Psychological Distress and Coping of Filipino University Students amidst the Global Pandemic: A Mixed-Method Study

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Abstract

Due to the global health crisis, university students are forced to adapt and cope with the unplanned shift from the classroom to the online learning mode. The sudden change made them a vulnerable population and at heightened risk to experience psychological distress since they have heavy-laden academic, family, and personal life responsibilities. Despite their distress experiences, they manage to practice different coping strategies, which include cognitive/and or behavioral efforts. This sequential-explanatory mixed-method study investigated Filipino university students' psychological experience of distress and coping behavior amidst the pandemic in the year 2020. Five hundred four university students completed the Psychological Distress Scale and Brief Cope Inventory in our descriptive, cross-sectional quantitative first phase, and fourteen students participated in our phenomenological qualitative second phase. The sequential-explanatory process led to the development of the Wheel of Filipino University Students" Psychological Distress. This conceptual model typifies Filipino university students' psychological distress experiences and coping strategies. The emerging wheel model in this study offers evidence-based information for mental health policymakers in safeguarding the physical, social, and psychological well-being of students. It can be a valuable platform for mental health professionals in developing more focused intervention and treatment programs for psychological distress following the Philippine Mental Health Act.

Keywords: Filipino university students, psychological distress, coping strategies, global pandemic.

INTRODUCTION

The global health crisis brought about by the coronavirus disease (COVID-19) brings extraordinary challenges to the world and even affects people's mental health (Rossi et al., 2020; Pierce et al., 2020). This health crisis's havoc on human life and its allied processes cannot be underestimated. Globally, as of August 2021, there have been 212,357,898 confirmed cases, and the death toll has passed 4,439,843, affecting 221 countries and territories, and vaccine doses have been administered to 4,619,976,274 of the population (WHO, 2021).

Simultaneous with the rapid spread of the coronavirus are the alarming cases of increasing university students" mental health concerns worldwide. Psychological distress, which is a state of poor psychological well-being, characterized by undifferentiated mixtures of symptoms extending from depression and anxiety symptoms (Drapeau et al., 2012), was identified as the most prevalent mental health problem for university students (Gibbons et al., 2019; Porru et al., 2020). Young people, particularly university students, are at greater risk for psychological distress in a health emergency (Bert et al., 2020) and traumatic events (Villani et al., 2021). The

evolution of the pandemic has changed university students" life drastically, causing a disruption in their lives and education, entailing the closure of schools, the transition from physical to virtual-based learning, and social isolation from friends during lockdown (Bourion-Bédès et al., 2021; Sun et al., 2021).

Indeed, with the changes and uncertainties brought about by this global pandemic, problems in the mental health of this vulnerable population are amplified. The rate of those suffering from higher anxiety, depression, substance abuse, and disordered eating was higher than the general population (Browning et al., 2021). Significant levels of psychological distress have been reported among university students globally (Vàzquez et al., 2012; Larcombe et al., 2014), and it was strongly associated with reports of suicide ideation and attempts (Eskin et al., 2016). Experiencing the high intensity of long-term psychological distress may jeopardize one's mental health condition if it is not addressed well (Mubasyiroh et al., 2017). In the context of this present research, psychological distress connotes the experiences of depression, stress, and anxiety amidst the global pandemic.

University students are employing different coping strategies to deal with psychological distress. This coping entails behavioral and cognitive efforts and is classified as problem-focused or emotion-focused to address stressful encounters (Cohen et al., 2008 as cited by Deasy et al., 2014) and can either be adaptive or maladaptive. Coping is a critical variable in reducing, minimizing, or tolerating stress (Gustems-Carnicer & Calderón, 2013) and preventing psychological distress. Blum and his colleagues (2012) describe students who minimize distress by reducing or eliminating the stressor as using problem-focused coping strategies, whereas students who indulge in strategies used to regulate emotional arousal and distress apply emotion-focused coping. Furthermore, Dooley and Fitzgerald (2012) also indicate that there are protective factors for psychological distress (e.g., social support) and maladaptive strategies to manage stress (e.g., escape/avoidance) found among students (Chao, 2012). Thus, due attention should be

devoted to young adults' mental health needs (Eskin et al., 2016) since they are at risk of experiencing frequent mental health issues and psychological concerns.

In the Philippines, many studies dealt with university students as participants. Still, most of these works investigated the cause, effects of stress and coping mechanisms (Mazo, 2015), academic performance and coping mechanisms (Yazon et al., 2017), student involvement, mental health, and quality of life (Cleofas, 2019), and covid-19 psychological impact (Tee et al., 2020). Moreover, there seems to be a dearth of literature dealing with how university students experience and cope with psychological distress amidst the global health crisis in the Philippine context.

Hence, this mixed-method study would like to establish a psychological profile on the psychological distress and coping strategies amongst selected Filipino University students amidst the pandemic in its first phase. Psychological distress is an indicator of mental health. Its occurrence may harm mental health and wellbeing (Deasy et al., 2014), which needs prevention or early intervention measures. Furthermore, in the second phase, we would like to describe Filipino university students' psychological distress and coping behavior based on their lived experiences and answer the central question: "What characterizes the experiences of psychological distress and coping among a select group of Filipino university students? The end goal of this two-phased sequential-explanatory process is to integrate the quantitative and qualitative findings and form a conceptual model for coping with psychological distress culturally unique to Filipino university students.

This present study also intends to provide valuable aid in understanding the mental health conditions of Filipino university students during the global pandemic and is a source of reference for further studies. Essentially, we hope that our results would be able to offer evidence-based information that would strengthen the government and non-government programs that support and safeguard students' mental health.

Methods

Design

This study used a Sequential-Explanatory Mixed-Method Design, which involved a quantitative (descriptive cross-sectional) and a qualitative (psychological phenomenology) design. In the quantitative first phase, comprehensive profiling of Filipino University students" level of psychological distress was measured through Kessler Psychological Distress Scale (K6) and coping strategies captured by the Brief-COPE Inventory. Further, the data was quantitatively investigated and analyzed gender differences in psychological distress and coping strategies. After which, Filipino university students' psychological distress and coping behavior were described through their lived experiences in the qualitative second phase. The quantitative and qualitative findings were then integrated to form the psychological model on coping with psychological distress.

Participants

Eligible participants for the quantitative phase of the study were 504 Filipino university students (158 females; 321 males; 25 prefer not to say), with ages ranging from 18 to 21 (M =19.30; SD=1.09). They were selected using the following inclusion criteria: (a) Filipino undergraduate students at selected universities in the National Capital Region (NCR), (b) enrolled during the Academic Year 2020-2021, and (c) with ages 18 to 21 years old. There were 538 who participated in completing the questionnaires via Google form. However, 34 students were removed because they had a pre-existing diagnosis or provided incomplete answers. Table 1 presents other demographic characteristics of the present study's participants.

Table1 *Demographic Characteristics of the Participants*

Variables	f	%
Gender		
Female	321	63.7
Males	156	30.9
Prefer not to say	27	5.4
Age (years)		
18	141	28%
19	174	35%
20	83	16%
21	106	21%
Relationship Status		
Single	408	81%
In a relationship	96	19%
Degree Program		
BS Psych	198	39%
BSIT	216	43%
BSCE	43	9%
BSCRIM	20	4%
BSMechEng	11	2%
BSChemEng	9	2%
BEED	7	1%
Year level	21	4.1
Freshman	193	38%
Sophomore	174	35%
Junior	137	27%

Note. N=504

For the qualitative phase, 14 participants (seven males and seven females) were randomly selected from the present study's sample of participants (N=504) representing the university students and giving meaning to their lived experiences. Patton (2002, as cited by Braun & Clarke, 2013) emphasized that there are no rules for sample size in qualitative inquiry; if they are information-rich cases, that will explain the core phenomenon.

Participation for both phases was voluntary and without remuneration. Each university student gave informed consent before completing the measures and participating in the interviews.

Measures

A two-part google form research questionnaire was used to gather the needed data and essential information in the quantitative phase. In part one, a personal data sheet called robotfoto was used to collect personal details of participants such as a student's age, gender, age, and degree program. Part two of the research questionnaire comprised of two widely used standardized psychological tests:

Kessler Psychological Distress Scale-6 (K6). Psychological distress was assessed with the Kessler Psychological Distress Scale-6(K6) developed by Kessler and colleagues (2002). The short version of the K10 includes six items measuring whether a person feels nervous, hopeless, restless, jumpy, sad, and worthless (e.g., "During the last 30 days, about how often did you feel hopeless? "). Each item of the K6 self-report format is answered on a 5-point Likert-type scale from 1-None of the time to 5-All of the time. The total score ranges from 1-to 30 (Dafdar et al., 2016;). Krynen and colleagues (2013) indicated that the K6 had good psychometric properties in Pacific, Asian, Māori, and Pākehā/European peoples in New Zealand. The correlation of K6 with the K10 score was r=0.89 in college students (AtefVahid et al., 2015; Dafdar et al., 2016). The K6 is a well-validated, useful clinical measure of psychological symptoms noted for its ease of use, accessibility, high predictability, and high factorial and construct validity (Bessaha, 2015) measures general distress in the preceding month. In this study, participants were divided into two groups based on their sum score: students experiencing low psychological distress (1–15) and individuals experiencing high levels of psychological distress (16-30). Participants experiencing a high level of psychological distress were used as a reference in the analysis.

Brief Cope Inventory (BCI). This abbreviated inventory was design for ease administration and reduced time burden consisting only 28-item multidimensional measure of strategies used for coping or regulating cognitions in response to stressors rated on a 4-point Likert-type scale from 1 (I haven't been doing this at all) to 4 I've been doing this a lot). It is a multidimensional measure and presents fourteen scales, assessing different coping dimensions. The scale can determine someone's primary coping styles, and scores are given for the two overarching coping styles: Adaptive Coping and Maladaptive Coping. In addition, the following subscales are reported: (1) Self-distraction, (2) Active coping, (3) Denial, (4) Substance use, (5) Use of emotional support, (6) Use of instrumental support, (7) Behavioral disengagement, (8) Venting, (9) Positive reframing, (10) Planning, (11) Humor, (12) Acceptance, (13) Religion, and (14) Self-blame). It is based on acknowledged theoretical models, such as Lazarus" transactional model of stress (Lazarus, 1984) and the behavioral self-regulation model of Carver and Scheier (Carver et al., 1989 as cited by Baumstarck et al., 2017). The BCI overall scale has a Cronbach's alpha of 0.70 indicating good consistency among the items with alphas for the 14 sub-scales ranging from 0.44 to 0.89, with the lowest alpha for the behavioral disengagement subscale and the highest for the substance use subscale (Mohanraj et al., 2015).

Aide Memoire. For the qualitative phase, an aide memoire was used to guide the semi-structured interview to capture the lived experiences of Filipino university students. The central question was: "What characterizes the experiences of psychological distress and coping among a select group of Filipino university students? The interview guide looked primarily into the psychological distress experienced by the students with a focus on their distress and how they coped with it. The interview guide is process-oriented, revolving on the participant's experience (Villamor et al., 2016).

Procedure

Approval from the Ethics Board of the University of Santo Tomas Graduate School was sought before data gathering. We then

secured permission from the presidents of the universities where participants were mainly selected and recruited. A two-layered approach to data gathering was employed, Quantitative (Phase 1) and Qualitative (Phase 2):

Phase 1: Quantitative. For the quantitative phase of the study, the questionnaire was sent to the participants via Google forms. The Google link of the online survey contains a description of the nature and objectives of the study, informed consent, robotfoto, the test battery, and a debriefing. The personal data sheets called robotfoto explicitly sought the participants" basic demographic profile based on their personal and academic backgrounds. After which, they answer a test battery containing two research measures: Kessler Psychological Distress Scale-6(K6) and Brief Cope Inventory (BCI). Each participant's sequence in taking the two scales was randomized using allocate monster to control systematic order effects. Permission from the authors of the scales to convert the test in online form was secured before usage. Participants were informed that participation is voluntary without remuneration and that they can withdraw from completing the online survey at any time without prejudice. Completion of the online questionnaire took approximately 20 to 30 minutes. Participants were debriefed after finishing the questionnaires, and a distress protocol was prepared if a participant became uncomfortable or distressed while answering the questionnaires. Five hundred four valid data was collected since 34 students were excluded with prior diagnosis due to obvious response patterns and missing responses. Data analysis was then executed using R version 4.1.1 and RStudio version 1.4.1717 for the descriptive statistics.

Phase 2: Qualitative. The study's qualitative phase comprised the actual in-depth interview with the participants to capture the essence of the phenomenon under investigation. From the pool of participants gathered during the first phase, fourteen participants were randomly selected for the study's second phase. Informed consent was again sought from each participant before scheduling the virtual interview. The virtual interviews took place online via Zoom or Google Meet video or voice conferencing calls in a mutually agreed schedule by both parties.

Moreover, the information shared by the participants was assured with utmost confidentiality, objectivity, and anonymity by using pseudo initials in place of their actual names and other identifying details. Consent was sought from the participants prior to the video and audio recording of the interview. The foci of the initial minutes of the interview involved building rapport and explaining the nature and objectives of the study. Such practice was observed to ensure a more natural and open atmosphere between the participants and the researchers. The interview progressed, using the aide-memoire as a guide. Additional questions were also raised other than the key questions to further explore the participants' responses during the interview. Each interview lasted for about 1 1/2 to 2 hours, depending on the participant's experience. The entire data gathering process for the second phase lasted two to three weeks.

Consequently, recorded interviews in the qualitative phase were individually transcribed verbatim into field text, coded, and analyzed using thematic analysis. Reading and re-reading the significant statements facilitated the surfacing of the phenomenon's essence. The themes that emerged in this study were further subjected to member checking validation strategies to ensure the trustworthiness and the truthfulness of the information gathered (de Guzman & Tan, 2007).

Results

Quantitative Phase 1

Results in Table 2 revealed that 378 (75%) or most of the participants experienced severe psychological distress, and only 126 (25%) had mild to moderate levels of psychological distress. Moreover, it is interesting to note that most of 491 (97%) of the participants, scoring highly in the Brief Cope Inventory, demonstrated the most flexibility in deploying

adaptive coping strategies in response to stressors. Only 13 (3%) scored low in using adaptive coping strategies. Additionally, most or 392 (78%) participants scored low in employing maladaptive coping, and only 112

(22%) scored high in maladaptive coping strategies. This result could mean that university students use more adaptive coping strategies than maladaptive ones.

Table 2 *Descriptive Statistics of the Participants*

Variables	f	%
Psychological distress(K6) [1]		
Mild to Moderate	126	25
Severe	378	75
Adaptive Coping (BCI) [2]		
Low	13	3
High	491	97
Maladaptive Coping (BCI) [3]		
Low	392	78
High	112	22

[1]Participants were divided into two groups using a range of 6-18 (mild to moderate) and 19-30 (severe).
[2]Participants were divided into two groups using a range of 16-32 (low) and 34-64 (high).
[3]Participants were divided into two groups using a range of 12-24 (low) and 25-48 (high).
Note. N=504

Qualitative Phase 2

The use of vertical and horizontal analyses of the narratives shared in this phenomenological study afforded the Wheel Model of Filipino University Students" Psychological Distress (see Figure 1). Like a carriage wheel, the journey of the 14 research participants in this study during the global health crisis is not easy.

Figure 1
The Wheel of Filipino University Students' Psychological Distress
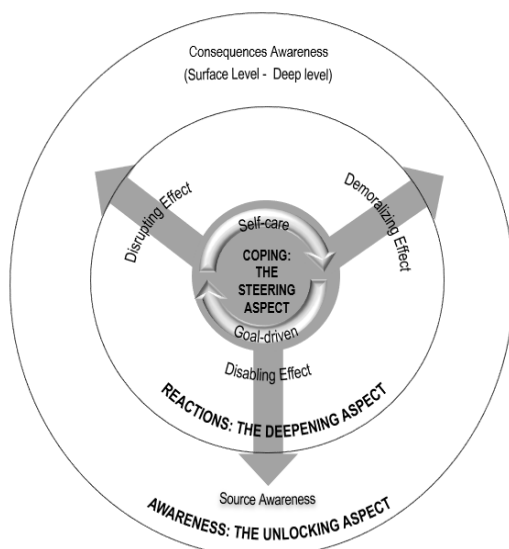
Given the changing dynamics of their university learning, they are at-risk to

experience more stress, anxiety, and distress, similar to the rubber tire of the wheel being vulnerable to road hazards. The students recognize these hazards and their impact on them (Awareness-The "Unlocking Aspect of Psychological Distress"). Once the tire has been damaged, the spoke is affected, producing reactions in different forms that could directly affect the wheel's movement. This result is similar to students' responses which threaten their overall state and functioning (Reactions-"The Deepening Aspect of Psychological Distress"). However, the hub keeps everything attached, enabling the wheel to steer safely. The hub represents the coping strategies employed by the students to continue with their journey despite all the challenges (The "Steering Aspect of Psychological Distress").

Awareness-The "Unlocking Aspect of Psychological Distress"

In this study, the participants cannot imagine the pain and hardships of university students during the pandemic. They recognized that sources of their distress experience are coming from an environment where they were confined to study during quarantine-home and their family. As verbalized by the participants:

"Meeting my parents" expectations…. I want to give up because I feel hopeless realizing that the supposed to be best years of my life were the hardest". (P5)

"I cannot concentrate on studying at home. It is messy and noisy. I have younger siblings who do not understand how hard it is for me to focus on my studies". (P9)

They knew that their relationship also contributed to their distress. This result is affirmed when participants shared:

"it's unfortunate to realize that the first person(girlfriend) who should understand me in the difficulties I went through left me…those times, I feel lost". (P11)

"...Having a demanding girlfriend… puts me in a tough situation". (P7)

Consequently, participants also shared that they feel overwhelmed by the demands of their academic work and pressure from their professors. As verbalized:

"With the overloaded work our professors gave us, the pressure is too much. I don't know what to do and when to start. I am troubled and cannot think clearly. This put me in a challenging situation that affects my studies, family, and personal relationships". (P8)

Considering the actual situation of university students in the context of the COVID-19 outbreak to which they are exposed to different sources of distress, the participants suffer from its negative consequences. At first, they believe it was just a temporary situation dragging them down that they can deal with and eventually fade. As participants verbalized, "I become unmotivated. I remember it started when it's hard for me to get up every morning and start my day" (P5) and "At night, it's hard for me to sleep. There are many ideas that are just popping out in my mind while I'm in my bed. I know I have fears and doubts, but this will be gone after the pandemic". (P3)

Unknowingly, the challenges and struggles of these students piled up, letting them suffer from physical, emotional, and mental strain, affecting their overall functioning. As described by the participants, "I am suffering emotionally. I am pretending to others that everything is okay with me, but it's not. I don't even recognize how much pain it brings. It hurts inside a lot". (P1) Another one added, "I don't understand myself most of the time. Crying becomes my pastime. I have clouded thoughts and cannot think clearly". (P14)

These collective experiences have made the participants aware that distress affects and changes them, from their daily functioning to their outlook on life. Also, there is a shared awareness among the participants that even though they are high-performing students, they are still vulnerable to different stressors, challenges, and demands which make it difficult for them to cope with daily life. They admitted this in the following articulations, "I know I am good in academics, but this time, I feel insecure and unsure about my future. This pandemic has given me many uncertainties. I am not sure if I should continue my studies. I want to give up, but it's the hardest thing to do" (P9), and "I study hard most of the time, but still, I feel my life is stagnant and has no direction. I am very hopeless and helpless, and I think of myself as a failure. I am never good on anything". (P11)

Correspondingly, the ability of these high-performing students to recognize the internal and external factors (sources) contributing to the tolerable initial impact (surface-level consequence) and disturbing episodes (deep-level consequences) of the psychological distress experienced is referred to in this study as Awareness-The "Unlocking Aspect of Psychological Distress".

Reactions- The "Deepening Aspect of Psychological Distress"

As the high-performing students in this study became fully aware of the experiences of psychological distress, physical, emotional, and psychological sufferings became evident. They expressed that their distress experiences interfere with their life, causing them to lose motivation and disabling them in performing their daily activities as one participant shared, "I become unmotivated. It's tough for me to get

up every morning and start my day". (P5) Another participant said, "I don't want to get out of my bed anymore, I don't want to eat, I don't want to do anything". (P3)

In addition, the participants collectively agreed that they experience physical symptoms of pain and sleep problems. As one of them shared, "I have sleepless nights, …woke up with headaches and feeling fatigued all day..." (P12) Another one added, "I have long hours staring at our ceiling. I am exhausted the whole day, but still, I can't sleep". (P4)

Consequently, the student participants' ability to venture, persevere, and withstand difficulty morally and mentally is also affected. They felt demoralized as they viewed themselves as unworthy, incompetent, and powerless. They said, "During my online class, I don't share my ideas anymore…I'm afraid they will laugh at me". (P2) "I want to be part of the cream of the top…but I think I'm not good enough…I will never be". (P6)

Moreover, with all the physical, psychological, and emotional strain they were experiencing, the participants were also expressing that their distress experiences had already built up, resulting in a disruption in their normal functioning. They claimed that it weakened their immunity and hindered them from carrying out their responsibilities as students. As one participant articulated, "I feel bothered, disturbed, and distressed. My studies were affected because I have frequent infections and hospitalizations. I also missed important quizzes and projects. I feel I am stuck". (P13) Another participant responded, "This stops me from doing much of anything. I feel like I'm suffering-emotionally, physically, and mentally. My whole life was affected". (P7)

Participants' feelings of inadequacy and incompetency made them believe that they do not have the necessary qualities and abilities to cope with their studies or life. This collective experience of high-performing students pertains to the negative consequences of psychological distress, which initially restrict them from performing their daily activities (disabling effects), dampen their determination and confidence (demoralizing effect), and eventually paralyze their overall functioning (disrupting effect).

The "Steering Aspect of Psychological Distress"

While the participants are affected by different reactions caused by their distress experiences, it is interesting to note that they employ strategies to cope with the situations as students. They were one in their belief that practicing self-care is essential, especially during pandemic times. As one participant shared, "Making sure that I practice self-care is now my priority. I connect with nature, with my friends". (P14) They described self-care as a significant change in the way they cope with psychological distress by keeping a balanced life, having time for studies and relaxation, and maintaining good family relationships. As one shared, "I see to it that I spend quality time with my loved ones while doing self-care…It's my way of recharging myself" (P5), and "I relaxed by spending good times with my friends even how busy am I in studying. It's part of my self-care…to be happy with them". (P7)

Further, it was worth mentioning that despite the limitations during the pandemic, they exerted much effort in finding ways to improve themselves. It started by embracing their role as students while recognizing their limitations. As affirmed in the following narratives: "I live one day at a time. I am a student, but I am also human". (P3) "Even as a student, I don't push myself too hard. I fully understand that I am only human, so I forgive myself for my shortcomings". (P11). They also manage to adopt new ways of learning and evolving as one participant shared, "I use a journal to keep track of my improvements and plan what will I do next". (P10). More importantly, they were empowered as they built resiliency within, met challenges head-on, and stayed committed to their dreams, as shown in these verbalizations, "I challenge myself and focus on my abilities and it helps me improve my self-esteem, recall my goals and eventually cope". (P2)

Lastly, maintaining a positive mindset allowed the participants to surpass all their undertakings

and keep on track through the ups and downs of their university life. As shared, "It's difficult, but I will not be forever suffering. I know once I am there, everything is worth it". (P9)

Summarily, the high-performing students' initiatives to engage in activities aimed at nurturing themselves (self-care orientation) while focusing on their aspirations as individuals (goal-driven) is referred to in this study as the steering aspect of psychological distress.

Discussion

Considering the global health crisis, which poses a threat and brings uncertainties to everyone, considering psychological distress experiences and coping methods is worthy of investigation, especially among students. Thus, our study intends to provide valuable aid in understanding the mental health conditions of Filipino university students during the global pandemic. By integrating our quantitative and qualitative findings through a two-phased sequential-explanatory process that resulted in the Wheel Model of Filipino University Students' Psychological Distress.

Based on the quantitative findings in the first phase of the current study, there is a prevalence (75%) of severe psychological distress among selected Filipino university students during the global pandemic. These findings run parallel with studies in other countries such as; the United States, reporting a high proportion of elevated psychological distress among university students during the pandemic (Hughes et al., 2022), In Indonesia, which had 76% or the majority of university students had high psychological distress (Akbar & Aisyawati, 2021), and in China which reported an increase in psychological distress among adolescents and college students due to anxiety during the pandemic (Cao et al., 2020). This data is alarming because previous studies found that students with high levels of psychological distress are at increased risk for long-term mental health disorders (Dooley & Fitzgerald, 2012). We found that students in our study employ more adaptive (97%) rather than

maladaptive coping styles to deal with their distress experiences. Our findings corroborate the results of the study of Cahapay and Rotas (2022) which found that university students employ a great extent of adaptive coping strategies. A study by Javed and Parveen (2021) also identifies a positive attitude and trust in God as the most used adaptive coping strategies.

Furthermore, three interesting themes surfaced in the second qualitative phase of the study that further explained our quantitative results. In our quantitative and qualitative findings, university students employ more adaptive rather than maladaptive strategies to cope with psychological distress during the pandemic.

First, the Awareness-The "Unlocking Aspect of Psychological Distress" refers to the Filipino university students' ability to recognize the internal and external sources contributing to the tolerable initial impact (surface-level consequence) and disturbing episodes (deep-level consequences) of the psychological distress experienced. Similarly, among the sources of their distress are academic-related such as pressures from their professors and heavy academic workload (Yang et al., 2021); and personal-related or fears of contagion, anxiety, and a non-conducive home environment for learning (Young Minds, 2020). Indeed, students' helplessness and difficulties coping with this new normal, stressful situation are evident (Wirkus et al., 2021) as they face exacerbated challenges.

Second, the Reactions- "The Deepening Aspect of Psychological Distress" in this study highlights how psychological distress impacted students' mental health during the pandemic. It produces different reactions, albeit, in various forms, that disables, disrupt, and demoralize university students, making them prone to risky behaviors and experiencing physical illness. Previous studies have already recognized university students as a vulnerable population, suffering from higher anxiety, depression, substance abuse, and disordered eating than the general population. These experiences seem to be amplified because of the pandemic (Browning et al., 2021). Their daily lives are

affected, which appears to be due to fear (Arvidsdotter, 2016), accumulated anxiety, and worry about their health and that of their loved ones. In addition, they experience difficulty in thinking, worsening chronic health problems, and changes in sleep and eating patterns. (Centers for Disease Control and Prevention, 2020).

Further, Taylor (2019) supports this finding when he found that experiencing anxiety during the pandemic can weaken people and can interfere with their daily lives. The authors concur with previous researchers that psychological distress is essential from a health promotion/illness prevention perspective. Investigating psychological distress is substantial because of its detrimental effect on health (Barry et al., 2019), links with risk behaviors and physical illness (Adams et al., 2008 as cited by Deasy et al., 2014), and its negative impact on student learning (Stallman, 2008).

Consequently, as the university students in this study widely experience psychological distress, their way of coping is also of interest. Coping behavior is commonly used in stressful situations, such as during a pandemic by acting as an internal protective factor to overcome distress (Lazarus and Folkman, 1984, as cited by Akbar & Aisyawati, 2021).

Third, the "Steering Aspect of Psychological Distress" represents the students' coping strategies to continue their journey despite their challenges. One of these is practicing self-care, which alleviates the psychological distress and anxiety caused by the pandemic and prevents lasting adverse outcomes (Wise, 2020). Since people are in quarantine, listening to music, meditating, connecting with nature, gardening or self-pampering is part of students' self-care activities. In addition, students also affirmed that seeking social support is an essential aspect of their coping, which enriches their motivation to work, evolve and learn. Since the feeling of loneliness and isolation is prone to be experienced during the lockdown, connecting regularly through virtual phone calls to loved ones improves social support (Akbar & Aisyawati, 2021) and reminds them of their

goals in life-to graduate and have a career. For them, social support acts as a psychosocial protective resource, ensuring emotionally satisfying social bonds which reduce the harmful effects of stress on health (Taylor, 2015). A support system is significant for them to feel that they are cared for, especially those who are close to them, and this keeps them on track and stays committed to their aspirations in life.

Conclusion, Theoretical contributions, and Practical implications

Our sequential-explanatory mixed-method study intended to examine the level and process of coping with psychological distress in the context of the pandemic by a select group of Filipino university students. Interestingly, the Wheel Model of Filipino University Students' Psychological Distress that emerged vividly from the quantitative and qualitative results describe three interrelated themes that students were experiencing, namely: Awareness-The "Unlocking Aspect of Psychological Distress," Reactions- "The Deepening Aspect of Psychological Distress and "Steering Aspect of Psychological Distress."

The findings acknowledge the prevalence of psychological distress and its threat to students' mental health. An alarming fact is that the sources of their distress are just within their reach. Academic, personal, and family-related causing them to experience physical, emotional, and psychological strain, affecting their overall state and hindering them from functioning well as university students. Furthermore, this study expands awareness of students' coping mechanisms during the global health crisis, which cannot be expressed quantitatively, including knowledge of their reactions and how they are affected. It provides opportunities for universities to review and strengthen students' mental health status.

Limitations and Future directions

While this study provides good insights, it should be understood with the following

limitations and recommendations. First, inadequate resources of local literature delimit the sources to mainly foreign literature and studies. Second, the participant sample is delimited to university students who are officially enrolled in the tertiary educational level (university/colleges), thus narrowing its scope. It is then suggested that a study be conducted to compare the levels and factors causing distress to students studying in urban and rural areas. Third, despite the reassurance of the privacy and confidential nature of the study, a socially desirable response from the university student participants cannot be ruled out. Finally, university student participants' history of familial and genetic factors on psychological distress was not considered and included in the investigation. Future researchers are encouraged to explore students' mental health, including participants' medical and familial background, personal resiliency, and psychological wellbeing, to foresee the actions and prevent the dangers involved.

As a general recommendation, the results of this study can be used by students in understanding the relationship between psychological distress and coping during their university years. This will serve as an eye-opener for students to adopt proper coping mechanisms to overcome distress experienced during learning. Emphasizing the importance of self-care and goal-driven strategies to combat distress is vital and must be conveyed to the population. Moreover, our findings may serve as a valuable platform and offer evidence-based information for mental health policymakers. Our results will also assist mental health professionals in developing more focused intervention and treatment programs for psychological distress following the Philippine Mental Health Act to be implemented by universities to safeguard the physical, social, and psychological wellbeing of students.

Declarations

Conflicts of interest/Competing interests: The authors have no conflicts of interest to declare relevant to the content of this article.

Availability of data and material: not applicable

Code availability: not applicable

Ethics approval: All procedures performed in the present study that involved human participants were per the ethical standards of the Ethics Board of the University of Santo Tomas Graduate School.

Consent to participate: Each participant in the current study gave informed consent before voluntary participation. In addition, participants were briefed on the nature of the study, were assured that all data collected would be kept confidential, and that participation was purely voluntary without remuneration.

Consent for publication: not applicable

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