

A Qualitative Exploration on the Role of Occupational Therapy in Mental Health and Psychosocial Support for Students in the University Setting in the Philippines

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ABSTRACT

Background. Occupational therapy (OT) can be part of mental health and psychosocial support (MHPSS) in the university setting. Numerous studies worldwide have highlighted the negative impact of COVID-19 on mental health due to isolation and restrictions. In the Philippines, these issues were exacerbated among students, whose abrupt shift to remote learning negatively affected their mental well-being. As universities reopened, there is an opportunity for OT to support students' mental health.

Objectives. This study presents the findings of an online group discussion and an online forum that explored the role of OT in MHPSS in the Philippine university setting. Moreover, this study aimed to (1) describe the perceptions of Filipino OT practitioners (OTPs) on their role in the university setting, and (2) describe thoughts of Filipino OTPs on being part of MHPSS services.

Method. Using a qualitative exploratory design, data was gathered through an online discussion and an online forum. Thirty-five Filipino OTPs with a background in mental health practice served as the participants. Data was analysed using constant comparison.

Results. Analyses of data generated four themes: (1) awareness of the importance of MHPSS as student support, (2) mental health and occupation-focused support in the education setting, (3) role of OT in MHPSS, and (4) potential for interprofessional services.

Conclusion. Need for OT in MHPSS is justified by rising issues in anxiety, depression, trauma, and stress that can be addressed using an occupation-focused approach. OTPs can provide non-specialized services like PFA, or specialized individual or group-based interventions. However, OTPs think that they need to know more about MHPSS to contribute across all levels of MHPSS.

Keywords: MHPSS, occupational therapy, mental health, psychosocial support, academic occupations



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INTRODUCTION

For the past years, numerous studies have been conducted on the impact of COVID-19.^{1,2} During the pandemic, the everyday things that people do, or what we call as occupations, need to be reconfigured to fit to the existing restrictions to mitigate the detrimental effects of the global health threat.³ Changes in occupational patterns and occupational behaviors made a negative impact on people's health.² Mental health issues, such as anxiety and depression, are among the many detrimental health effects that the pandemic had on people and will continue to be felt even in the post-pandemic period.⁴

In the Philippines and around the world, it has been established that mental health issues have been triggered with the isolation felt in the past years along with its imposed restrictions on community mobility and social gatherings. Anxiety, depression, life dissatisfaction, and stress were among the mental health issues identified during the pandemic.⁵ Moreover, students, were among those affected gravely by mental health issues.^{1,6,7} The immediate closure of universities prompted teachers and students alike to abruptly shift or adapt to prevailing conditions. Numerous transitions changed the way how teachers and students engage in academic occupations and how they meet their occupational needs which negatively affected their mental health.⁸ With the easing and removal of restrictions in terms of community mobility and social gatherings, universities are slowly re-opening and transitioning to engaging in academic occupations in the new normal.

Students in the Philippines navigating the new normal may greatly benefit from OT interventions founded on the concepts of doing, being, belonging, and becoming.⁸ In the Philippine context, there may be an opportunity for OT mental health practice in the university setting. This opportunity for mental health practice is also supported by existing literature about the involvement of OT practitioners (OTPs) in disasters or amid challenging times.^{9,10}

Mental Health and Psychosocial Support for Academic Occupations

The call for OTPs to play an active role in supporting the mental health of the community has been greatly echoed throughout the pandemic and in the years beyond.¹¹ In the context of this study, mental health issues are not only limited to diagnosis-based conditions but also issues related to demotivation, life dissatisfaction, stress, and the like which all have an impact on academic occupations. Students and teaching staff in the university setting experienced undue stress and a variety of psychological impacts when prompted with shifts in ways of engaging in the usual in-campus activities or occupations.^{8,11} Engagement in academic occupations, which range from participating in class discussions to extracurricular activities, are influenced by the mental health of the individual.¹² By supporting the

mental health of students in the university setting, OTPs can potentially make a positive impact in the engagement of students in academic occupations.

OT has the potential to support the mental health needs of students by becoming an active member of the interdisciplinary team that provides mental health and psychosocial support (MHPSS) interventions. MHPSS is an umbrella term that refers to various kinds of supports that safeguard an individual's psychosocial well-being or mental health.¹³ MHPSS stemmed from humanitarian efforts to support the psychosocial and mental health of those affected by conflicts, disasters, or violence. MHPSS can be employed by various professionals across different sectors. This interprofessional nature of MHPSS assures the promotion of resilience among those affected.¹³

MHPSS consists of a multi-layered support system or an intervention pyramid that caters to those affected.¹⁴ As per the Inter-Agency Standing Committee (IASC), the following are the layers starting from the bottom to the top: Basic services and security, community and family supports, focused non-specialized supports, and specialized services. The succeeding paragraph will briefly describe the layers of MHPSS.

The first layer concentrates on securing the basic physical needs of the individual and their security. Supports under this layer consist of advocating for the restoration of those needs by the target agencies, and properly documenting the mental health impact it has on the individual.¹⁴ The second layer focuses on the accessibility of community resources and supports for affected individuals. Common supports under this layer consists of provision of formal and non-formal educational pursuits, activities for livelihood, and establishment of social groups.¹⁴ The third layer consists of supports for affected people who need more focused individual or group interventions. This layer includes community livelihood supports, and psychological first aid.¹⁴ The final layer consists of specialized supports for affected individuals who still require them despite the previous interventions. This layer covers specialized psychiatric support for severe mental health issues.¹⁴ In current literature, OT has been using a community-based approach in providing education and training for coping with mental health issues related to disasters or challenging times.^{15,16} OT can fit in any of the tiers in MHPSS given the profession's roots in mental health.

As universities re-open in developing countries such as the Philippines, students will transition and reconfigure existing academic occupations in the new normal.¹⁷ When students transition back to campus, they bring along with them their experiences of anxiety, depression, isolation, loneliness, and stress.¹⁸ This scenario puts forth a need to address these mental health issues of students with the help of occupational therapy (OT).¹⁹ OT has been an emerging support service for students' mental health in Western literature.⁸ However, there has been no record of this practice in the Philippine context.²⁰

Hence, prompting the exploration of the role of Filipino OTPs in MHPSS in the university setting.

OBJECTIVES

This study presents the findings of an online group discussion and an online forum that explored the role of OT in MHPSS in the Philippine university setting. Moreover, this study aimed to (1) describe the perceptions of Filipino OTPs on their role in the university setting, and (2) describe thoughts of Filipino OTPs on being part of MHPSS services.

METHODS

Research Design

A qualitative exploratory²¹ design was used as this enabled the authors to investigate the perceptions and thoughts of Filipino OTPs about MHPSS in the university setting. The qualitative approach allowed flexibility on the researchers' end to gather rich descriptive information relevant to the objectives of this study. The chosen design is valuable in determining the perspectives of the participants to answer the research question related to the role of OT in MHPSS. Qualitative research enabled the authors to utilize group discussions to gather personal perspectives from the participants. Two methods were used in gathering qualitative data: (1) one synchronous online discussion hosted via Zoom communications, and (2) an asynchronous discussion forum on Google Groups. The use of two methods in collecting data allowed participants ample time and opportunity to engage in the discussion. Having the asynchronous discussion allowed participants to provide information that could be missed out during the synchronous session.

An online discussion was deemed suitable to answer the objectives of this study as it enabled dialogue, facilitation, and exchange of information and best practices among the Filipino OTPs. Rich qualitative data can be gathered through an online discussion which can help add to the limited information about how Filipino OTPs can be a part of MHPSS in the university setting. Moreover, this echoes a similar initiative and the success of using online discussions for OT professional exchange.^{22,23}

This online group discussion is the continuation of a prior study involving Filipino OT educators.²⁴ The prior study aimed to determine the strategies, facilitators, and barriers experienced by Filipino OT educators when managing academic occupational disruptions of their students. Findings indicated that mental health issues such as anxiety, stress, feelings of uncertainty, and the availability of psychosocial support services affected managing academic occupational disruptions. Hence, the creation of the online discussion to explore OT's role in MHPSS in the university setting. This study received ethical approval from the first author's institutional ethics review committee.

Participants

Thirty-five participants joined the online discussion, of which all were based in the Philippines. Sixteen out of the 35 joined the prior study. Majority (31) were OTPs and the remaining four were students. Among the OTPs, most work in the academe (16 out of 31), followed by those working in private clinics (14 out of 31), and one in the hospital setting. Purposive sampling was used in this study. Inclusion criteria for the online discussion were the following: (a) having a background of OT either as a practitioner or student, and (b) provided OT mental health services in the past two years, or a recipient of such service. Other professionals were excluded from the online discussion to focus on the perspectives of OTPs on MHPSS. Responses coming from participants of the prior study won't be influenced by their participation in the prior study as it was a survey about their problems encountered in managing academic occupational disruptions. However, they are aware that mental health issues are one of the top problems.

Data Collection

Registration to the online discussion was promoted on social media (Facebook and Instagram) through a call for participants. Those who joined the prior study (90) were also invited through email. Participants were given access to an asynchronous forum on Google Groups for a 1-week period before-and-after the Zoom discussion.

Participants were allowed to introduce themselves and their background in OT in Google Groups. It also allowed for initial discussion and exchange of ideas about OT in MHPSS. They have an option not to disclose their full name and affiliation for confidentiality purposes. Moreover, the Google Group is only accessible to those who gave their consent to join the online discussion and the authors as moderators. Questions were also allowed to be posted ahead in preparation for the Zoom discussion. The 1-week period allotted for the forum after the Zoom discussion allowed the participants to post their thoughts and insights from the synchronous session via Zoom about the potential practice of occupational therapy and MHPSS. Participants were instructed to use English when posting or making comments. One of the authors served as the moderator during this period and monitored the participants' posts daily.

The online synchronous discussion hosted on Zoom Video Communications lasted for two hours in total and was facilitated by the 1st and 2nd authors. Prior to the start of the session, permission from the participants were sought to video record the session for reference in collating information from the discussion and that they can freely leave the session without any consequence. The discussion questions were centered around OT in mental health and the potential for OT to be a part of MHPSS in the university setting. (Table 1). These were open-ended questions that served to initiate discussion among the participants which were centered on the research objectives. These questions

elicited ideas and thoughts from the participants about OT in the university setting and MHPSS. Questions enabled the participants to describe what they know about MHPSS, and assess their capabilities to contribute to MHPSS in the university setting. The 3rd and 4th authors served as the notetakers and timekeepers of the discussion. In addition, five of the authors have experience in providing services covered in MHPSS, such as psychological first aid. At the conclusion of the group discussions, the authors answered participants' questions about their experiences in MHPSS. This was done at the end to prevent influencing the participants' views during the discussions.

Data Analysis

The posts on the forum and the transcribed recording of the Zoom discussion served as the qualitative data set for this study. The authors employed constant comparison²¹ to generate themes relevant to the objectives of this study. Data analysis was done manually by having the data sets in MS Word documents. The following steps were done by the authors in data analysis: The authors familiarized themselves with the data by doing an initial reading and then another re-reading of the transcripts before coding. Three of the authors did the coding independently and then reviewed the initial generated codes together before finalizing the themes. Intercoder reliability was established by having the coders compare the results based on the same portion of the transcripts analyzed. Extraction of significant meaning from phrases or quotations based on the transcripts were done as part of coding. Codes are words or phrases that represent the meaning of the extracted phrases or quotations. All authors compared patterns and themes across the participants' responses in the online discussions. Through inductive reasoning, the final set of themes were generated.

Trustworthiness

The authors employed principles set by Guba and Lincoln to ensure rigor and trustworthiness.²⁵ Credibility was ensured by having selected participants of the online discussion to review the themes to check whether it was reflective of their perspectives. A copy of the initial generated themes was sent to the participants through email for review and were confirmed. Moreover, investigator triangulation was employed by having more than one author conduct data analysis. The authors made use of individual journals throughout the data analysis process to promote reflexivity which established confirmability of the results. Journalling allowed the authors to record their decisions during data analysis to establish neutrality. Dependability was established by having an external reviewer conduct an audit into the process of analyzing the data and how the themes were generated. The external reviewer was able to confirm the generated themes based on the audit trail created by the authors. In terms of transferability, findings of this study may be limited to the Philippine context.

Table 1. Discussion Questions

Research Objectives	Questions
<i>Describe the perceptions of Filipino OTPs on their role in the university setting</i>	<ol style="list-style-type: none"> 1. What does it mean to work as an OTP in the university setting? 2. How can OTPs address mental health issues in the university setting? 3. As an OTP, do you feel capable of working in the university setting? 4. How can OT be significant in the university setting?
<i>Describe thoughts of Filipino OTPs on being part of MHPSS services</i>	<ol style="list-style-type: none"> 1. What do you know about MHPSS? 2. As an OTP, do you feel capable of being a member of MHPSS? 3. How can OT contribute to MHPSS?

However, enough descriptions regarding OT and MHPSS are presented in this study as basis for further investigation.

Ethical Considerations

This study is a continuation of a bigger study involving Filipino OT educators and was given approval by the Velez College Ethics Review Committee (VCERC-2022-NON-003). Participants of the bigger study were informed that they will be invited to join an online discussion at the conclusion of the bigger study if they consent. Informed consent forms were sent to the participants via Google Forms prior to the start of the online discussion. All participants agreed to disclose their email address for future announcements, actively participate in the discussion, and share their thoughts about the concepts and questions posed during the discussion. Participants can freely exit the video calling platform at any time. Throughout the online discussion, principles of privacy and confidentiality were followed. All participants gave their consent to be included in the video recording of the online discussion.

RESULTS

Analyses of data generated four themes: (1) awareness of the importance of MHPSS as student support, (2) mental health and occupation-focused support in the education setting, (3) role of OT in MHPSS, and (4) potential for interprofessional services. Table 2 presents the description for each of the themes.

Awareness of the importance of MHPSS as student support

The online discussions highlighted that MHPSS was a new service that can be made available to students. OTPs were not aware that MHPSS can be a form of student support in the university setting. It was shared among all participants that they were not aware of MHPSS and what this interprofessional set of service was about. Despite some OTPs in the mental health sector, they highlighted interest in joining MHPSS.

Table 2. Summary of Themes from the Online Discussions and their Descriptions

Theme	Description
(1) Awareness of the importance of MHPSS as student support	The first theme describes the relevance of MHPSS as part of student support services to be offered in the university setting. By having MHPSS, signs of mental health issues can be detected early on. Moreover, students can be referred to appropriate professional help. Higher education institutions should be made aware that this kind of service exists and can be provided with the help of OTPs. On the side of the students, there needs to be awareness that this kind of service can be available to them.
(2) Mental health and occupation-focused support in the university setting	The second theme describes how adopting an occupational lens while doing MHPSS gives the OTP an insight on occupations the student is engaged or disengaged. Through the (dis) engagement of certain occupations, the OTP can potentially help in identifying ways for the student to make necessary occupational adaptations to promote health in the university setting. Adopting occupation-focused services may potentially address issues experienced by students. Moreover, OTPs can utilize group-based interventions to promote mental health.
(3) Role of OT in MHPSS	The third theme describes how there is still a need to further clarify that MHPSS is an interdisciplinary practice involving various professionals. A common notion still exists that MHPSS involves only psychologists. The therapeutic use of groups also emerged as means for OT in MHPSS.
(4) Potential for interprofessional services	The fourth theme describes how the practice of MHPSS in OT can be an opportunity to foster collaboration with other professionals. In the university setting, an OTP actively involved in MHPSS will be able to work with the school's guidance counsellor, student's affairs officer, psychologists, and psychiatrists. Moreover, the inclusion of an OTP in the mental health team can introduce an occupational perspective in the team's goal of supporting students in the university.

[I] would like to know more about it since it's still new to me... it would be nice to know more about [MHPSS] in-depth. (OTP)

... [we] all know about OT in mental health, but we just heard about MHPSS and how we can help students through [this]. (OTP)

Participants also reflected on their own experience as students and expressed that if they were to receive a similar service before, it would have benefitted them.

I was also a student once... if I had this kind of program... it would have greatly helped me in college. (OTP)

I didn't know that this can help [me] in school... it helped me process what I went through and helped me get back to my [studies]. (OT student)

MHPSS was deemed an important student support as it allowed the students to get the appropriate help or service that they needed. Through MHPSS, students who experienced anxiety and depression were able to process their thoughts and feelings. Students were supported on how they can re-engage in their occupations that were affected by their mental health issues.

Mental health and occupation-focused support in the university setting

The discussion highlighted that OTPs can help address student mental health issues by looking at the different challenges they encounter when doing their daily activities. Though this is an extra part on the side of the OT educator, participants feel equipped to provide mental health support. Participants expressed that they had to switch 'hats' when there was a need to address issues experienced by students:

[We] have to go out of our way and extend a hand to provide mental health support as an OT, not as an educator per se. (OTP)

I was able to ask a student about their satisfaction in school-related activities and what could help [them] get back on track. (OTP)

A particular segment in the discussion covered what theories or practice models were used by OTPs as part of MHPSS for university students. From the discussion arose the Kawa Model:

We found the concepts in the Kawa Model very helpful... during our session we let the student identify the driftwood, or their strengths and assets, and we also let them describe their life flow at that moment. (OTP)

Having an occupation-focused approach also helped in supporting the students. For those experiencing anxiety or are feeling overwhelmed with deadlines, OTPs asked students what they were having trouble about and used strategies that helped the student re-engage in occupations.

One [student] was stressed when onsite classes were back... I asked her to create a timetable to accomplish all assignments... we picked out the big tasks and made it into chunks that were easy and achievable for a day in school. (OTP)

We used projective activities to help process what made a student feel anxious... a rose bush was used to represent the student... the condition of the flowers represented her skills in the classroom. (OTP)

Having an occupation-focused approach as part of mental health support enabled the OTP to identify the academic occupations of the student. OTPs were able to use strategies such as projective activities and activity analysis to help support students. Being occupation-focused supported re-engagement in academic occupations.

Role of OT in MHPSS

Participants expressed that OTPs can be actively involved in MHPSS and offer an occupation-focused approach. A clear advantage OTPs have is the origin of OT that stemmed from being a mental health profession. OTPs can help in supporting students' psychosocial well-being and mental health and help them get back on track in university.

Mental health is part of [OT] practice... [OT] can be involved in MHPSS. We have foundations in mental health... collaboration with other mental health professionals. (OTP)

We can help people identify what areas they are challenged and work from there until they can do their occupations again. (OTP)

A concern pointed was that there is limited information about Filipino OTs involved in MHPSS and even in the university setting. This lack of information left participants curious about how OTPs fit in the context of MHPSS. However, they were able to suggest ways how OTPs can contribute to MHPSS.

In most cases, we can do counselling... often times people need someone to talk to and help them process things. (OTP)

OT can check a person's routines and environment. We can help manage students' time and address barriers in the classroom or even in the campus. (OTP)

Participants indicated that being occupation-focused guides the role of OT in MHPSS. Highlighting the concepts of the person, environment, and occupation can serve as the guide for OT in MHPSS. Moreover, the foundation of OT in using the therapeutic use of groups was seen as helpful for dealing with anxiety, depression, and stress.

We drew a rose bush that represented us in school... being able to share about it to others helped me feel better. (OT student)

Students who feel stressed out often open up and feel comfortable when they know [they] aren't alone. (OTP)

According to some of the participants, having groups encourages students to express themselves. For them, most students feel comfortable knowing that they're not alone in their mental health struggles and that they can get help from others. When in groups, peers often encourage each other and make a person feel safe, which is a goal in MHPSS.

Potential for interprofessional services

Lastly, the potential for collaboration with other professionals in MHPSS emerged in the discussions. Given the interdisciplinary nature of MHPSS, OTPs need to collaborate to ensure that students get the full support they need. Instances where OTPs can start collaborating were shared by participants.

I started becoming involved [in MHPSS] when the school's guidance counselor asked for help on how to address the rising mental health issues among students amid the pandemic. (OTP)

... we started doing counselling sessions first to screen for red flags... I referred students who needed more help to our guidance counselor. If needed, she would connect them with professionals outside the school, like psychiatrists... (OTP)

Though the potential for interprofessional collaboration is a positive outcome when being part of MHPSS, some participants indicated they still want to know more about the boundaries between professions in the context of MHPSS.

[MHPSS] is challenging yet exciting... need [to] know more about it in-depth since it's still blurry when it comes to boundaries between professions. (OTP)

Involvement in MHPSS would entail careful planning and discussion with the team to introduce and establish what OTPs can do. Participants shared who they worked with when a student was referred for MHPSS. Often, a referral comes from the classroom teacher to the guidance counselor and then involvement of the OTP.

Teachers are the first ones to notice the challenges of their students... they inform the guidance counselor and then refer it to OT for screening. (OTP)

I often ask the teacher what areas or tasks the student is having difficulty and present ways how to support the student... journaling, to do lists. (OTP)

If the doctor prescribes medication to the student, I ask the teacher for the class schedule and check the time where the medications' side effects would affect the student's performance. (OTP)

For the OTP to be occupation-focused, collaboration with other members of the MHPSS team is vital. OTPs need to coordinate with the following: teachers for the classroom-related activities, leaders of the students' extracurricular activities, and doctors for prescription medication as appropriate. Collaboration is vital for the OTP to find ways for the student to successfully re-engage in their academic occupations.

DISCUSSION

MHPSS is a system that maximizes the interconnectivity of various professionals to safeguard the psychosocial well-being of people affected by conflicts, disasters, or issues.^{13,14} Participants in this study were OTPs who had experienced providing mental health services or were recipients of such service. From the discussions, OTPs perceive that there is a need to increase the awareness of MHPSS as a service where OT can be included. OTPs highlighted the importance of having an occupation-focused approach in MHPSS to promote students' re-engagement in their academic occupations.¹² However, OTPs think that they need to know more about MHPSS so that they can tailor their role based on specific levels of MHPSS. Involvement of OTPs in the university setting is vital due to rising mental health issues, such as anxiety, depression, dissatisfaction, and stress.²⁶⁻²⁸ The succeeding paragraphs will discuss how an OTP can be actively involved in MHPSS following the IASC levels and support students in the university setting.

The first layer of MHPSS focuses on basic needs and security. OTPs can help advocate for safe and socially appropriate services needed by affected individuals.¹⁴ In cases of disasters or emergencies, the OTP can connect affected individuals with local foodbanks and local government units (LGUs) or non-government organizations (NGOs) for food and shelter needs. OTPs can also assess for accessible relocation spaces depending on the person's needs. OTPs can do initial screening for potential mental health issues. Specifically in the university setting, the OTP can coordinate with student support personnel, such as guidance counselors, for early signs of distress among students. OTPs can also link with departments within or outside the university that offer financial assistance for students in distress. In this layer of MHPSS, the OTP should be able to identify and coordinate with existing or potential professionals that can help affected individuals re-engage in their occupations. Moreover, this layer is an opportunity for interprofessional practice of addressing mental health.

The second layer of MHPSS focuses on the accessibility of supports available in the community. It is vital for OTPs

in this layer to coordinate with existing teams to provide social supports. OTPs can disseminate information on constructive coping methods, formal and non-formal educational opportunities, and livelihood programs for affected individuals.¹⁴ OTPs can coordinate with LGUs or NGOs in organizing education and livelihood programs which will facilitate community re-integration of affected individuals. In the university setting, OTPs work together with the school's guidance counselor for information dissemination on how to cope with mental health issues such as anxiety, dissatisfaction, and stress. Likewise, OTPs can also facilitate the creation of student groups or clubs as means for community support. These groups can be interest groups which can help the student engage in extra-curricular activities.

The third layer of MHPSS focuses on non-specialized supports. This layer caters to affected individuals who require additional focused interventions aside from those in the previous levels. They may be victims of trauma or violence and may need emotional and livelihood supports. OTPs can provide psychological first aid (PFA) to affected individuals.²⁹ OTPs can engage affected individuals and offer comfort and safety. Through PFA, OTPs can gather information whether the individual is in a safe environment and determine whether there is a need for specialized mental health services. OTPs can teach the individual coping strategies to reduce distress. OTPs providing PFA are also encouraged to be cognizant of local counseling models, teach mindfulness, and utilize group-based approaches.^{30,31} In the university setting, OTPs can provide PFA to students who exhibit signs of distress and assess whether the student might benefit from specialized services.

The fourth and last layer of MHPSS focuses on specialized supports. These supports are for affected individuals who experience difficulties in basic daily functioning or occupations despite supports provided in the previous levels.¹⁴ OTPs can provide both individual and group-based interventions in this level of MHPSS. For individual interventions, OTPs can help the affected individual establish or re-establish routines lost due to disasters or trauma. OTPs can also encourage exploration in leisure pursuits and find opportunities for the individual to participate in lost leisure pursuits. Moreover, OTPs can help in the preparation of community reintegration of the affected individual. OTPs can help in re-acquiring school-related or work-related skills as applicable for the affected individual. Sensory-based approaches can be used by OTPs to address symptoms of trauma.³² Sensory-based activities given by the OTP can promote feelings of safety for victims of trauma. Moreover, OTPs can provide training to other members of the MHPSS team about sensory-based interventions to promote calmness and reduce anxiety. In the university setting, OTPs can visit classrooms and observe typical sessions in class to determine the fit between the student's current abilities and the demands of the class. OTPs can suggest ways how to modify schedules and deadlines

which are achievable for the student in collaboration with teachers. Moreover, OTPs can teach students strategies to cope during times of anxiety and stress.

Groups can also be used by OTPs under specialized supports covered by the fourth layer of MHPSS. Groups are often used in the treatment of people with anxiety, depression, stress, and trauma. By providing people an opportunity to engage in group-based activities, the OTP promotes active participation and a sense of connectedness.^{33,34} OTPs can help individuals practice skills essential for social participation when in groups. Individuals can also learn to share about their coping strategies from one another. OTPs can make use of project groups to simulate participation in occupations done together with other people. This can be done to help facilitate an affected individual to be able to collaborate with members in a completion of an output or project which is expected of a typical school-based or workplace setting.

As the goal for MHPSS in the university setting is to safeguard the well-being of students and to help them re-engage in their academic occupations, it is vital to be occupation-focused.³⁵ Given that OTPs are experts in occupation, it is fitting that OTPs should be actively involved in MHPSS to maximize students' occupational engagement and occupational performance. Adopting an occupation-focused practice enables OTPs to identify the various personal, contextual, and occupational factors influencing a student's occupational performance. Adopting occupation-focused practice can help highlight a student's important academic occupations and how they fit in with their academic routine. Moreover, highlighting occupation in MHPSS can aid OTPs determine how students' condition, distressing events, or environment inside and outside the classroom affect them in the university setting.

Given the diverse professions involved in MHPSS, OTPs can reinforce professional identity if occupation remains at the core of service provision and if they are occupation-focused. The relevance of being occupation-focused in MHPSS is that an individual's occupational strengths and needs are highlighted throughout the process. In the university setting, goal setting is done collaboratively with the student and other school personnel involved. The student takes the lead in identifying which affected occupations are prioritized. Ultimately, interventions are targeting occupational engagement and occupational performance considering the student's health, well-being, and their satisfaction with their occupational performance.

Limitations

Even though Filipino OTPs who had experience in mental health coming from the clinical setting and the academe served as the participants in this study, caution should be exercised when generalizing the findings to other contexts as their perception and thoughts about MHPSS may be limited to the Southeast Asian context or the Philippine setting.²⁹

CONCLUSION

Filipino OTPs perceive that they can be actively involved in MHPSS services. Moreso, in the university setting to support students and their academic occupations. Their thoughts highlighted the need for OT in MHPSS is justified by rising mental health issues like anxiety, depression, trauma, and stress. Moreover, mental health issues in the university setting have negative impacts on students' engagement in their academic occupations. Addressing these issues using an occupation-focused approach would greatly benefit affected individuals. OTPs can provide non-specialized services like PFA, or specialized individual or group-based interventions. However, OTPs think that they still need to know more about MHPSS so that they can contribute across all levels of MHPSS.

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Statement of Authorship

All authors certified fulfillment of ICMJE authorship criteria.

Author Disclosure

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