Common Mental Health Problems and Treatments experienced by College Students in Metro Manila
Pineda, Miko Alberto
Alonso-Balmonte, Juli-ann

ABSTRACT
This reviews the mental health problems of college students and the treatments being implemented by psychiatrists and relevant specialists in the field. The study attempts to provide a baseline for future papers to expand upon the matter by compiling data from medical professionals. Most college students do not actively seek aid for mental issues and that most feel that the treatments are inadequate varying on where they were treated. The study gathered data from doctors, and listed psychiatrists. The results show that schizophrenia, bipolarism and intellectual disability are the most common. Students do not seek aid due to stigma and that the current treatments are in fact adequate for the problems they treat. This implies that the root of the lack of help-seeking in the Philippines stems from social stigma not from inadequate methods and that that is the problem that must be focused upon for future papers.

Keywords: Mental Health Problems, Archival Study, Metro Manila, Schizophrenia, Bipolarism, Hospital Psychologists

The aim of this paper is to pioneer the topic in the Philippines due to having only one previous article ever published to date. That article is a study conducted by Hunt & Eisenberg (2010) which focused on the correlation of help-seeking behaviours depending on the mental health problem the student may possess. This thesis involves the same idea however expounds on this by studying the corresponding treatments given to those students, its effectivity, and possible alternatives within the Philippines. By providing a baseline for this previously non existent data, this paper would serve as a guide for current professionals handling college students with problems by standardizing the treatments implemented while also act as a foundation for future theses to improve upon in the future.

There is a limited amount of studies conducted about mental health or similar to it, therefore the related literature shall focus instead on the different aspects of the paper. The following shall consist of studies or articles about certain mental illnesses and their corresponding treatments as well as statistics or surveys done in the past.

The Cause of Illnesses
Hwang, Wei-Chin, Goto, and Sharon (2009) examined the possible causes of mental illnesses stemming from their childhood up to the present. It focuses mainly on bullying during the child’s formative years from either their parents, in the form of abuse or neglect, or their peers, outcasting them for differences especially stereotypes. In the study they have found that most children with racial differences tend to adopt anti socialistic or avoidant behaviours leading to depression or sociopathy in extreme cases. With regards to physical or emotional abuse by parents, all children have an equal chance of negative development as long at least one person in their family has a strong yet adverse impact upon them. Blanco, Okuda, Wright, Hasin, Grant, Liu, and Olfson (2008) stated that “Almost half of college-aged individuals had a psychiatric disorder in the past year. The overall rate of psychiatric disorders was not different between college-attending individuals and their non–college-attending peers. The unadjusted risk of alcohol use disorders was significantly greater for college students than for their non–college-attending peers. College students were significantly less likely to have a diagnosis of drug use disorder or nicotine dependence or to have used tobacco than their non–college-attending peers. Bipolar disorder was less common. College students were significantly less likely to receive past-year treatment than non-college attending students”. This study entails that the common age group of college students, from 15-20 years of age, have an even chance of developing some
form of illness regardless of the social strata where they belong to. The only difference is the type of disorder they tend to develop due to the circumstances and environment surrounding them. Kadison, DiGeronimo, (2004) stated that it is due to stress towards any and all that provide anxiety to which a college student has many. The paper also contains a compilation of interviews and shared stories of participants during their time in college. More than 50 percent have reported being depressed during that time due to the workload and the various measures they undertook to be able to cope which led to sleep disorders, substance abuse, anxiety disorders, eating disorders, impulsive behaviors, and suicide all of which weighed heavily in their conscience which in turn furthered their stress to new heights.

**Treatment: Barriers**

According to Eisenberg, Downs, Golberstein, Zivin (2009), “Mental illness stigma has been identified by national policy makers as an important barrier to help seeking for mental health. There were three main findings: (a) Perceived public stigma was considerably higher; (b) personal stigma was higher among students typically discriminated against; and (c) personal stigma was significantly and negatively associated with measures of help seeking. These findings can help inform efforts to reduce the role of stigma as a barrier to help seeking.” The paper stresses that even if there are methods that could help individuals throughout the age spectrum as well as willing people to help aid the troubled, most do not take this course of action for the negative impact it may bring towards themselves, their families, or the people close to them. Corrigan (2008) stated that many people who would benefit from mental health services opt not to pursue them. One of the reasons is stigma; namely, to avoid the label of mental illness and the harm it brings. The bottom line highlights the vicious circle which aggravates a budding illness and provides the foundation of another. Mental health problems in the college population appear to be increasing in number and severity. The paper goes on by discussing which specific ailments of the mind the students experience, namely Depression, Social Anxiety, and Personality Disorders. Other illnesses were only skimmed upon and the focus was tend shifted towards the treatments that medical personnel often employed with the formerly stated disorders. The study showed that most of them only led to a deterioration in the severity of their illness and in some cases a limited form of control yet only a few are treated/cured with the help of medication and routines, which depends heavily on what type of disability/ies the patient have. (Cook, 2007).

**Effectivity**

Elkin, Shea, Watkins, Fiester, Dorcherty, Glass, Parloff, (2006) stated that comparing each of the psychotherapies with the control, there was limited evidence of the specific effectiveness. While psychotherapy here is shown to be effective it is also inconsistent due to the uniqueness of the patient being treated and the severity of their illness. Higher severity equated to higher chance of being helped by psychotherapy and, the opposite is true as well, lower severity often were not impacted by it. Bernal and Scharro-del-Río (2004) examined the EST project's contribution to knowledge of effective treatments for ethnic minorities by considering both how knowledge was constructed and the limits of the previous research/s. This shows that even if they have been standardized, most if not all treatments must be integrated with the culture of the target people to ascertain which would have an actual impact while also maximizing its effectiveness.

**Synthesis**

Most studies conducted on the mental health of students from preschool till college or anywhere in between them are dominantly western. The three major aspects of the proposed topic have been discussed upon by numerous students, researchers, and scientists. Most focus on the different facets of mental health namely suicide and depression and the proper treatment or interaction with the afflicted like the work of Elkin, et al. (2004) although some focus on the meaning of mental health and its effects on the student’s performance like the work of Blanco, and others. The last of the topics included is non-existent due to the previously given reason of
the lack of any studies from a non-western perspective but more importantly the Asian countries like the Philippines. But nonetheless it would border on the topic of the effects of the culture in the propagation or worsening of their health and its hindrance towards the treatment. How this corresponds to the present situation is simple.

As a student, one sees and hears stories about others which may or may not be true concerning others about their lives. It begets the question of how extensively the students of today are being managed, handled, and safeguarded from themselves or their environments. The study explores the following research questions: 1) What are the common mental illnesses experienced by college students?” 2) What are the available programs/ interventions provided to college students?” 3) What are the remedies/ interventions that are availed by college students? and 4) What are the alternatives that are used by psychiatrists for similar/exact problems

Method

Research Design

The archival design is utilized to gathers past information and/or facts and integrating them with modern times. The study utilized archival method via the compiled records from the past three years by doctors found in Metro Manila. The study also interviewed the doctors in relation to their client records.

Participants

The participants (N=10) were certified psychologists and/or psychiatrists who work at/with mental institutions/clinics in the Metro Manila Area in the Philippines. The hospitals where the data of the study came from are located in Mandaluyong, Makati and Manila all with a classification of Level 2 regarding the rules and regulations on governing the new classification of hospitals and other health facilities in the Philippines (Effective: August 18, 2012). Administrative Order No. 2012-0012

Instruments

The materials needed are all information gathered from the records of the doctors and an interview questionnaire which focuses upon the patients and their environment and their treatments. Such questions may include: “What are the activities given to patients with the same disorders?”, “What are the types of medicine given to patients with (Illness Name) disorder?”, and “What are the standard procedures implemented when a patient has a harmful/violent outburst?” One may also include questions that shall clarify information shown within the records if permitted to see their contents. Questions here may be: “What does (Acronym) mean?” and etc.

Procedure

After finding your participants, gather all information necessary for the study. Interviews must also be utilized for further knowledge that may or may not be within the notes that the doctor/s or the hospital has. It must also be used to clarify any information since most files are catered specifically for the presiding medical professional. Segregate only the necessary information after compiling then use the resulting data for the study.

Data Analysis

Given the archival nature of the study, the primary data for analysis are patient records and additional information from interview with the doctors. Descriptive statistics (frequency, percentage) were used in tabulating the records of the participating doctors.
Results and Discussion

<table>
<thead>
<tr>
<th>Illness</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schizophrenia</td>
<td>26</td>
<td>52%</td>
</tr>
<tr>
<td>Bipolarism</td>
<td>8</td>
<td>16%</td>
</tr>
<tr>
<td>Intellectual Disability</td>
<td>5</td>
<td>10%</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>5</td>
<td>10%</td>
</tr>
<tr>
<td>Depression</td>
<td>4</td>
<td>8%</td>
</tr>
<tr>
<td>Hypochondria</td>
<td>2</td>
<td>4%</td>
</tr>
</tbody>
</table>

Out of 50 patient records gathered from 10 doctors, the following cases are categorized from highest to lowest number of patients and are as follow:

Schizophrenia cases are the highest. Distinguished by type of schizophrenia, there are more cases of the paranoid type followed by undifferentiated and residual. Focusing on the persons with paranoid type which are the most prominent of them all, they are those who are suspicion of all people and items. Extreme cases often have a feeling that they are targets for assassination by others and often will not handle anything they themselves did not handle or at least have witnessed the object being handled. The type of medication they received mostly anti-anxiety and anti-psychosis since they have the greatest tendency of running amok if their moods are not controlled. The side effects make the patients lethargic and dull which are then given medication for as well. This group if the most common illness and is often juggled by multiple institutions depending on their needs. Persons with bipolar disorder are the second largest group. Their medication focuses greatly on mood stabilizers to counteract the rapid and erratic changes of their disorder. Others include preventive medicine like anti-anxiety and anti-psychotics. However, these cause dehydration the most which requires them large amount of liquids and potassium. This disorder has been described by the doctors as the easiest to control which allows most of their patients to lead a normal life. However, they must constantly take their medicine because many who were released often go back willingly due to the severity of relapsing.

Persons with intellectual disorders are next. They consist of patients who have a learning disability and the prodigious types which are evenly distributed. According to the interviewed doctors, their only medicines are anti-psychotics mostly and sometimes anti-depressants when it is required. These also drain them of their excess energy which leads to sleepiness. These types of patients were said to be only sent to get some help only when their case is severe and/or the parent/s could not handle them anymore.

The abusers are basically anyone who has an addiction to anything. Often time they are only sent to hospitals for rehabilitation purposes only but there are a select few who suffer brain damage due to the drug/s abused. Medicine is mainly mood stabilizers but may turn to heavier medication if needs be. They have been noted to have the highest return to the institution and are notoriously resistant to any form of treatment.

The depressed are only a handful and those that are found in mental hospitals/clinics are in the advanced/extreme stages already. Medicine is anti-depressants which often makes the patient restless yet still dehydrates them. The reason gathered by doctors of the lateness of admission was that not all Filipinos are accepting of the fact the depression is an illness. And those families that do accept it are always fought against by the afflicted.
Persons with hypochondriasis is a special case that was newly referred to the aforementioned hospital from another institution. The patient exhibits no external wounds anywhere on his person yet feels great pain nonetheless which stems from an imagined source only with no basis on reality. The medicine given is anti-psychosis to be able to simultaneously “relieve” the patient from his ailment and sedate him in a sense to prevent violent outbursts. Cases similar to this are often labelled as hopeless and are often abandoned by their own families.

Activities are institution wide and therefore occur at the same time. Common psychotherapies implemented by the hospital are music and art therapies designed for communication for patients who have trouble talking, talking sessions especially for the bipolar, depression and substance abuse patients, sports for both exercise and social interaction and a retreat to the province to build upon all facets at once.

“What are the common mental illnesses experienced by college students?”

With regards to the data, the most common are schizophrenia, bipolar disorder, and intellectual disability in its different forms whether from birth or a late blooming retardation. These have the highest number of patients who are admitted to hospitals and institutions in Metro Manila. This contradicts the studies of Eisenberg et al (2010;2009) which states that depression is the highest. However it is also important to remember that the data represents students who seek help from doctors. Most depressed adolescents, also stated in the study, do not seek help from anyone because of the perceived negative view it generates towards the afflicted which fosters more depressing thoughts which accumulates into life-threatening problems. Intellectual disability here represents those who attained psychological disorders during the course of their lives. It has been compounded as one according to the notes of the doctors who do not differentiate them as individual illnesses.

Some problems include, but are not limited to, those that stem from trauma induced by intense and prolonged stress like panic anxiety, abuse by sexual, physical, or neglect which leads to social anxiety, or overall trauma. This has been highlighted in the study of Hwang (2009) which enumerates and discusses the potential situations where most psychological disorders may develop from. Based on the answers gotten and contrasted with the related literature, the most common illnesses found in Metro Manila lean more on the genetical or inherent illnesses constituting two thirds of the top rather than those learned or nurtured by their environment. However, it is also presented that due to incorrect handling or total neglect for medical assistance at the early stages or early years of the disorders worsening almost always occurs and only when it is unmanageable are they sent for intensive care, only to be somewhat abandoned shown in the studies in the United States regarding social stigma.

Also to be inferred is the culture of the Philippines which centers around hospitality and the familial unit, is the sense of bringing a sort of dishonor and disappointment to the family or to their peers thereby greatly straining the number of students actually seeking help. This emphasis on the service of others also leads would be patients to foster the early symptoms of the former disorders that only through a great shock or stress is required to fully throw the psyche of the person completely out of balance found in studies made in the west and the east regarding heavy stressors in the person’s environment.

“What are the available programs/ interventions provided to college students?”

Although it depends were they sought help since it is up to the discretion of the presiding psychiatrist, it mostly focuses on social skills from non-verbal to verbal which proves to be a great preventive method for some illnesses and aids in the treatment of over more severe cases. And high activity events like sports to distract the mind and tone the body which has been stated that a healthy body helps in the alleviation of the mind. Non verbal activities focus on the mind
of the patient determining their abilities and capabilities especially for those who can not express themselves properly like those with schizophrenia. It is to gauge the mental capacity of the person as well as foster the social interaction by allowing the patient to express themselves and/or give an outlet to those with violent tendencies.

All forms of art can be employed focusing on colors which most people can identify with even with disabilities. From painting to costumes, as long as it entertains the patient, it ensures their interest as aids with the goals of the professionals. Verbal activities are not as used as non-verbal ones because some patients can not express themselves orally however this is used to train those who can and teach those who can not. It is used to encourage those with social deficiencies like depression or bipolarism to help them interact with other people. It is used to teach those with learning problems caused by their disabilities. Most of these come in the form of counseling rather than teaching, focusing on one person’s needs at a time and slowly improving them over a period of time; mostly years for severe cases.

“What are the remedies/ interventions that were availed by the college students?”

Focusing on those who have the clarity to choose their actions with intellect, limited or not, those who does not have the capacity to choose by default avail all treatments given to them regardless of their awareness of it. Those who could that did not live by a pattern, present in most persons with schizophrenia, opted in activity based wellness programs rather than medications. Speculated by doctors, aside from the frequently horrible taste of some of the patient’s medicines, many believe that it was in some way, shape, or form of an instrument of torture or something that will do them harm. For example, the loss of their imaginary friends or realities for persons with schizophrenia and persons with intellectual disorders. The dulling effects of medicine are potent that they are viewed as robots or zombies which makes some of the institutionalized fearful against drugs.

By having something to occupy their minds through activities, the patients can cope better by the reform that they are going through within the hospitals. It allows expression and relaxes their minds towards any problems that they think to have. It also soothes them by interacting with the people they have grown accustomed to whether they be other patients or the nursing staff. By placing a real person’s face on something the patients have to do offsets the fear and mistrust they will have without it.

“What are the alternatives that are used by psychiatrists for similar/exact problems?”

Even though people go through the same problems it does not follow that the solution of one is applicable towards all of the problems presented. The same is still true with mental health problems. It is then up to the attending medical professions on how to best approach a patient given the conditions present in that situation. Aside from the previously stated answers of medication and activities, other methods are still viable if the situation demands for it. By catering to the needs of the patient, the chance of successfully solving a conflict becomes higher. If the patient suffers from trauma induced disorders like the death of their family, activities which concerns their family like visitations or roleplaying must not be used for fear of recurrence or worsening. This would not be viable though for someone with trauma induced emotional problems which requires social interaction for the scarring to be able to heal by letting the person experience the company of other in a controlled environment.

Persons with bipolar disorder often must be kept in a neutral environment to keep their emotions in balance which requires interactions that will never produce extreme results like ignoring the patient. This does not hold for all because some have to be placed in those exact situations because of how they react to them. The first would rapidly change if agitated while some keep their emotions in check if extreme situations are placed upon them.
**Conclusion and Recommendation**

The common mental health problems in Metro Manila are schizophrenia, Bipolarism and persons with intellectual disorders, those who acquired illnesses through experiences in life. Some of the afflicted undergo treatment mostly because the family could not handle the problematic relative anymore due to their special needs and force them to undergo procedures because the patients are in general unwilling to go due to stigma brought by the society they lived in, pressure from their families or a negative view towards institutions and personnel. Most who sought help or were forced to undergo a strict regimen of medication, activities or both in order to control or at least suppress the extreme behaviour of the patients. Those who are committed in institutions have adjusted well enough that they may be released but majority tend to have a permanent residence there if they do not worsen and are transferred to another as a result.

For future researchers on the same topic or a similar one, increase the number of participants if able. Due to confidentiality, participants will be severely limited. However, even an increase of one will be more comprehensive of the topic therefore will be more accurate to the actual situation.

**References:**


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