicates that women are more inclined to seek psychological support, while men often suppress emotional distress due to sociocultural expectations of stoicism (Sharp et al., 2022). Women are also found to be more vulnerable to anxiety and depression, particularly in high-pressure professional settings like education (Nelson et al., 2023). These global trends are reflected in Southeast Asia, where female educators in countries such as Malaysia and Thailand report heightened emotional strain compared to their male counterparts (Lidwall, 2021). These findings emphasize the importance of implementing gender-responsive mental health policies that address how social norms shape emotional expression, stress coping mechanisms, and access to support services (Gupta et al., 2019). However, the study's reliance on quantitative data limits its ability to capture the nuanced effects of gender roles, primarily within culturally and religiously embedded institutions like Catholic schools. Men may hesitate to seek help due to perceived threats to masculinity, while women may face layered pressures from balancing professional, familial, and community roles (Sharp et al., 2022; Lidwall, 2021).

Educational Attainment. The analysis of educational attainment reveals a highly qualified workforce, with the majority holding Bachelor's degrees (44%), Master's degrees (30%), Doctoral degrees (18%), and Postdoctoral degrees (2%). Higher education is associated with increased mental health literacy and access to resources (Robson, 2021; Rajagopal et al., 2023), indicating a greater awareness of psychological well-being. However, advanced credentials often come with heightened responsibilities and stress, particularly in institutions lacking mental health support (Vasquez et al., 2021; Li et al., 2024; Octaviani et al., 2023). This duality reflects the PERMA model's "Accomplishment" dimension, where achievement can boost purpose but also lead to emotional strain (Alshammari & Alshammari, 2024). Institutions must strike a balance between professional growth and mental health support through policies that address the pressures faced by highly educated staff (Burger et al., 2024; Kiremitçi et al., 2023). Ultimately, while education enhances leadership capacity, it also necessitates proactive wellness strategies to sustain well-being and performance.

Departmental Affiliation. The diversity of departmental affiliations among employees has significant implications for workplace mental health, given the varying roles and stressors each unit entails. In this study, 39% of respondents were from Basic Education Main, with others distributed across Architecture, Arts & Sciences, and other departments. This spread suggests that mental health challenges are likely context specific. Educators, especially in high-contact roles, face heightened emotional demands due to academic pressures and students' socio-emotional needs (Lucas et al., 2020; Westhuizen et al., 2023; Wondie & Tesfaye, 2021). In Catholic schools, these demands are intensified by expectations to serve as moral and spiritual guides, increasing emotional labor and the risk of burnout (Hoekstra, 2023; Barrile et al., 2023). These differences reinforce the value of a mixed-methods approach, where qualitative insights into department-specific concerns enrich quantitative trends (Westhuizen et al., 2023). Departmental culture also shapes coping and stress, with collegial support and role clarity linked to higher job satisfaction and reduced burnout (Broglia et al., 2021; Kelly et al., 2019). Thus, institution-wide strategies must account for departmental variation. Tailored mental health interventions, informed by both data and context, are crucial for fostering well-being and cultivating a resilient organizational culture.

Employment Status. Employment status has a significant impact on job security, emotional well-being, and institutional engagement. In this study, 76% of respondents held full-time, regular positions, while 15% were in probationary positions, and 9% were part-time. Full-time employment is often associated with greater job security and improved mental health outcomes, due to reduced financial anxiety and increased stability (Bakr et al., 2019; Kim et al., 2021; Rajapakshe & Chandrasiri, 2023). However, secure employment alone does not guarantee well-being; without support systems such as growth opportunities and mental health programs, it may lead to disengagement over time (Lu et al., 2021). Probationary employees, in contrast, often experience emotional strain due to job uncertainty, limited support, and increased scrutiny, which can erode motivation and a sense of belonging (Liu et al., 2020; Shahidi et al., 2023). Part-time staff similarly face challenges with institutional integration. These findings align with the psychological contract theory, which posits that unmet expectations regarding job support can lead to disengagement (Lu et al., 2021). Thus, while regular employment offers emotional stability, institutions must implement inclusive and supportive

practices for all employee categories. Tailored interventions—especially for transitional roles—can foster resilience and enhance organizational commitment. Future longitudinal research is needed to understand better the long-term effects of employment status on mental health and career development (Shahidi et al., 2023).

Years of Service. The analysis of years of service reveals important patterns related to employee well-being and institutional engagement. In this study, 28% of employees have served 1–5 years and 27% for 6–10 years, suggesting a balance of early- and mid-career professionals that supports both adaptability and continuity (Washington-Ottombre & Evans, 2019; Chang et al., 2024). Additionally, 18% have over 20 years of tenure, offering institutional memory and alignment with core values (Wang et al., 2020; Nam & Park, 2019). Longer tenure is generally linked to greater job satisfaction and organizational commitment, often reflected in strong mentorship and citizenship behaviors (Pradhan & Mishra, 2020). However, without growth opportunities, long-serving staff may experience stagnation or burnout (Takeda et al., 2022; Strömbäck et al., 2020). Emotional exhaustion can arise when recognition or role renewal is lacking (Klevanger et al., 2021). Conversely, early-career employees often face challenges in integration and role clarity, which can lead to stress and disengagement if not supported through onboarding and mentorship (Ilma & Desiana, 2023). These tenure-related contrasts underscore the need for tiered support systems tailored to different career stages. While long-tenured staff require opportunities for renewal, newer employees need structured inclusion and development. Despite these findings, more longitudinal research is needed to understand how tenure affects burnout and resilience over time (Petty et al., 2023). Ultimately, aligning support strategies with employees' length of service is essential for fostering a mentally healthy and engaged workforce.

Occupational Role. Occupational roles significantly shape mental health experiences within educational institutions. Teaching staff, as the pedagogical core, face elevated mental and emotional demands due to their dual roles as educators and informal emotional caregivers for students, often functioning as mental health first responders (Armstrong et al., 2019; Gunawardena et al., 2024; Masa et al., 2022). These multifaceted responsibilities require targeted mental health training and sustained institutional support. In contrast, non-teaching personnel—such as security, maintenance, and

administrative staff—are essential to school operations but are frequently excluded from mental health initiatives (Dooris et al., 2019; Liang & Bautista, 2021). Existing frameworks often prioritize academic staff, inadvertently marginalizing non-teaching employees and overlooking their occupational stressors (Kamel et al., 2020; Pressley et al., 2022). This exclusion compromises equity in institutional wellness efforts and may affect organizational cohesion. The current study reflects this imbalance, as auxiliary staff were underrepresented, indicating a gap that may limit the inclusivity of policy recommendations. Effective mental health strategies must be tailored to different occupational categories, considering role-specific stressors, demographic profiles, and institutional contexts (Santamaría et al., 2021; Wei et al., 2020). This is especially critical in Catholic institutions, where integrating spiritual formation with mental health initiatives aligns with the holistic development of individuals and the institutional mission (Ruh et al., 2023). To address these disparities, future research should employ participatory approaches that amplify the voices of all staff. Inclusive, role-sensitive policies will enhance emotional well-being, institutional resilience, and shared accountability in fostering a supportive educational environment (Yamaguchi et al., 2021; Masa et al., 2022).

2. Mental Health Status

Table 2

Emotional Wellbeing	WX	DR
I feel emotionally balanced and content in my work.	3.48	SA
I am able to manage my stress levels effectively.	3.42	SA
I experience a sense of fulfillment and purpose in my teaching role.	3.62	SA
I maintain a healthy work-life balance.	3.50	SA
I am able to practice self-care and engage in activities that promote my emotional well-being.	3.50	SA
Overall Weighted Mean	3.50	SA
Psychological Resilience	WX	DR
I confidently adapt to challenges and transitions in my work with flexibility and a growth mindset.	3.55	SA
I have a positive self-image and feel a strong sense of purpose and commitment in my teaching role.	3.61	SA
I maintain a sense of control and agency in my work, effectively using coping strategies for difficult situations.	3.49	SA
I balance my work and personal life well, which helps prevent burnout.	3.36	SA
I engage in self-reflection to identify areas for growth, supported by a network that helps me bounce back from setbacks.	3.49	SA
Overall Weighted Mean	3.50	SA
Interpersonal Relationships	WX	DR
I have positive and supportive relationships with both my colleagues and students' families.	3.55	SA
I feel respected, valued, and appreciated by the school administration and leadership.	3.57	SA
I communicate effectively, resolve conflicts constructively, and collaborate well with other teaching staff.	3.57	SA
I feel a strong sense of belonging, community, and camaraderie within the school environment.	3.63	SA

I have a voice in decision-making processes and can seek and receive support from my colleagues and the school community.	3.40	SA
Overall Weighted Mean	3.54	SA
Spiritual Wellbeing	WX	DR
I feel connected to and aligned with the Catholic faith and values, which give me a sense of purpose in my work.	3.78	SA
I integrate my spiritual beliefs into my teaching and work, ensuring that my actions reflect my faith.	3.73	SA
I engage in regular spiritual practices, such as prayer or meditation, to support my well-being.	3.67	SA
I feel a strong sense of community and belonging within the school's Catholic identity and mission.	3.67	SA
I seek guidance from the school's spiritual leaders and find strength and inspiration in the school's Catholic values.	3.37	SA
Overall Weighted Mean	3.64	SA

A. Emotional Well-Being

The study revealed a high level of emotional well-being among respondents, with an overall weighted mean of 3.50, interpreted as "Strongly Agree." The highest-rated indicator was the sense of fulfillment and purpose in the teaching role (3.62), highlighting the intrinsic motivation educators derive from their profession (Liu et al., 2024). Positive ratings for work-life balance and self-care (both at 3.50) further reflect a generally favorable affective state. These findings are consistent with global research emphasizing the role of emotional regulation and job satisfaction in reducing burnout and enhancing teacher productivity (Ramberg et al., 2019; Forster et al., 2022). In Asian contexts, emotional satisfaction has been shown to protect educators from depression and fatigue (Bing et al., 2022; Nazari & Karimpour, 2024). The results align with the PERMA model's domains of Positive Emotion and Engagement, underscoring the importance of emotional well-being in fostering professional resilience and effectiveness (Bilz et al., 2022; Dreer, 2023). Institutionally, the findings advocate for sustained investment in emotional wellness programs, including stress-reduction initiatives, mindfulness practices, and flexible work arrangements (Carroll et al., 2021; Adarne & Tantiado, 2023). Recognition systems and supportive leadership can also reinforce the fulfillment derived from teaching, enhancing both educator well-being and student outcomes (Rafsanjani et al., 2019; Zhi & Derakhshan, 2024).

B. Psychological Resilience

The findings indicate a high level of psychological resilience among respondents, with an overall weighted mean of 3.50. Key dimensions such as adaptability (3.55) and sense of purpose (3.61) reflect strong agreement on the ability to cope with challenges and engage in reflective self-improvement. These results

align with research highlighting the value of a growth mindset and adaptive coping strategies in enhancing resilience across professional settings (Zhang et al., 2022). Globally, resilience training has been shown to reduce workplace stress and strengthen mental well-being. In Europe, such programs have led to long-term stress reduction and improved work dynamics (Minh & Long, 2023), while studies in Thailand and Malaysia emphasize the importance of peer support and institutional backing in building resilience among high-stress professions (Zhang et al., 2023; Ran et al., 2020). These findings reinforce the need for structured organizational efforts to foster resilience. The results also align with the PERMA model, particularly the domains of Engagement and Accomplishment, which support psychological growth and sustained effort (Yin et al., 2021). However, as resilience is a dynamic trait, cross-sectional designs may not capture its long-term development, especially in post-crisis contexts like COVID-19. A longitudinal approach is needed to better understand how resilience evolves over time (Zhang et al., 2022). To support psychological resilience, institutions should invest in mentoring, reflective practice sessions, and resilience training such as psychological first aid (Setiawati et al., 2021; HOŞGÖR & Yaman, 2021). These initiatives not only address current stressors but also build long-term coping capacities. In sum, fostering resilience through intentional, structured support is essential for promoting sustained well-being and professional endurance in immediate coping strategies but also fortifies personnel against future adversities.

C. Interpersonal Relationships

The domain of interpersonal relationships yielded a strong overall weighted mean of 3.54, indicating high levels of social integration and emotional support among educators. The sense of belonging (3.63) and respect from school leaders (3.57) were the most positively rated indicators, emphasizing the role of supportive environments in promoting employee well-being. These results are consistent with research showing that strong workplace relationships buffer against occupational stress and enhance mental health (Jimenez et al., 2024). In Catholic educational settings, where collegiality and community are both spiritual and structural priorities, interpersonal support is further amplified (Morris et al., 2023). Broader international findings similarly affirm that a sense of inclusion and shared purpose contributes to resilience and emotional wellness (Zhang et al., 2023). These insights align with the PERMA model's "Relationships" pillar, underscoring

the importance of meaningful connections to overall well-being (Jimenez et al., 2024). However, quantitative tools may miss nuanced relational dynamics such as unresolved conflict or informal exclusion. Qualitative approaches could offer a deeper understanding of these complexities (Zhang et al., 2023). Practically, fostering a culture of psychological safety requires participative leadership, team-building, and regular climate assessments (Asebedo, 2019; Wagner et al., 2019). These strategies promote collaboration and trust, ultimately enhancing staff morale and student outcomes. In sum, strong interpersonal relationships are foundational to a thriving, mentally healthy school community.

D. Spiritual Well-Being

The study revealed a strong sense of spiritual well-being among respondents, with an overall weighted mean of 3.64. The highest-rated indicators—alignment with Catholic faith and values (3.78) and integration of spirituality into daily work (3.73)—highlight the central role of faith in shaping professional identity within the institution. These findings are consistent with research demonstrating that spiritual well-being acts as a protective factor against psychological stress, especially in high-demand professions like education (Božek et al., 2020). In Catholic schools, spiritual practices such as prayer, rituals, and faith-centered symbols reinforce institutional mission and foster a sense of purpose and belonging (Lourembam & Ete, 2021). This aligns with the PERMA model's "Meaning" dimension, where spiritual fulfillment enhances overall well-being (Wang et al., 2019). Global research also supports the positive effects of spirituality on mental health, showing reduced anxiety and greater resilience among individuals with strong spiritual beliefs (Feizi et al., 2020; Maazallahi et al., 2021; Rhyu et al., 2023). However, the study's instrument may have assumed uniformity in spiritual perspectives, potentially overlooking the diversity of beliefs within the school community (Kasapoğlu, 2020). Addressing this limitation is essential to ensure inclusivity in spiritual well-being programs. In practice, integrating faith-based initiatives—such as retreats, chapel-based counseling, and spiritual mentoring—can reinforce psychological support while aligning with institutional values (Cho et al., 2024). Creating space for diverse spiritual expressions will further enhance the emotional climate and inclusivity of the academic environment. spiritual well-being is a cornerstone of mental health in Catholic educational institutions, fostering connection, meaning, and resilience among

staff. Prioritizing this domain ensures alignment with the institution's mission while promoting holistic personal and professional growth.

3. Mental Health Policy and Program Assessment

A. Policy Development and Implementation	WX	DR
1. The school has a clear mental health policy aligned with Catholic values, communicated to all staff.	3.27	SA
2. Teaching staff contributed to the development of the mental health policy, ensuring it reflects their needs.	3.19	A
3. The school has adequate resources for the effective implementation of the mental health policy.	3.24	A
4. A mental health coordinator oversees the policy, providing regular staff training.	3.21	A
5. The school leadership is committed to the mental health policy, regularly reviewing and integrating it into the school culture.	3.22	A
Overall Weighted Mean	3.23	A
B. Emotional Wellbeing Programs	WX	DR
1. The school offers stress management workshops and access to mindfulness and relaxation techniques.	3.29	SA
2. An effective employee assistance program provides counseling and mental health resources.	3.23	A
3. The school supports a healthy work-life balance and recognizes staff achievements.	3.36	SA
4. The school leadership fosters emotional support, organizing social events and team-building activities.	3.44	SA
5. The school's mental health programs, including screenings and self-care resources, are regularly evaluated and updated.	3.23	A
Overall Weighted Mean	3.31	SA
C. Psychological Resilience Development	WX	DR
The school offers professional development on resilience, adaptability, and change management.	3.31	SA
A mentorship program supports teachers' personal growth and reflection.	3.24	A
The school leadership promotes a growth mindset, viewing challenges as opportunities for learning.	3.39	SA
Mental health resources provide stress management tools tailored to staff needs.	3.24	A
The school empowers teachers in their growth, regularly evaluating resilience initiatives.	3.28	SA
Overall Weighted Mean	3.29	SA
D. Spiritual Wellbeing Integration	WX	DR
The school's mental health policy aligns with Catholic values and recognizes spirituality's role in well-being.	3.46	SA
Teachers are supported in integrating their spiritual beliefs through faith-focused professional development.	3.46	SA
The school organizes prayer, reflection, and retreats to nurture staff's spiritual well-being.	3.65	SA
The school leadership promotes Catholic identity in school operations and collaborates with pastoral leaders.	3.57	SA
Spiritual well-being efforts are regularly evaluated and adapted, fostering a sense of belonging in the Catholic community.	3.48	SA
Overall Weighted Mean	3.52	SA

Policy Development and Implementation.

The findings on policy development and implementation in academic mental health reveal a moderate level of agreement among faculty, with an overall weighted mean of 3.23. The strongest support was for aligning mental health policies with Catholic values (3.27), while lower ratings were noted for teaching staff involvement in policy formulation (3.19), indicating foundational approval but limited participatory engagement (Pilato et al., 2021; Payne, 2022). This gap highlights a critical area for improvement—ensuring that policies reflect the lived realities and professional insights of educators.

This observation aligns with the literature that emphasizes the importance of inclusive policy development. Studies show that policies lacking faculty input often suffer from poor contextual alignment and limited buy-in, ultimately weakening implementation (Tham & Thorén, 2020). In contrast, models from North America and Europe demonstrate that faculty engagement leads to more relevant and effective mental health frameworks, supported by a culture of shared governance (Spear et al., 2020; Dooris et al., 2019). Furthermore, training programs that empower faculty to participate in policy advocacy can foster a more inclusive and responsive culture of mental health (Smith et al., 2020). Clear pathways for educator involvement in policy design are essential to addressing the evolving psychological needs of academic communities and ensuring that mental health strategies are both relevant and sustainable (Havaei et al., 2021).

Emotional Well-Being Programs. The findings on emotional well-being programs reveal a strong overall consensus among participants, with a mean score of 3.31 interpreted as "Strongly Agree." High ratings for leadership-led emotional support through team-building activities (3.44), recognition of staff achievements (3.36), and stress management workshops (3.29) suggest that institutional backing plays a critical role in promoting emotional health. However, lower ratings for program evaluation and counseling accessibility (3.23) indicate areas that need further improvement. Literature supports the effectiveness of emotional well-being programs when integrated into daily routines and visibly supported by leadership. Studies have shown that leadership engagement enhances job satisfaction, reduces burnout, and fosters a culture of care (Wei et al., 2024; Luo et al., 2022). Celebratory and team-oriented practices, particularly in educational settings, have been linked to enhanced morale and improved retention (MacDonald, 2023). These findings resonate with the "Positive Emotion" dimension of the PERMA model, reinforcing that emotional support is foundational to institutional well-being (Macaday-Quioco, 2024). Nevertheless, the study's cross-sectional design limits assessment of long-term program impact. As Clarke et al. (2021) argue, longitudinal research is necessary to evaluate sustained effectiveness. Additionally, this study did not explore the reach and accessibility of programs across departments, a critical factor for equity and inclusivity. Addressing this requires structured scheduling, equitable access, and outcome-based evaluations (Ferrari et al., 2022;

Sabzwari & Iqbal, 2021). To sustain morale and effectiveness, emotional well-being initiatives must be integrated into institutional strategy, rather than being treated as peripheral efforts. Institutionalizing such programs ensures continued relevance and reinforces a psychologically healthy and productive academic environment (Manning-Geist et al., 2019).

Psychological Resilience Development. The findings on psychological resilience development reveal a positive overall mean of 3.29, interpreted as "Strongly Agree." High ratings for promoting a growth mindset (3.39) and resilience-focused professional development (3.31) reflect institutional recognition of resilience as a key component of staff well-being. However, lower scores for mentorship and tailored stress management resources (3.24) suggest implementation gaps that may hinder program effectiveness. Research confirms the effectiveness of resilience-building strategies in mitigating workplace stress and reducing turnover. Programs that integrate adaptability training, mentorship, and reflective practices have demonstrated success in improving morale and retention, particularly in ASEAN contexts like Thailand and Singapore (Zhai et al., 2021; Henshall et al., 2020; Nindra et al., 2024). However, the moderate rating for mentorship highlights a disconnect between policy design and on-the-ground experiences, suggesting that mentorship structures may lack clarity or consistency (Davey et al., 2020). This aligns with the PERMA model's "Accomplishment" domain, which emphasizes the importance of supporting personal growth through structured developmental systems (Macaday-Quioco, 2024). A key limitation of the study is the absence of qualitative feedback, which could capture more profound insights into the quality, accessibility, and impact of resilience initiatives. Reflective tools, such as mentoring journals, can provide valuable insights to inform program refinement (Gibbons et al., 2023). To improve outcomes, institutions should provide formal training for mentors, establish metrics to track mentee progress, and tailor stress management tools to specific departmental and role-based needs (Buchholz et al., 2024). Studies from high-stress fields such as nursing reinforce the effectiveness of targeted, role-sensitive resilience programs in mitigating burnout (Zhai et al., 2021; Henshall et al., 2020). While the current reception of resilience initiatives is favorable, institutionalizing a comprehensive and feedback-driven approach is vital. Embedding mentorship and customized support into organizational systems will ensure that resilience strategies are sustainable, responsive, and meaningful (Srikesavan et al., 2022; Henshall et al., 2023).

Spiritual Well-Being Integration. The findings indicate a strong integration of spiritual well-being within institutional mental health initiatives, with an overall mean of 3.52 (“Strongly Agree”). Prayer, retreats, and reflections received the highest rating (3.65), followed by alignment with Catholic identity (3.57) and support for faith integration in teaching (3.46). These results affirm the institution’s success in embedding spirituality into its operational culture, consistent with best practices in faith-based educational settings (Coppola et al., 2021). Global and regional studies confirm the positive impact of spiritual engagement on mental health, particularly in reducing anxiety and fostering a sense of purpose—benefits that were especially evident during the COVID-19 pandemic (Dizon et al., 2023; Putri et al., 2021). Within ASEAN Catholic schools, initiatives like pastoral care and Ignatian reflections have been linked to improved morale and retention (Coppola et al., 2021). These findings align with the “Meaning” domain of the PERMA model, which emphasizes spirituality as a core contributor to well-being (Mendes et al., 2023). However, a key limitation is the study’s implicit assumption of spiritual uniformity. The lack of assessment of non-Catholic or non-religious staff perspectives may limit the inclusiveness of current spiritual programs (Feng et al., 2021). This highlights the need for more pluralistic and inclusive spiritual frameworks that respect religious diversity while upholding institutional values (Chen et al., 2021). To enhance both inclusivity and impact, institutions should incorporate reflective practices, spiritual mentoring, and staff training on inclusive expressions of faith. Evaluating these initiatives through demographic-sensitive metrics can ensure their relevance and effectiveness (Gallegos & Segrin, 2019; Koburtay et al., 2022). In conclusion, while spiritual well-being is well-integrated and positively perceived, future efforts must ensure inclusivity and responsiveness to diverse beliefs. Doing so will foster a more holistic and inclusive approach to staff well-being, aligning with the institution’s Catholic mission and the diverse spiritual identities of its community.

Pearson correlation analysis among various dimensions of employee well-being and institutional mental health support

To explore the interrelationships among various dimensions of employee well-being and institutional mental health support, a Pearson correlation analysis was conducted. This analysis examined the associations between emotional well-

being, psychological resilience, interpersonal relationships, spiritual well-being, and key institutional factors, including policy development and implementation, emotional well-being programs, psychological resilience development, and the integration of spiritual well-being. Understanding these relationships is crucial for determining how individual wellness outcomes are influenced by systemic support mechanisms within the academic work environment. By identifying statistically significant correlations, the study aims to provide empirical insights into how institutional strategies can be aligned to holistically promote mental health, engagement, and resilience among employees.

Table 1
Correlation Matrix Among Key Mental Health and Institutional Support Variables (N = 98)

Variable	1	2	3	4	5	6	7	8
1. Emotional Well-Being	—							
2. Psychological Resilience	.807**	—						
3. Interpersonal Relationships	.525**	.622**	—					
4. Spiritual Well-Being	.425**	.526**	.615**	—				
5. Policy Development & Implementation	.432**	.551**	.466**	.538**	—			
6. Emotional Well-Being Programs	.385**	.461**	.477**	.474**	.839**	—		
7. Psychological Resilience Development	.352**	.504**	.504**	.457**	.702**	.799**	—	
8. Spiritual Well-Being Integration	.383**	.480**	.582**	.605**	.676**	.691**	.645**	—

Note. All correlations are Pearson’s *r*.
p < .01 (2-tailed).

The Pearson correlation analysis revealed statistically significant and positive relationships among all the measured variables, with significance levels at $p < .001$. Most notably, emotional well-being demonstrated a very strong correlation with psychological resilience ($r = .807$, $p < .001$), indicating that employees who reported greater emotional well-being also exhibited higher psychological resilience. This strong relationship highlights the interconnection between emotional stability and adaptive coping mechanisms in the workplace.

Similarly, interpersonal relationships were positively correlated with both psychological resilience ($r = 0.622$, $p < 0.001$) and spiritual well-being ($r = 0.615$, $p < 0.001$), suggesting that strong social connections contribute significantly to both personal resilience and a sense of spiritual purpose. These findings support prior literature emphasizing the buffering effect of supportive relationships against psychological distress (Jimenez et al., 2024).

Policy development and implementation showed strong positive correlations with emotional well-being programs ($r = .839, p < .001$) and psychological resilience development ($r = .702, p < .001$), highlighting the centrality of well-structured policies in enhancing both the emotional and adaptive capacities of employees. This aligns with Kessler et al. (2020), who emphasized that institutional commitment and leadership play vital roles in shaping resilient organizational cultures.

Furthermore, spiritual well-being integration correlated moderately to strongly with other variables, particularly with spiritual well-being ($r = 0.605, p < 0.001$), interpersonal relationships ($r = 0.582, p < 0.001$), and emotional well-being programs ($r = 0.691, p < 0.001$). These relationships suggest that spiritual integration within institutional practices enhances not only individual spirituality but also emotional and social wellness.

The significant intercorrelations suggest a holistic model where emotional, psychological, social, and spiritual dimensions of well-being are mutually reinforcing. These findings advocate for integrated mental health frameworks, where institutional support structures—such as policies, leadership, and program diversity—are essential for fostering a thriving academic work environment (World Health Organization, 2021; CHED, 2022).

Table 1
Analysis of Variance (ANOVA) Results for Emotional Wellbeing, Psychological Resilience, Interpersonal Relationships, Spiritual Wellbeing, and Policy Development Across Demographic Variables

Grouping Variables	Dependent Variable	Sum of Squares	df	Mean Square	F	Sig.
Age	Emotional Wellbeing	2.711	4	0.678	4.013	.005
	Psychological Resilience	3.898	4	0.974	5.001	.001
	Interpersonal Relationships	1.363	4	0.341	2.110	.086
	Spiritual Wellbeing	1.677	4	0.419	2.714	.035
	Policy Development and Implementation	3.591	4	0.898	2.318	.063
Gender	Dependent Variable	Sum of Squares	df	Mean Square	F	Sig.
	Emotional Wellbeing	0.198	1	0.198	1.045	.309

Grouping Variables	Dependent Variable	Sum of Squares	df	Mean Square	F	Sig.
Educational Attainment	Psychological Resilience	0.590	1	0.590	2.641	.107
	Interpersonal Relationships	0.023	1	0.023	0.137	.712
	Spiritual Wellbeing	0.075	1	0.075	0.451	.504
	Policy Development and Implementation	0.083	1	0.083	0.202	.654
	Dependent Variable	Sum of Squares	df	Mean Square	F	Sig.
Department	Emotional Wellbeing	2.857	4	0.714	4.268	.003
	Psychological Resilience	4.007	4	1.002	5.172	<.001
	Interpersonal Relationships	2.216	4	0.554	3.638	.008
	Spiritual Wellbeing	1.129	4	0.282	1.761	.143
	Policy Development and Implementation	2.230	4	0.558	1.387	.244
Occupational Role	Dependent Variable	Sum of Squares	df	Mean Square	F	Sig.
	Emotional Wellbeing	4.382	10	0.438	2.716	.006
	Psychological Resilience	4.998	10	0.500	2.554	.009
	Interpersonal Relationships	1.893	10	0.189	1.136	.345
	Spiritual Wellbeing	1.293	10	0.129	0.762	.664
Employment Status	Policy Development and Implementation	9.724	10	0.972	2.832	.004
	Dependent Variable	Sum of Squares	df	Mean Square	F	Sig.
	Emotional Wellbeing	2.072	12	0.173	0.898	.553
	Psychological Resilience	2.207	12	0.184	0.789	.660
	Interpersonal Relationships	1.470	12	0.123	0.698	.749
Employment Status	Spiritual Wellbeing	1.114	12	0.093	0.529	.891
	Policy Development and Implementation	8.334	12	0.694	1.888	.047
	Dependent Variable	Sum of Squares	df	Mean Square	F	Sig.
	Emotional Wellbeing	0.743	2	0.371	1.996	.142
	Psychological Resilience	0.892	2	0.446	2.006	.140
Employment Status	Interpersonal Relationships	0.512	2	0.256	1.531	.222

Grouping Variables	Dependent Variable	Sum of Squares	df	Mean Square	F	Sig.
Years of Service	Spiritual Wellbeing	0.414	2	0.207	1.260	.288
	Policy Development and Implementation	1.669	2	0.834	2.090	.129
	Dependent Variable	Sum of Squares	df	Mean Square	F	Sig.
	Emotional Wellbeing	3.378	5	0.676	4.133	.002
	Psychological Resilience	3.904	5	0.781	3.966	.003
	Interpersonal Relationships	0.738	5	0.148	0.868	.506
	Spiritual Wellbeing	0.917	5	0.183	1.116	.358
	Policy Development and Implementation	4.036	5	0.807	2.088	.074

Age. The results revealed a statistically significant difference across age groups in emotional well-being, $F(4, 93) = 4.013, p = .005$; psychological resilience, $F(4, 93) = 5.001, p = .001$; and spiritual well-being, $F(4, 93) = 2.714, p = .035$. These results suggest that age may influence how employees perceive and experience emotional regulation, resilience, and spiritual wellness, possibly reflecting differences in maturity, life experience, or coping strategies. Interpersonal relationships, policy implementation, and other wellness dimensions did not exhibit significant variation across age groups, suggesting a more uniform perception of institutional support among them.

Gender. The ANOVA for gender revealed no statistically significant differences across any of the wellness domains, with *p-values ranging from 0.107 to 0.917*. This suggests that male and female respondents reported similar experiences regarding emotional well-being, resilience, interpersonal connection, and perceived institutional mental health support. The data indicate that gender does not significantly influence the way mental health services and personal wellness are experienced in the studied context.

Educational Attainment. Educational attainment showed significant differences in emotional well-being, $F(4, 93) = 4.268, p = .003$; psychological resilience, $F(4, 93) = 5.172, p < .001$; and interpersonal relationships, $F(4, 93) = 3.638, p = .008$. These findings suggest that higher educational levels may be associated with better psychological and emotional resources, as

well as more positive interpersonal dynamics. However, the remaining wellness domains, including policy and program implementation, showed no significant difference, indicating that institutional efforts may be consistently accessible regardless of educational level.

Department. Significant differences were observed among departments in emotional well-being, $F(10, 87) = 2.716, p = .006$; psychological resilience, $F(10, 87) = 2.554, p = .009$; policy development and implementation, $F(10, 87) = 2.832, p = .004$; emotional well-being programs, $F(10, 87) = 2.385, p = .015$; and psychological resilience development, $F(10, 87) = 2.054, p = .037$. These results suggest that department affiliation has a significant impact on perceptions of institutional support and individual wellness. Differences could reflect variations in departmental leadership, workload, or culture. No significant differences were found in spiritual well-being or interpersonal relationships.

Occupational Role. ANOVA results showed a significant difference in policy development and implementation across occupational roles, $F(12, 85) = 1.888, p = .047$. This finding suggests that awareness or perception of institutional mental health policies may vary depending on one's role within the organization. However, emotional well-being, psychological resilience, and other related variables did not differ significantly across roles, suggesting a general consistency in personal well-being experiences across different job functions.

Employment Status. No significant differences were found across employment statuses in any of the dimensions ($p > .05$ for all). This suggests that whether an employee is full-time, part-time, or contractual does not substantially impact their perception of mental health programs, emotional well-being, or support systems. It may indicate equal accessibility of institutional mental health resources across employment types.

Years of Service. Years of service showed significant differences in emotional well-being, $F(5, 92) = 4.133, p = .002$; and psychological resilience, $F(5, 92) = 3.966, p = .003$. These results suggest that tenure within the institution influences how employees manage emotions and develop resilience, possibly due to the accumulation of institutional familiarity or the development of professional coping mechanisms. However, there were no significant differences in

interpersonal or spiritual well-being, suggesting that these aspects are stable across service lengths.

Qualitative Findings

1. Accessibility and Availability

The accessibility and availability of mental health services emerged as a critical theme in enhancing institutional support for employee well-being. This theme underscores the importance of providing responsive, flexible, and consistent mental health programs that cater to the diverse needs of staff.

Emerging Theme	Category	Code	Verbatim Response
Accessibility and Availability	Flexible Services	24/7 Support	P2: <i>Wellness days, and 24/7 access to mental health hotlines.</i>
	On-site Services	Counseling Access	P14: <i>Offering on-site or partnered counseling services.</i>
	Flexible Scheduling	Mental Health Days	P4: <i>Allowing mental health days.</i>
	Virtual Platforms	Online Counseling	P1: <i>Including on-demand virtual counseling.</i>
	Physical Access	Clinical Psychologist	P10: <i>Have a clinical psychologist.</i>
	Routine Services	Psychological Consults	P3: <i>Psychological consultations.</i>
	Wellness Monitoring	Regular Check-ins	P 8: <i>Regular mental health check-ins to better support its employees' well-being.</i>

The analysis reveals that accessibility and availability are critical dimensions of workplace mental health support, as demonstrated through participant narratives emphasizing the need for continuous, personalized, and diverse service delivery. One prominent category is flexible services, with P2 underscoring the importance of “Wellness days, and 24/7 access to mental health hotlines,” highlighting the value of uninterrupted support for immediate psychological needs.

On-site services were also frequently mentioned, with P14 stating, “Offering on-site or partnered counseling services,” a strategy that reduces barriers by bringing professional help closer to the workplace. In relation to flexible scheduling, institutional recognition of mental health recovery time

was cited by P4: “Allowing mental health days,” enabling staff to manage emotional strain and maintain balance.

The role of virtual platforms in improving access was emphasized by P1: “Including on-demand virtual counseling,” showcasing the growing relevance of telehealth in providing timely, location-independent care. Physical access to professionals also emerged as vital, with P10 recommending, “Have a clinical psychologist,” advocating for in-house expertise to ensure comprehensive support.

Routine services, such as “Psychological consultations” (P3), were identified as foundational to wellness initiatives, while wellness monitoring through “Regular mental health check-ins” (P8) reflected a proactive strategy in addressing staff well-being continuously.

These insights support a multi-layered approach to mental health services—integrating physical, virtual, immediate, and scheduled care—aligned with global best practices (World Health Organization, 2021; Liang & Bautista, 2021). This comprehensive model not only fosters access but also cultivates a workplace culture that prioritizes mental wellness, adaptability, and sustained support.

2. Program Awareness and Communication

Program awareness and effective communication are vital for ensuring the success and utilization of institutional mental health initiatives. This emerging theme underscores the necessity of strategic dissemination and feedback systems that inform and engage employees regarding available services.

Emerging Theme	Category	Code	Verbatim Response
Program Awareness and Communication	Orientation & Dissemination		P2: <i>Inform and orient the employees... Dissemination is the key.</i>
	Online Visibility	Social Media Updates	P1: <i>Regular posting on social media or Facebook page.</i>
	Feedback Mechanisms	Regular Evaluation	P3: <i>Regular Feedback and Adaptation.</i>
	Information Flow	Service Awareness	P13: <i>Promote mental health awareness because there is a program</i>

Emerging Theme	Category	Code	Verbatim Response
	Employee Communication	Orientation Programs	<i>but not everybody is aware of it.</i> <i>P17: Therapy and orientation for the existing services offered for awareness.</i>
	Visibility Programs	of Service Education	<i>P14: There should be education and information on what services or programs are available.</i>

The thematic analysis highlights program visibility and awareness as crucial components in the effectiveness of institutional mental health initiatives. A key category is orientation and promotion, where structured communication efforts were seen as foundational. As P2 emphasized, “Inform and orient the employees... Dissemination is the key,” indicating that awareness must begin with proactive and organized messaging.

The use of digital platforms emerged as another essential strategy. P1 proposed “Regular posting on social media or Facebook page,” reflecting the role of online visibility in maintaining engagement and keeping staff informed. Equally important is the establishment of feedback mechanisms, with P3 stressing the value of “Regular feedback and adaptation,” underscoring the need for continuous program evaluation to ensure responsiveness to employees' evolving needs.

Participants also noted challenges in information flow, as illustrated by P13: “Promote mental health awareness because there is a program but not everybody is aware of it.” This statement highlights a critical disconnect between the program's existence and the actual awareness of staff. To address this, P17 recommended “Therapy and orientation for the existing services offered for awareness,” suggesting that formal sessions could reinforce understanding and access.

Additionally, service education was identified as a priority. P14 stated, “There should be education and information on what services or programs are available,” highlighting the need for clear, ongoing explanations of available mental health resources.

These insights underscore the importance of integrated communication strategies that not only promote awareness but also normalize mental health conversations and reduce stigma. Consistent with

findings from Kohls et al. (2021) and the World Health Organization (2021), internal communication systems that emphasize visibility, feedback, and education are instrumental in cultivating a supportive, responsive, and mentally healthy workplace culture.

3. Confidentiality and Trust

Confidentiality and trust emerged as a fundamental theme in the effective implementation of workplace mental health programs. Employees' willingness to access mental health services is primarily influenced by their perception of the program's ability to protect their privacy and maintain impartiality.

Emerging Theme	Category	Code	Verbatim Response
Confidentiality and Trust	Safe Disclosure	Confidential Support	<i>P7: An office... with a high sense of confidentiality practice.</i>
	Bias-Free Systems	Anonymous Reporting	<i>P12: Anonymous report... and a team where an investigation isn't biased.</i>
	Privacy Concerns	Confidentiality Emphasis	<i>P4: Intensify the confidentiality between employee and attending personnel.</i>
	Sensitive Environment	Privacy Culture	<i>P12: People who are fond of stories... creates unhealthy atmosphere in the community.</i>

The theme of safe disclosure underscores the critical need to create environments where individuals can seek help without fear of exposure or judgment. P7 emphasized the value of “an office... with a high sense of confidentiality practice,” affirming that trust in mental health services hinges on strict adherence to privacy and respectful handling of sensitive concerns.

A closely related category is the call for bias-free systems, as articulated by P12, who recommended “Anonymous report... and a team where an investigation isn't biased.” This highlights the importance of establishing impartial, non-retaliatory mechanisms for addressing mental health concerns, critical for building trust and ensuring employee safety.

Privacy protocols were also emphasized as foundational to ethical care. P4 urged institutions to “intensify the confidentiality between employee and attending personnel,” reinforcing that discretion and ethical standards are essential to protect staff vulnerability. Additionally, the need for a sensitive workplace culture was highlighted by P12, who cautioned against gossip: “People who are fond of stories... create an unhealthy atmosphere in the community,” pointing to how informal breaches of confidentiality can perpetuate stigma and erode psychological safety.

These narratives affirm that fostering a culture of confidentiality goes beyond policy—it requires intentional cultural change. Institutions must implement staff training, establish robust privacy frameworks, and cultivate a climate where mental health concerns are addressed with discretion, neutrality, and empathy. As supported by global guidelines, including those from the World Health Organization (2021) and Dimoff and Kelloway (2019), confidentiality and stigma reduction are crucial for fostering trust and promoting meaningful engagement with wellness programs.

4. Diversity of Mental Health Programs

The theme of diversity in mental health programs reflects a multidimensional approach to supporting employee well-being through a range of therapeutic, recreational, and psychosocial interventions. Participants emphasized the importance of varied strategies that address different aspects of mental health, from clinical support to creative expression and social bonding.

Category	Category	Code	Verbatim Response
Diversity of Mental Health Programs	Workshops & Seminars	Therapeutic Workshops	P5: <i>Stress management, anger management, inner childhood seminar.</i>
	Support Structures	Peer Support Groups	P16: <i>Peer support groups.</i>
	Therapeutic Services	Psychotherapy	P10: <i>Psychotherapy check-ups.</i>
	Creative Engagement	Leisure Activities	P17: <i>Budget for leisure or outdoor activities.</i>
	Recreation Programs	Teambuilding	P14: <i>Teambuilding and other related activities without discrimination.</i>

Category	Category	Code	Verbatim Response
	Mental Breaks	Wellness Activities	P18: <i>Regular mental health breaks.</i>
	Self-awareness Support	Open Forums	P16: <i>Open forums every end of school year.</i>

The theme of program diversity highlights the need for comprehensive, inclusive, and responsive mental health strategies. One key category is workshops and seminars, which offer structured opportunities for emotional processing and skill development. As P5 noted, “Stress management, anger management, inner childhood seminar,” these targeted interventions promote self-regulation and healing.

Peer support groups were also emphasized as critical components of a psychologically supportive workplace. P16 simply stated, “Peer support groups,” pointing to the value of mutual empathy and shared experiences in reducing feelings of isolation. This is reinforced by the need for therapeutic services, with P10 suggesting, “Psychotherapy check-ups,” to ensure regular access to individualized psychological care.

Beyond clinical interventions, creative engagement and recreation programs emerged as vital for stress relief and team cohesion. P17 emphasized the importance of, “Budget for leisure or outdoor activities,” while P14 advocated for “Teambuilding and other related activities without discrimination,” pointing to the dual benefits of emotional renewal and social inclusion.

Mental breaks were also considered essential. P18’s statement, “Regular mental health breaks,” reflects the need for institutional routines to include restorative pauses to mitigate burnout. Additionally, self-awareness support was highlighted through reflective activities like “Open forums every end of school year” (P16), which allow employees to voice their experiences and contribute to organizational learning.

Collectively, these narratives suggest a shift toward a holistic mental health model that incorporates therapy, peer connection, creative expression, structured rest, and reflective practice. This approach aligns with global standards that advocate for layered, culturally sensitive, and employee-centered interventions to promote workplace mental health (World Health Organization, 2021; Attridge, 2019). Such diversity in programming not only enhances

psychological safety but also strengthens engagement and institutional cohesion.

5. Stigma Reduction and Culture Building

Emerging Theme	Category	Code	Verbatim Response
Stigma Reduction and Culture Building	Normalization	Normalize Mental Health	P10: <i>Normalize mental health in the workplace.</i>
	Community Building	Team Building Activities	P7: <i>Team building activities.</i>
	Leadership Role	Empathetic Leaders	P4: <i>Training school leaders to recognize signs of mental distress with empathy.</i>
	Cultural Shift	Stigma-Free Space	P3: <i>Normalize usage of mental health facilities and reduce its stigma.</i>

The theme of stigma reduction and culture building reflects a critical institutional priority: fostering an environment where mental health is openly recognized and compassionately addressed. A central category within this theme is normalization, as emphasized by P10: “Normalize mental health in the workplace,” signaling the need to treat mental health as a standard, legitimate aspect of organizational life rather than a taboo or exceptional issue.

Community building plays a complementary role by nurturing shared understanding and psychological safety. P7’s mention of “Team building activities” underscores how structured, inclusive social engagement can strengthen trust and support, foundational elements of a mentally healthy work culture.

The leadership role emerged as a transformative factor. P4 noted the value of “Training school leaders to recognize signs of mental distress with empathy,” highlighting the necessity of emotionally intelligent leadership that models supportive behaviors and creates safe spaces for mental health discussions.

Lastly, the need for a cultural shift was reinforced by P3: “Normalize usage of mental health facilities and reduce its stigma.” This points to the importance of promoting help-seeking behaviors through consistent messaging, institutional policies, and behavior modeling.

These findings align with global evidence suggesting that destigmatizing mental health requires long-term, multi-level interventions involving education, leadership engagement, and cultural reinforcement (Corrigan & Kosyluk, 2014; World Health Organization, 2021). By embedding mental health into the organizational ethos, institutions can cultivate a culture of acceptance, empathy, and collective responsibility for psychological well-being.

6. Institutional Integration and Policy

The theme of institutional integration and policy highlights the importance of embedding mental health initiatives within the core structures and operational strategies of educational institutions. A key category is policy integration, which ensures that services are not perceived as peripheral but are a formal part of institutional life.

Emerging theme	Category	Code	Verbatim Response
Institutional Integration and Policy	Policy Integration	Institutionalization	P14: <i>Services should be institutionalized and part of orientation.</i>
	Governance	Program Monitoring	P17: <i>The seminar workshops can be done monthly to monitor the process.</i>
	Leadership Commitment	Mental Health Leadership	P20: <i>Regular evaluation of faculty problems that may affect their mental health.</i>
	Systematic Planning	Monthly Workshops	P10: <i>Continue establishing Mental Health seminars and workshops.</i>

The theme of institutional integration and policy underscores the importance of embedding mental health initiatives into the core operations of educational institutions. As P14 stated, “Services should be institutionalized and part of orientation,” emphasizing that mental health support must be formally introduced to new employees to establish its legitimacy and organizational value from the outset. Governance plays a central role in maintaining program effectiveness. P17 highlighted, “The seminar workshops can be done monthly to monitor the process,” reinforcing the need

for regular monitoring, feedback loops, and iterative improvements to ensure that mental health initiatives remain responsive and effective. Leadership commitment is equally critical. P20 stressed the value of “Regular evaluation of faculty problems that may affect their mental health,” pointing to the need for school leaders to be proactive and empathetic in assessing and addressing emerging mental health concerns. This aligns with preventive leadership models that advocate for timely and supportive interventions grounded in mental health literacy and emotional intelligence. Additionally, systematic planning ensures the continuity and sustainability of programs. P10’s suggestion to “Continue establishing Mental Health seminars and workshops” reflects the necessity of strategic, long-term scheduling rather than sporadic efforts. A structured approach contributes to a resilient institutional framework that adapts to the evolving needs of staff. These insights align with global best practices, including the World Health Organization’s whole-school approach and systems-based models of well-being, which advocate for cohesive policy integration, leadership accountability, and continuous planning (WHO, 2021; Kessler et al., 2020). By aligning governance, leadership, and operational planning with mental health priorities, institutions can foster a lasting culture of care and support.

Integration of findings

This embedded mixed methods design captured both the **breadth** (quantitative trends) and **depth** (qualitative experiences) of employee perceptions. The convergence of data supported existing strengths in emotional support and program implementation. However, divergences highlighted key areas for improvement, particularly in **communication, confidentiality, and professional service quality**. Expansive qualitative insights added specificity to the otherwise general quantitative findings, illustrating the importance of a holistic, employee-centered approach to mental health in schools.

Integration Table

Quantitative Result	Qualitative Insight	Emerging Themes	Interpretation
Moderate policy awareness (M ≈ 3.23)	“We are not aware of any programs existing.” (P3)	Awareness and Visibility of Mental Health Programs	Program dissemination is inadequate
General access agreement (M ≈ 3.24)	“Offer 24/7 hotline,” “Provide more	Accessibility and Professional Support Services	Employees want more

Quantitative Result	Qualitative Insight	Emerging Themes	Interpretation
	mental health staff”		professional, available care
High rating for emotional support (M ≈ 3.29–3.36)	“Therapy, anger mgmt seminars, team building”	Emotional Well-Being and Psycho-Social Support	Programs work but need diversity and frequency
Leadership commitment scored moderately (M ≈ 3.22)	“Anonymous reporting,” “Judgmental culture in small communities”	Confidentiality and Psychological Safety	Psychological safety is not fully established
Program implementation rated positively (M ≈ 3.30)	“Institutionalize in orientation,” “Monitor monthly”	Institutionalization and Sustainability	Suggests need for structural embedding

Theme 1: Awareness and Visibility of Mental Health Programs

Quantitative findings revealed moderate agreement regarding awareness of school-based mental health policies and their alignment with institutional values, with a mean score of approximately 3.23. This suggests that a majority of employees are aware of mental health initiatives and perceive them as reasonably well-integrated into the institutional framework. However, qualitative responses unveiled a significant gap between policy presence and staff awareness. Several participants expressed uncertainty or a complete lack of knowledge about existing programs. As one participant stated, “We are not aware of any programs existing” (P3), while others emphasized the need for orientation and promotion: “Orient on available programs” (Q2 P27) and “Promote mental health awareness because not everybody is aware of it” (Q2 P23).

This divergence highlights a crucial communication breakdown. While formal structures may be in place, the dissemination of these policies appears to be insufficient, thereby limiting their effectiveness. Liang and Bautista (2021) emphasize the importance of consistent and structured communication in ensuring that institutional policies are effectively implemented and understood. Without explicit and repeated messaging, even well-designed programs risk underutilization. This concern is echoed by the World Health Organization’s Health-Promoting Schools (HPS) framework, which identifies visibility and clarity of health-related policies as key drivers of meaningful engagement and institutional impact (WHO, 2021). Therefore, enhancing internal communication strategies

is crucial for bridging the gap between policy and practice and fostering a more informed and supportive school environment.

Theme 2: Accessibility and Professional Support Services

Quantitative results on access to counseling services and mental health support structures revealed mean scores ranging from 3.22 to 3.27, interpreted as "Agree." These scores suggest a general perception of satisfaction regarding the availability of mental health services among employees. However, this surface-level approval was complicated by the qualitative findings, which revealed concerns about the adequacy, accessibility, and professional quality of the available services.

Participants expressed specific needs for improvements in service delivery and professional staffing. As one respondent noted, "Provide more experienced and more mental health staff" (P23), while others called for round-the-clock access and specialized personnel: "Offer 24/7 access to mental health hotlines" (P2) and "Have a clinical psychologist" (P50). These comments suggest an expectation for more accessible and professionally grounded support services that cater to the diverse and immediate needs of the workforce.

This finding is consistent with Pressley's (2021) observations, who argued that institutional mental health programs must move beyond mere presence and instead focus on tailoring services to employees' real-time needs and logistical realities. The qualitative data reinforce the idea that the **quality, availability, and usability** of mental health services are interdependent. Institutions must not only ensure that services exist but also that they are sufficiently resourced, professionally staffed, and practically accessible to those who need them. This alignment is crucial for fostering meaningful engagement with mental health programs and promoting psychological well-being in educational settings.

Theme 3: Emotional Well-Being and Psycho-Social Support

Quantitative findings related to emotional well-being programs, including wellness initiatives and stress reduction efforts, yielded among the highest mean scores in the dataset ($M \approx 3.29\text{--}3.36$), indicating strong employee satisfaction. These results suggest that

existing programs are generally perceived as effective in supporting emotional health within the workplace.

Qualitative data affirm this trend, with participants expressing appreciation for current offerings such as "Wellness days, stress management workshops" (P2, P18) and noting that "Seminars and therapy sessions help" (P27, P30). These narratives reflect positive reception and perceived benefits of psycho-social support structures already in place.

Nonetheless, a recurring theme in the qualitative responses was the need for greater **variety and consistency** in programming. Participants suggested enhancements such as "More creative workshops like anger management and inner childhood healing" (P5) and advocated for inclusivity in wellness activities: "Teambuilding activities without discrimination" (P54). These insights support Kamel et al. (2020), who emphasized that the effectiveness of well-being programs is significantly improved when they are both diverse and regularly implemented.

This aligns with the **Health-Promoting Schools (HPS)** framework of the World Health Organization (WHO, 2021), which identifies emotional support systems as core components of a healthy and resilient school environment. Together, the quantitative and qualitative data suggest that while foundational psycho-social support is well-regarded, sustained investment in creative, inclusive, and structured programming is essential to promote emotional resilience and long-term occupational well-being.

Theme 4: Confidentiality and Psychological Safety

Quantitative data related to leadership commitment and oversight of mental health programs yielded mid-level agreement ($M \approx 3.21\text{--}3.24$), suggesting moderate confidence in existing support structures. While these scores indicate general acknowledgment of institutional efforts, they also reflect a potential hesitancy among employees to trust the system fully.

This caution was more explicitly expressed in the qualitative findings. Participants voiced concerns about confidentiality and psychological safety, with comments such as, "There should be an office with a high sense of confidentiality" (P7), and "Anonymous reporting needed... some people use personal issues against others" (Q2 P32, P52). These statements reveal

that fears of judgment, gossip, or misuse of personal information may be inhibiting employee engagement with mental health services.

Such concerns align with the findings of Gunawardena et al. (2024), who emphasized that confidentiality and trust are prerequisites for the effective implementation of workplace mental health programs. Without clearly defined and reliably enforced confidentiality protocols, institutions risk fostering environments of fear and disengagement.

The data underscore the need for organizations to develop secure, anonymous, and stigma-free reporting and counseling mechanisms, paired with strong ethical leadership. Ensuring psychological safety within the workplace is not only a matter of policy but also of cultivating a culture that values empathy, discretion, and protection of personal boundaries—cornerstones of any effective mental health strategy.

Theme 5: Institutionalization and Sustainability

Quantitative data assessing institutional commitment to mental health programs yielded a positive mean score ($M \approx 3.30$), indicating that employees generally recognize systemic efforts toward mental health support. This reflects a favorable perception of the organization's structural investment in employee well-being.

Qualitative responses further elaborated on this perspective, emphasizing the importance of formalizing and sustaining mental health initiatives through **policy integration and leadership development**. For instance, P34 stated, "Mental health services should be institutionalized and included in orientation," highlighting the need to embed mental health support into the onboarding process. Others recommended consistent program monitoring and leadership involvement: "Workshops should be conducted monthly to monitor progress" (Q2 P37), and "Leadership training in recognizing signs of distress" (P24).

These insights support a shift from **episodic programming to long-term institutionalization**, where mental health becomes a strategic and ongoing priority rather than a reactive or occasional concern. This approach aligns with the **CHED Healthy Learning Institutions (HLI) framework**, which advocates for the systemic integration of wellness policies and practices within educational institutions to promote sustainable and inclusive health cultures (CHED, 2022).

Collectively, the findings underscore the need for deliberate, structured, and ongoing efforts to integrate mental health into institutional systems. Doing so ensures not only program longevity but also reinforces a culture of care and accountability across all levels of the academic environment.

CONCLUSIONS

The findings of this study underscore that a multifaceted interplay of emotional well-being, psychological resilience, interpersonal relationships, and spiritual wellness strongly influences the mental health of employees in a Catholic academic institution. Employees generally reported high levels of well-being across these domains, with spiritual well-being emerging as the highest-rated dimension, emphasizing the role of faith in shaping a meaningful work environment. A novel insight generated by this study—absent in the current literature—is the statistically significant correlation between policy awareness and each domain of well-being. This implies that institutional communication and participatory policy-making have a direct impact on individual mental health outcomes, a connection often overlooked in policy-focused studies. Furthermore, the findings reveal that age, educational attainment, years of service, and departmental affiliation significantly affect perceptions of well-being, while gender and employment status do not, suggesting the need for more nuanced, context-specific interventions. Importantly, the study validates the relevance of the PERMA model in a faith-based academic setting, particularly by confirming its alignment with spiritual well-being—a dimension often excluded from traditional mental health frameworks. Through the convergence of qualitative and quantitative findings, this research contributes to the development of a culturally responsive, inclusive, and policy-integrated occupational mental health framework grounded in Catholic values. It supports existing theories on workplace well-being while also generating practical considerations for institutional leadership, particularly in fostering participatory governance and enhancing psychological safety for diverse occupational roles.

RECOMMENDATION

This study highlights the significant role of emotional, psychological, social, and spiritual well-being in shaping employee mental health within a Catholic academic institution. The findings emphasize the need

for a policy-integrated, faith-based mental health framework that supports a holistic and inclusive approach to employee wellness. Given the limitations in policy communication, limited participation in program design, and unequal access for non-teaching staff, it is recommended to institutionalize a Mental Health and Wellness Office led by a coordinator. Programs should be age- and role-responsive, aligned with Catholic values, and supported by strong confidentiality safeguards, regular evaluations, and inclusive communication strategies. Future studies should investigate the long-term effects of wellness initiatives on employee performance and retention, explore experiences of non-Catholic staff, and assess how institutional mental health culture impacts student outcomes. These directions will further strengthen evidence-based, inclusive, and mission-aligned mental health policies in Catholic education.

TRANSLATIONAL RESEARCH

To make the findings of this study accessible and impactful beyond academic circles, various translational research outputs will be developed. These include the production of visually engaging illustrated brochures and infographics that summarize key mental health findings and policy recommendations in plain language, suitable for dissemination during faculty orientation and wellness seminars. In partnership with the institution's communications and pastoral offices, short video clips and animated explainer videos will be created, emphasizing the connection between Catholic values and mental health principles through storytelling. These will be uploaded to internal platforms and social media channels. Testimonial-based radio plays and dramatized role-plays will be utilized in faculty development programs to normalize conversations about mental health and reduce stigma. Additionally, faith-integrated wellness posters will be displayed across departments to reinforce institutional commitment to mental well-being. To engage staff creatively, interactive reflection journals and retreat booklets will be introduced, allowing for self-guided engagement with PERMA-aligned practices. These translational tools serve not only to inform but to inspire, bridging empirical data with daily institutional practices in ways that are spiritually grounded, culturally resonant, and practically transformative.

Policy-Integrated Occupational Mental Health Framework Grounded in Catholic Values

Wellness Domain	Key Policy Focus	Catholic Value Integration	Recommended Institutional Strategies	Person Responsible
1. Emotional Well-being	Emotional wellness programs and crisis support	<i>Respect for Human Dignity; Preferential Option for the Vulnerable</i>	<ul style="list-style-type: none"> - Implement stress management workshops and mindfulness training - Offer mental health days and on-site/virtual counseling - Establish Employee Assistance Program (EAP) - Conduct resilience seminars and peer coaching 	Human Resource Director Guidance Counselor School Principal
2. Psychological Resilience	Resilience training and mental health leave	<i>Integral Human Development; Stewardship of the Person</i>	<ul style="list-style-type: none"> - Provide mental health leaves and psychological first aid training - Encourage reflective practice and self-care - Form peer support groups and team-building programs 	Mental Health Coordinator Academic Deans/Department Heads Guidance Office
3. Interpersonal Relationships	Inclusive workplace culture and collegial support	<i>Solidarity; Common Good; Subsidiarity</i>	<ul style="list-style-type: none"> - Establish restorative conflict resolution systems 	School Director HR Office Faculty Club President
Wellness Domain	Key Policy Focus	Catholic Value Integration	Recommended Institutional Strategies	Person Responsible
4. Spiritual Well-being	Integration of spirituality in wellness policy	<i>Faith and Reason; Evangelization; Promotion of Spiritual Life</i>	<ul style="list-style-type: none"> - Recognize and reward collaborative efforts - Organize spiritual retreats, recollections, and prayer circles - Provide pastoral counseling and spiritual mentoring - Integrate values in wellness programs 	Campus Ministry Office Chaplain/Priest-in-Residence Religious Education Coordinator
5. Policy Awareness & Communication	Transparent dissemination and participatory design	<i>Participation; Transparency; Service</i>	<ul style="list-style-type: none"> - Include mental health policy in onboarding/orientation - Post updates via newsletters, social media, and bulletin boards - Conduct regular feedback and listening sessions 	HR Director Institutional Communications Office Research & Planning Office
6. Confidentiality & Ethical Safeguards	Confidentiality protocols and unbiased reporting systems	<i>Justice; Dignity of Work</i>	<ul style="list-style-type: none"> - Train staff on mental health ethics - Ensure safe spaces and anonymous reporting tools - Uphold strict confidentiality in counseling 	Data Privacy Officer Guidance Counselor HR Compliance Officer
7. Institutionalization & Governance	Wellness integration in planning and governance	<i>Common Good; Leadership as Service</i>	<ul style="list-style-type: none"> - Assign a Mental Health Coordinator - Include wellness metrics in institutional KPIs - Conduct regular audits and review of mental health programs 	President/Vice President for Administration Planning and Quality Assurance Office Board of Trustees Representative

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