

TEACHERS' MENTAL WELLBEING, CONTRIBUTING FACTORS AND SUPPORT SERVICES AMIDST COVID19 PANDEMIC

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ABSTRACT

In the light of COVID-19 pandemic which redefined the educational landscape in its modalities, teachers face many challenges, personally and professionally. These challenges may result in depression, distress and burnout which could affect their mental wellbeing. This descriptive-correlational study determined the mental wellbeing of 141 randomly sampled faculty of member schools of Philippine Association of Schools of Medical Technology and Public Health (PASMETH) and its relationship with the extent of influence of its contributing factors and its association with the support services provided by their institutions. It also determined the support services available to teachers amidst the pandemic. Results revealed that the mental wellbeing of teachers during pandemic was average. A significant difference in the respondents' mental wellbeing was noted for those aged 50 and above and aged 30 and below. Meanwhile, test of relationship showed that respondents' mental wellbeing was significantly linked to the extent of influence of its contributing factors but it was not associated with the support services provided. Webinar/seminar about mental health was the most reported support service provided by HEIs followed by regular monitoring of their mental health. An action plan to help promote the mental wellbeing of teachers was proposed, specifically tailored for their profile and based on the existing services given to them.

Keywords: psychology, teachers' mental wellbeing, descriptive-correlational study, South East Asia.

INTRODUCTION

Teachers' mental wellbeing is an essential factor in students learning and quality of education because it is associated with students' wellbeing (Harding,2019). Therefore, it is important to sustain teachers' mental wellbeing especially in times of depressive situation when different factors influence how they cope with the challenges and normal stresses of life. In sustaining teachers' mental wellbeing academic institutions play an important role by providing them the support services they needed especially in times when access to support are limited. The deterioration of teachers' mental health and wellbeing has recently become a serious social issue according to Kuwato (2020) especially these days amid the pandemic. In a survey conducted by Yale Center for Emotional Intelligence among American teachers during pandemic found that there were a rise in anxiety among teachers since COVID-19 pandemic and this rise was associated with balancing their families and their needs while working full-time and learning how to use

technology. Teachers also experienced fear, sadness, worries and anxiousness. Similar findings related to teachers mental health issues during the pandemic were also reported in other parts of the world. In UK, Education Support (2020) reported that the mental health and wellbeing of educational professionals has declined during the COVID-19 pandemic. In China, during COVID-19 pandemic there was a high prevalence of anxiety among teachers wherein the rate was higher among females than males. The aged group between 40 to 50 years were 17% more likely to have anxiety disorder (Li, et al.,2020). In the Philippines, though Filipino teachers showed positive outlook in life amid the pandemic, psychological stress or anxiety is apparent in their lives due to the fact that their lifestyle had changed and they were worried about the safety of their loved ones (Talidadong, 2020).

There is a growing body of literature that recognizes the importance of sustaining teachers' mental wellbeing during and beyond the COVID-19 pandemic. It is important to address the mental health issues of teachers to avoid the detrimental mental outcomes and prevent future mental health problems (Kidger et al., 2016). Despite the information provided by various research about teachers' mental health and wellbeing, little attention has been paid according to Henebery (2020). In the light of COVID-19 pandemic which redefined the educational landscape in its modalities, teachers face many challenges, personally and professionally. These challenges may result in depression, distress and burnout which could affect their mental wellbeing. This study aimed at determining the mental wellbeing of teachers, the extent of influence of its contributing factors and the support services provided by their respective institutions amidst the pandemic with the objective of proposing an actional plan based on the findings of the study.

METHODS

Descriptive-correlational research design was utilized in this study to determine the mental wellbeing of 141 randomly sampled faculty of member schools of Philippine Association of Schools of Medical Technology and Public Health (PASMETH) and its relationship with the extent of influence of its contributing factors and its association with the support services provided by their institutions. It also determined the support services available to teachers amidst the pandemic. Data used in the investigation came from the individual members of the Philippine Association of Schools of Medical Technology and Public Health, Inc (PASMETH) which was composed of faculty members, Program Heads and Deans of Medical Technology/Medical Laboratory Science program from different Universities and Colleges in the Philippines. Only the active individual members of the PASMETH even in the time of pandemic as evidenced by their membership to the official messenger account of PASMETH were considered in the study. Due to limitation of social contact, the researcher gathered data through google forms. The instrument was posted on the official messenger account of the PASMETH which was composed of 220 active individual members. The questionnaire was posted for two weeks and after two weeks only 141 PASMETH individual members submitted their responses. The researcher used an instrument which was a combination of a self-made questionnaire and a standardized Warwick-Edinburgh Mental Wellbeing Scale for the purpose of collecting the needed primary data. The instrument was divided into four parts. Part I focused on the respondent's profile such as job role, work arrangement, age and gender. Part II covered the Warwick-Edinburgh Mental Well-being Scale (WEMWBS), a standardized instrument to measure mental wellbeing of the faculty members. Participants were asked to reflect on their feelings and thoughts for each item on the scale during the past 2 weeks. Part III dealt with the contributing factors to respondents' mental wellbeing

whereby respondents were asked to indicate to what extent do workload, lack of life-work balance, pressure from the institution or administrative issues, lack of support from the management, financial worries, adapting to new workspace/ schedule/ methods of teaching, lack or limited access to services and needed resources, fear of getting infected with COVID-19, uncertainty about the future of workplace or employment and taking care of the family needs while working contribute to their mental wellbeing. Part IV tackled mental wellbeing support provided by HEIs to their faculty members during pandemic whereby respondents were provided by a simple checklist for frequency distribution and ranking of support services provided by their respective institutions such as webinar/seminar, monitoring of mental health, leave credits, counseling, referral system and other support services. The self-made part of the instrument was subjected to validation and reliability. For face validation, it was presented to the panel of experts for their comments and suggestions.

The reliability of the self-made part of the instrument was established by Cronbach's alpha coefficient which gave a result of 0.912 which suggested that there was a good level of internal consistency among the indicators. Validation of WEMWBS was assessed by testing correlations between WEMWBS and other scales that measure aspects of mental health, as well as scales that measure general health and emotional intelligence and also to which it follows anticipated patterns for age and sex. The internal consistency was measured using Cronbach's alpha coefficient which was 0.89 (n=348) (University of Warwick and NHS Scotland, 2015). To determine the respondents' mental wellbeing, the respondents rated each statement in WEMWBS wherein all 14 items were worded positively and addressed aspects of positive mental health. The scale was scored by summing the response to each item answered on a 1 to 5 Likert scale as follows: 1 – None of the time; 2- Rarely; 3 -Some of the time; 4 -Often; 5 – All of the time. The minimum scale score was 14 and the maximum is 70. Score of ≤ 40 could be at high risk of major depression and should be advised to seek help.

Scores between 41 and 45 should be considered in high risk of psychological distress and increased risk of depression (Warwick Medical School, University of Warwick, 2020). To determine the extent of the contributing factors to the respondents' level of mental wellbeing; the respondents rated each factor using a five-point Likert scale whereby the respondents gave responses using the following scale: To a very great extent (4.20-5.00), To a great extent (3.40-4.19), To a moderate extent (2.6-3.39), To a less extent (1.80-2.59), To a least extent (1.00-1.79). To make sure that the data gathered were precisely treated; frequency and percentage distribution were used to describe the respondents' profile; weighted mean was used to determine the respondents mental wellbeing and the extent of influence of its contributing factors; frequency and ranking were used to determine the common mental health support services provided by HEIs. Pearson r was used to determine the relationship between mental wellbeing and the extent of influence of its contributing factors. Chi-square was utilized to determine the association between mental wellbeing and support services.

RESULTS AND DISCUSSION

Table 1. The Profile of the Respondents

| | Profile | Frequency | Percentage |
|------------------|---|-----------|------------|
| Job role | Faculty member only | 76 | 53.90 |
| | Faculty member with administrative work | 23 | 16.30 |
| | Administrator only | 5 | 3.50 |
| | Administrator with 6 or less hours of teaching load | 13 | 9.20 |
| | Administrator with more than 6 hours of teaching load | 24 | 17.00 |
| Work arrangement | 5day work from home | 54 | 38.30 |
| | 4day work from home, 1day on-site reporting | 8 | 5.70 |
| | 3day work from home, 2day on-site reporting | 12 | 8.50 |
| | 2day work from home, 3day on-site reporting | 24 | 17.00 |
| | 5day on-site reporting | 21 | 14.90 |
| | Others | 22 | 15.60 |
| Age | Below 30 | 50 | 35.50 |
| | 30-49 | 50 | 35.50 |
| | 50 and above | 41 | 29.10 |
| Gender | Male | 46 | 32.60 |
| | Female | 95 | 67.40 |

Total Number of Respondents = 141

As reflected, one hundred forty-one (141) respondents participated in the survey. Most of them were faculty members. The predominant work arrangement was 5day work from home. In terms of age, below 30 years old and 30-49 years old were had the same frequency. As to gender, female outnumbered the males with a frequency of 95 or 67.40% while male got a frequency of 46 or 32.60%. The respondents work arrangement wherein work from home got the highest frequency is an evident that many higher education institutions adopted the alternative work arrangements as described in DepEd order no. 11 s 2020 (Revised Guidelines on Alternative Work Arrangements in the Department of Education During the Period of State or National

Emergency Due to COVID-19 Pandemic) and in compliance with the Omnibus Guidelines on the Implementation of Community Quarantine in the Philippines by the Inter-Agency-Task Force for the Management of Emerging Infectious Diseases (IATF). Further, the big difference in the percentage of female than male supports the statement of (Regalado, 2017) that teaching is a woman-dominated profession, there are more female teachers than male.

Table 2. The Respondents' Mental Wellbeing Amidst COVID-19 Pandemic

| Level of Mental Wellbeing | Frequency | Percentage |
|--------------------------------------|-----------|------------|
| High (60 or more) | 29 | 20.57 |
| Average (45- 59) | 77 | 54.61 |
| Possible Depression (41-44) | 16 | 11.35 |
| Probable Depression (40 and below) | 19 | 13.48 |
| Total | 141 | 100.00 |
| Mean = 50.89 | | |

As shown, 54.61% of the respondents has an average mental wellbeing, 29% has high mental wellbeing, 13.48% has probable depression and 11.35% has possible depression. This suggests, that amidst pandemic most of the respondents do not experienced signs of poor mental wellbeing, although there were 11%-14% percent who might have experienced depression as reflected in their WEMWBS score. Overall, most of the respondents have an average to high mental wellbeing amidst the pandemic, although slightly higher, it is somewhat comparable to the findings of Education Support (2020) wherein most of the UK teachers had an average level of mental wellbeing (WEMWBS 45.6) albeit 62% of them claimed that they were stressed. Similar to the study of Kidger (2016) that involved 555 school teachers and found a WEMWBS score of 47.2 which is also in average range. Although, the mental wellbeing of school teachers are consistently lower than the general population as reported by the Teacher Wellbeing Index 2019 and 2020 still most of the teachers have an average mental wellbeing. It can be gleaned from the data that most teachers may have developed coping strategies to deal with the mental stress brought by the pandemic.

Table 3. The Extent of Influence of Contributing Factors to Respondents' Mental Wellbeing

| Indicators | Weighted Mean | Verbal Interpretation | Rank |
|---|---------------|-----------------------|------|
| 1. Workload | 3.96 | To a great extent | 1 |
| 2. Lack of life-work balance | 3.43 | To a great extent | 6 |
| 3. Pressure from the institution/ Administrative issues | 3.44 | To a great extent | 4.5 |
| 4. Lack of support from the management | 3.01 | To a moderate extent | 10 |

| | | | |
|--|------|----------------------|-----|
| 5. Financial worries | 3.38 | To a moderate extent | 7.5 |
| 6. Adapting to new workspace/schedule/methods of teaching | 3.44 | To a great extent | 4.5 |
| 7. Lack or limited access to services and needed resources | 3.26 | To a moderate extent | 9 |
| 8. Fear of getting infected with COVID-19 | 3.74 | To a great extent | 2 |
| 9. Uncertainty about the future of workplace or employment | 3.38 | To a moderate extent | 7.5 |
| 10. Taking care of the family needs while working | 3.63 | To a great extent | 3 |
| Average | 3.47 | To a great extent | |

It is apparent from this table that workload was the number 1 factor that contribute to respondents' mental wellbeing to a great extent, this was followed by fear of getting infected with the COVID-19 which also a contributor to respondents' mental wellbeing to a great extent. The data presented thus far provide evidence that workload greatly affects the mental wellbeing of teachers as claimed by Education Support UK (2020,2019), Macintyre (2020) and Ofsted (2019). This is also in agreement with Macintyre's (2020) findings that workload followed by family health were the most stressful experience reported by teachers during COVID-19 pandemic. However, this is not consistent with Frenzel's (2020), which revealed that workload and administrative issues aside from student behavior were the top contributors to teacher burnout a variable of mental wellbeing, although workload agreed , administrative issues did not because it ranked not 4 and 5 . Further, the data also suggests that maintaining wellbeing when potentially exposed to COVID-19 adds further stress to the role of teachers (Dabrowski, 2020) as fear of getting infected with the virus ranked second factor that contribute to respondents' mental wellbeing to a great extent. Moreover, data corroborate to the statement of Desouky (2017) that stress due to work-related factors reduces the quality of life as well as the overall mental and physical wellbeing of teachers which leads to depression and anxiety and have a direct effect on their ability to function at work or cope with daily life as most of the factors mentioned contribute to respondents mental wellbeing to a great extent.

Table 4. The Mental Wellbeing Support Services Provided by HEIs to their Faculty Members Amidst COVID-19 Pandemic

| Support Services | Frequency | Rank |
|-------------------------------------|-----------|------|
| Regular monitoring of mental health | 52 | 2 |
| Webinar/seminar about mental health | 98 | 1 |
| Online counseling | 36 | 4 |
| Telephone counseling | 11 | 7 |
| Counseling (face to face) | 13 | 6 |
| Referral to a specialist | 15 | 5 |
| Leave credits | 40 | 3 |
| Others | | |
| Religious activities | 4 | 8 |
| Salary paid in full during lockdown | 1 | 9 |

As reflected, identified as the most mental wellbeing support provided to the respondents by their respective HEIs amidst COVID-19 was webinar/seminar about mental health, this followed by regular monitoring of mental health and leave credits. This finding corroborated the action of Department of Education (DepED) and the Commission on Higher Education (CHED) which conducted series of online sessions about mental health for teachers during pandemic to give psychosocial support and sustain their mental wellbeing (Briones,2020; CHED-NCR, 2020). Similarly, in Australia, the State of Victoria's Dept of Education and Training (2020), conducted a series of free webinars to help support the wellbeing of teachers during pandemic. According to Hoke (2018), web-based education in the form of short, topic-centred webinars can be used to offer information about effective strategies for improving school wellness policies and environments. In addition, this format of professional development can be accessed at low or even no cost to the participant and their school employer. However, teachers preferred school policies and practices which promote meaningful workloads rather than short-term wellbeing activities (Brady, 2019). This suggests that the support services available to the respondents during pandemic were not enough to sustain their mental wellbeing.

Table 5 Difference in the Respondents' Mental Wellbeing When Grouped According to Job Role

| Job Role | Mean | Test statistic (F-test) | Interpretation |
|---|-------|-------------------------|-----------------|
| Faculty member only | 50.34 | | |
| Faculty member with administrative work | 50.43 | F= 0.504 p=0.733 | Not Significant |
| Administrator only | 53.60 | | |
| Administrator with 6 or less hours of teaching load | 53.77 | | |
| Administrator with more than 6 hours of teaching load | 50.92 | | |

Significance level @0.05

As indicated in the table there was no significant difference in the respondents' mental wellbeing amidst COVID-19 pandemic when grouped according to job role. The probability value of 0.733 was greater than the significance level of 0.05. This implies that regardless of their job role the respondents had the same view of their mental wellbeing amidst COVID-19 pandemic. However, the data are evident that teachers and administrators had an average mental wellbeing which agrees with the findings of Klapport (2020) that the level of stress which is a variable of mental wellbeing experienced by teachers during pandemic was medium to high and with Akour's et al (2020) mild to moderate. In the case of administrators/ principals' mental wellbeing, the data agrees with the findings of Dempsey and Burke's (2020) that wellbeing of the vast majority of principals is at moderate levels and this may be attributed to the change of lifestyles of many school leaders since pandemic as they began new hobbies, created healthier personal routines, and started to exercise

more regular. They also enjoyed a less hectic pace of life than they had before the pandemic lockdown. Conversely, Allen's (2020) reported a different finding wherein head teachers showed particularly pronounced anxiety during pandemic. Nevertheless, the data supports Akour's (2020) conclusion that teachers in higher education institutions have shown different levels of psychological distress and challenges during pandemic.

Table 6 Difference in the Respondents' Mental Wellbeing Amidst COVID-19 Pandemic when grouped according to Work Arrangement

| Work arrangement | Mean | Test statistic (F test) | Interpretation |
|--|-------|-------------------------|-----------------|
| 5day work from home | 51.52 | F = 0.594 p = 0.704 | Not Significant |
| 4day work from home, 1 day on-site reporting | 49.00 | | |
| 3day work from home, 2day on-site reporting | 49.42 | | |
| 2day work from home, 3day on-site reporting | 49.76 | | |
| 5day on-site reporting | 49.76 | | |
| Others | 53.18 | | |

As reflected in the table, there was no significant difference in the respondents' mental wellbeing amidst COVID-19 pandemic when grouped according to work arrangement. The probability value of 0.704 was greater than the significance level of 0.05. This suggests that regardless of their work arrangement the respondents had the same view of their mental wellbeing amidst COVID-19 pandemic. Although no significant difference was determined, the respondents' overall mental wellbeing was in average range which implies that work arrangement had no effect on their mental wellbeing. Conversely, people working from home may experience work overload or underload which may increase work-related stress and have negative effect on health and wellbeing and those working from home who were accustomed to office life and a steady rate of social interactions at work, may find this transition difficult, causing a deterioration in their mental health (ILO, 2020). Workload, work patterns, work environment and control on the way they do their work were some of the aspects of a working environment identified by Health and Safety Executive (HSE) that have the potential to contribute to work-related stress as stated by White (2020). Other factors such as poor workplace, lack of social support from the students, parents and local community were associated with teachers' anxiety and depressive symptoms according to Peele (2020). Moreover, demarcation between home and work, loss of control over personal decisions, stress of online teaching, irregular hours and finances and family health contributes to the higher level of stress of teachers than their own health (Macintyre, 2020).

Table 7 Difference in the Respondents' Mental Wellbeing Amidst COVID-19 Pandemic when grouped According to Age

| Age | Mean | Test statistic | Interpretation |
|--------------------|-------|----------------|--|
| Below 30 | 47.62 | (F-test) | Significant (Between Below 30 and 50 & above) |
| 30-49 | 51.62 | F=6.063 | |
| 50 and above | 53.98 | p=0.003 | |
| Significant @ 0.05 | | | |

As reflected, there was a significant difference in the respondents' mental wellbeing amidst COVID-19 pandemic when grouped according to age. The probability value of 0.003 was less than the 0.05 significance level. Respondents aged 50 and above had higher mental wellbeing compared to those respondents aged below 30. Two factors likely account for these age advantages. First is experience; older people had encounter more stressful and negative experiences and they had spent more time to learn how to deal with these experiences as well as to determine what works for them and does not. Another important factor is that older people experience changes in their motivations and goals. Older people are more motivated to focus on the good in their daily lives and accept what is bad rather than dwell on it. Additionally, older adults tend to prioritize goals instead of focusing on and worrying about the future (Carsten, 2020). These findings corroborate the findings of Gray's (2020) that the most affected by clinically psychological distress were young people which supports her claim that well-being increased with increasing age. On the other hand, Kuwato's (2020) had a different findings wherein teachers in their 20s showed highest general wellbeing while those in 60s had the lowest, this is similar with the findings of Li and Wu's (2020) that the aged group between 40 to 50 years were more likely to have anxiety disorder.

Table 8 Difference in the Respondents' Mental Wellbeing Amidst COVID-19 Pandemic when grouped according to Gender

| Gender | Mean | Test statistic | Interpretation |
|--------|-------|--------------------|-----------------|
| Male | 51.54 | (t-test) | Not Significant |
| Female | 50.57 | t=0.590 t=0.556 | |

Significance level @ 0.05

As shown, there was no significant difference in the respondents' mental wellbeing amidst COVID-19 pandemic when grouped according to gender. The T-test values of 0.590 and 0.0556 were both greater than the significance level of 0.05. This suggests that regardless of their gender the respondents had the same view of their mental wellbeing amidst COVID-19 pandemic. This agrees with Akour (2020) that there was no difference in the level of psychological distress between genders. However, this contrasts with Matiz (2020) and Allen (2020) who stated that women were at high risk of developing symptoms of stress/ anxiety/ depression than men and that female have higher work-related anxiety than male teachers. Also, with Maffoud (2020) who asserted that teachers have high prevalence of psychiatric disorder which was significantly related to gender; this was correlated to the instability and the irregular schedule of spouse work, which can be explained by the feeling of economic discomfort, lack of support and family instability and this conflictual situation makes women more vulnerable to stress and more predisposed to

psychiatric disorders. In addition, female teachers experienced significantly more stress, but they can cope more often in a functional way according to Klapporth (2020).

Table 9. Relationship between the Respondents' Mental Wellbeing and the Extent of influence of its Contributing Factors

| Indicator | Pearson r value | p-value | Interpretation |
|---|--------------------|---------|----------------|
| Respondents' Level of Mental Wellbeing and the Extent of its Contributing Factors | -0.356 correlation | 0.000 | Significant |

Significant @ 0.01

As indicated, the test of relationship showed that respondents' mental wellbeing was significantly linked to the extent of influence of its contributing factors. This supports Strizhitskaya (2019) that stated perceived stress decreases one's emotional stability that in turn affects psychological wellbeing. The result of this study also agrees with Rabacals' (2020) that Filipino teachers perceived a moderate to a high threat of COVID-19 and no significant difference in the impact of COVID-19 on the quality of life of Filipino teachers based on perceived threat and between those with either knowledge of the presence or absence of any COVID-19 cases near their residence.

Table 10. Association between the Respondents' Mental Wellbeing and Support Services Provided by their Respective Institutions

| Indicator | Chi-square | p-value | Interpretation |
|--|------------|---------|-----------------|
| Respondents' Mental Wellbeing and Support Services Provided by their Respective Institutions | 16.928 | 0.152 | Not Significant |

Significance level @ 0.05

As reflected, there was no association between respondents' mental wellbeing and support services provided by their respective institutions. This suggests that the respondents' mental wellbeing was not affected by the support services provided by their respective institutions. This agrees with Brady (2019) that stated the most well-received wellbeing approaches by teachers were those that support school cultures and aim to reduce the burdensome workloads and focus on improving feelings of autonomy, related and competence. The least effective approaches were those that only reacted to a perceived problem but did not address the cause of poor wellbeing. Teachers preferred school policies and practices which promote meaningful workloads rather than short-term wellbeing activities.

Table 11 Action Plan for Sustaining Faculty Members Mental Well

| Objectives | Strategies | Activities | Time Frame | Person Involved | Success Indicators |
|---|--|--|--------------------|---|--|
| To build teachers' psychosocial competence | Create psychosocial support group Prepare teachers in providing basic psychosocial support to their colleagues | Senior teachers to facilitate group activities to teach or share to younger teachers the "Success and Failures strategies " Train teachers to identify common mental health and psychosocial problems among teachers and apply basic intervention on appropriate situation | 6 mos to 1 yr | HR Guidance Faculty | Reduced presenteeism and absenteeism (captured through faculty evaluation) Number of teachers trained |
| To improve teachers' mental, emotional , physical and spiritual wellbeing through wellness activities | Integrate mental health program with employees wellness program and provide incentives to participate in the program | Create physical activities for teachers Promote healthy life style in school Conduct religious activities Facilitate team building activities (younger teachers to facilitate) Host Family Day activities(younger teachers to facilitate) Conduct community outreach program (tree planting, gift giving, medical mission) | 1 yr to indefinite | | Reduced presenteeism and absenteeism (captured through faculty evaluation) Improved performance (captured through faculty evaluation) |
| To manage work-related stressors | Reduce/eliminate work related stressors | Set maximum teaching loads for teachers (3 prep/ week) Adopt flexible working hours if necessary Adopt output-based work system if applicable Monitor teachers class scheds to ensure that they take breaks Conduct stress management activities | 1 yr to indefinite | HR Faculty | Improved performance (captured through faculty evaluation) |
| To provide readily accessible assistance in times of need such as pandemic, treatment and rehabilitation. | Integrate mental health support service with employees assistance program Provide health insurance that includes coverage for mental health problems | Provide financial assistance and leave credits during pandemic/treatment/rehabilitation Avail health insurance that covers mental health problems | 1 yr to indefinite | HR Faculty | Number of teachers who were provided by financial assistance Medical health insurance for teachers (availed through salary deduction) |
| To provide readily accessible counselling services | Provide readily available mental health professional that can be accessed through phone , online or face to face access) during pandemic and beyond Provide personnel who can act as a replacement in the absence of mental health professional Disseminate information about the availability of support services | Hire counselor/mental health professional that can be accessed online or via telephone, face to face Train health clinic staff and HR personnel on how to recognize signs of depression, anxiety and other mental health related issues and give counseling if necessary Provide lists and contact numbers of readily accessible mental health and psychosocial support services | 1 yr to indefinite | HR Guidance and Counseling Faculty In-house psychologis t Clinic staff | Number of teachers who were given professional advised Number of trained staff who can give counselling service Number of teachers who have list and contact info of readily accessible support services |
| To establish referral system | Have MOA with government and NGO that offer services for mental health Have policy on confidentiality to gain the trust of teachers so that they would not be afraid to come forward if they needed help. | Partner with government organizations /institutions and NGO that offer services for mental health (ex .National Center for Mental Health, Philippine Mental Health Association, Natasha Goulbourn Foundation etc.)for referral/ treatment of individuals with mental health issues | 1 yr to indefinite | HR Faculty Mental Health Committee | Existing MOA Number of teachers who are not afraid to seek help |

The mental health action plan is proposed based on the results of this study. The study revealed that the mental wellbeing of teachers during pandemic was average. A significant difference in the respondents' mental health was noted for those aged 50 and above and aged 30 and below. Workload was the number one factor that had an influence on the mental wellbeing of teachers to a great extent. Webinar/seminar was the most common support service provided by HEIs to its faculty members and mental wellbeing of the respondents was linked to the extent of influence of its contributing factors. Addressing these might sustain teachers mental wellbeing during and beyond the pandemic. This would be accomplished through interventions such as building teachers' psychosocial competence, integrating mental health program with employees' wellness program and management of work-related stressors, these would improve teachers mental wellbeing. Also, through provision of readily accessible mental health support services such as mental health insurance, readily accessible counseling services and referral system, these would

improve the support services provided to teachers. Therefore, this plan would sustain the mental wellbeing of teachers amidst the pandemic and beyond.

CONCLUSION

In this study, being a faculty member was the predominant job role, work from home was the predominant work arrangement, below 50 years old was the predominant age and female was the predominant gender. The mental wellbeing of the faculty members amidst COVID-19 pandemic was average; therefore, most of the respondents do not experienced signs of poor mental wellbeing during pandemic. The extent of influence of the contributing factors to faculty members' mental wellbeing have an effect on their ability to function at work or cope with the daily stresses of life as most of the factors mentioned contribute to respondent's mental wellbeing to a great extent. Webinar/seminar, regular monitoring of mental wellbeing and leave credits were the most common support services provided by HEIs to their respective faculty members during the pandemic, therefore the support services provided to faculty members were not enough to sustain their mental wellbeing especially during pandemic when they need readily accessible support services. A significant difference in the respondents' mental health was noted for those aged 50 and above and aged 30 and below. The test of relationship showed that respondents' mental wellbeing was significantly linked to the extent of influence of its contributing factors but it was not associated with the support services provided.

RECOMMENDATIONS

Since the respondents of the study was limited only to PASMETH members, it is recommended to conduct similar studies in a bigger population covering public and private academic institutions and use other variables to further evaluate the impact of the pandemic on the mental wellbeing of the teachers. A comprehensive wellness program is recommended in order to improve teachers' mental, emotional, physical and spiritual wellbeing this could be done by integrating mental health program with employees' wellness program. This is expected to foster activities that would promote healthy lifestyle and build stronger work relationship and cohesiveness among teachers as this is expected to boost their psychosocial competence that would result in high mental wellbeing. The extent of influence of the contributing factors to mental wellbeing depends on how teachers view the factors based on their experience, it is recommended that teachers especially PASMETH individual members should organize a mentoring program wherein senior teachers teach or share to younger teachers the "Success and Failures" strategies. In this way, younger teachers learn lessons of life from more experienced adults, create psychosocial support and build ability to deal effectively with the demands and challenges of everyday life.

In the light of the pandemic and considering the nature of work of teachers, it is recommended that academic institutions should have a readily accessible mental wellbeing support services for teachers in placed at all times such as health insurance that includes coverage for mental health problems, mental health experts that are always available to give counseling services, comprehensive wellness program that supports mental wellbeing and referral system that would help in the treatment and rehabilitation in case a mental health problem encountered among teachers. Also, to develop more understanding on difference of mental wellbeing in relation to age, it is recommended that a similar study be conducted considering larger population of teachers aged below 30 and aged above 50. Additionally, it is recommended that HEIs should provide avenues

and opportunities for teachers to encourage management of work-related stressors like provision of confidential counseling services to prevent or/and cope with personal and work related stressors, setting maximum teaching loads, giving options to adopt flexible working hours if necessary , provision of the necessary materials/resources and trainings needed to perform their job effectively and efficiently and adopting employee reward system. Further, teachers should have a knowledge on how to identify common mental health and psychosocial problems among teachers/staff /coworkers; this would provide early detection and prevention of mental health problems. As the pandemic is not yet over and it is not known what the future might bring in terms of local lockdowns and potential surge of positive but it is known that COVID-19 pandemic has an impact on the education system and the mental health of the teachers. Therefore, it is recommended that the proposed action plan by the present researchers should be considered as one of the solutions to address the increasing number of mental health issues in education system amidst the pandemic and beyond.

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