Thriving Minds: A Mental Health and Wellness Program for University Students

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Abstract *- Young adults, particularly those going through social, professional, and academic transitions, are increasingly being impacted by mental health issues such anxiety, stress, and mood-related diseases. The purpose of this study was to ascertain whether an organized mental health program may have a favorable impact on young adults attending a university in Silang, Cavite, in terms of their anxiety levels, coping mechanisms, and overall well-being. To find any notable improvements, it specifically evaluated the participants' psychological states both before and after the session. 48 college students between the ages of 18 and 30 were purposefully chosen using a one-group pretest-posttest quasi-experimental approach. The inclusion criteria included mild to moderate symptoms of stress or anxiety. Participants took part in several programs that covered group discussions, coping skills training, and stress management. Three primary outcomes were assessed using standardized instruments: general anxiety, attention awareness (a stand-in for coping mechanisms), and general well-being. Overall anxiety fell by an average of 1.604 points, but attention awareness and well-being increased by 0.282 and 0.208 points, respectively, according to the results. These gains, however, were not statistically significant, according to paired sample t-tests ($p > .05$). The patterns indicate that systematic mental health therapies may promote psychological benefits in young adults, even though the results are not statistically significant. It is advised that more research be done with bigger sample sizes and longer follow-up times to assess the long-term effectiveness of these initiatives. Future studies should also look into culturally specific interventions that deal with stigma and obstacles to access, especially in low- and middle-income countries like the Philippines.*

Keywords: Mental health, General Anxiety, well-being, copying Strategies attention awareness.

I. INTRODUCTION

Mental health disorders, particularly stress, anxiety, and mood disorders, are increasingly prevalent among young adults globally, with significant implications for their well-being. The increase in youth mental health problems, particularly among individuals in late adolescence and early adulthood, is impacted by a confluence of social expectations, academic pressures, and family relationships. According to studies, stress and anxiety are among the most prevalent young adults encounter mental health issues; according to one study, 60% of U.S. By 2021, at least one mental health problem affected college students (Dossen et al., 2024). This demographic is especially at risk because of the significant life changes they

experience, such as academic obligations, professional choices, and connection building. If left untreated, these illnesses may result in serious consequences like substance misuse, thoughts of suicide, and deterioration in social and professional functioning for an extended period (Sit et al.-2022). Despite increased awareness of mental health issues, many young adults continue to avoid getting help, primarily because of a lack of coping mechanisms, stigma, and inability to get mental health services.

The purpose of the study is to evaluate participants' anxiety levels, coping strategies, and general well-being both before and after they take part in the Mental Health Program. The program's effect on lowering symptoms of anxiety and other related mental health conditions will be assessed (Compas et al., 2001). This study investigated if program participants had improved anxiety, copy strategies and well-being after the intervention, considering aspects like better sleep, improved academic performance, and general stress-reduction strategies (Becker et al., 2018). This study aims to assess if Mental Health Program can influence the level of anxiety, coping strategies and well-being of young adults towards Mental health residing at a University in Silang, Cavite. Is there no significant difference in the level of anxiety, coping strategies and wellbeing of the respondents before and after the mental health program? The significance of the study is researching the mental health of college students is essential for both comprehending the difficulties these demographic faces and for offering insights that may result in better methods of mental health assistance. This study is important to several groups, each of whom gains something different from it.

II. LITERATURE REVIEW

Cultural factors further widen this disparity, including the stigma associated with mental illness, which deters many people from getting expert assistance. Digital treatments for mental health, such the WHO's Step-by-Step program, are becoming viable remedies that provide easily accessible treatment choices by evidence-based methods for treating depression, anxiety, and stress, such as behavioral activation (Sit et al. (2022). Discrimination and stigma related to mental health concerns in the Philippines greatly impact young adults, making their difficulties worse and preventing them from advance professionally, socially, and academically. Prejudices, discriminatory attitudes, and stereotypes behaviors that lead to societal stigma, with mental health issues being perceived as an indication of vulnerability or peril, resulting in rejection from employment and social marginalization (Tanaka et al., 2018). Young These harmful cultural ideas are commonly internalized by adults, which lowers self-esteem and self-worth, and hesitation to ask for assistance because of worries of being called "crazy" or embarrassing their relatives. Furthermore, familial and societal elements including the notion that mental health When problems are resolved naturally or are "God's will," treatment is discouraged, but insufficient Systems of mental health care exacerbate the issue by placing financial strain on affected households (Tanaka et al., 2018). These difficulties underscore the pressing requirement for culturally sensitive mental health interventions that reduce stigma and promote support within Filipino families and communities. For instance, inadequate mental health and social stigma In Tamil Nadu, India, infrastructure poses significant challenges to care, since the incidence of Students' rates of untreated depression are shockingly high (Kosalram et al., 2023).

III. MATERIALS AND METHODS

1. **Research Design**: A one-group pretest-posttest design, a kind of quasi-experimental design, was used in this study to assess how a mental health intervention affects the young adults of college students. To get insight into how the independent variable—the mental health program—affects participants, it is intended to compare changes in mental health outcomes before and after the intervention. Key mental health characteristics were assessed on the same set of participants twice in this study: once before the intervention (pretest) and once after the intervention (posttest). The following are the main mental health variables that are measured: Coping strategies, Anxiety and Well-being. Intervention: To improve coping mechanisms, emotional control, and interpersonal skills, participants were taking part in a mental health program that includes coping strategies exercises, and group discussions.

   Posttest: To determine whether the participants' mental health outcomes have changed, the same questionnaires were given out once the program is over.

2. **Participants/Data Sources**: To assess the effects of a mental health intervention, 30-40 young individuals between the ages of 18 and 30 who are university students participated in this study. To make sure they are representative of the target population—young adults dealing with common mental health issues like stress, anxiety, or depression, participants were chosen based on predetermined inclusion criteria.

   Purposive sampling was utilized to choose participants for this mental health program. This method enables the deliberate selection of young adults who are Adventist University of the Philippines students and who are probably under stress from social and scholastic demands. Collaborating with university counselors, student affairs, and those who voluntarily enroll respondents were chosen based on their interest in improving their mental health. This ensures that participants are relevant to the intended audience and representative of the program's objectives.

3. **Tools and Instruments**: Several tools are used in this study to assess different facets of mental health, including young adults' well-being, coping strategies, and anxiety. Every tool has been chosen for its validity and dependability in measuring important aspects of mental health. To measure participants' anxiety levels, coping strategies, and overall well-being before and after the mental health program, a pre- and post-test questionnaire was developed. The survey used standardized metrics, including the WHO-5 Well-Being Index for the coping strategies attention awareness scale for assessing overall well-being coping mechanisms, as well as the generalized anxiety disorder 7 (GAD-7) anxiety scale. Young individuals were given these validated tools, and their answers were examined to evaluate shifts between the participants' pre- and post-program mental health.
4. **Procedures**: For this study, the first step was to get approval from the Center for Graduate Studies at the Adventist University of the Philippines (AUP) to make sure the research follows university guidelines. The study was also reviewed by the Ethics Committee at AUP to ensure that all ethical standards are met, especially regarding the privacy and safety of the participants.

   Once approval is granted, the researcher was requesting permission from the Ethics Review Board committee at AUP, where the study was taking place. After getting permission from the center, the researcher was formally asking for approval to begin collecting data. The participants in this study were college students aged 18 to 30. Before

anything begins, the researcher explained the purpose of the study and what had happened during the research process. The participants were told that they can choose to participate or withdraw at any time, and that their participation is completely voluntary. Information consent forms were given to each participant, and they were need to sign these before the study started.

For data collection, the researcher was using the pretest and post-test with to measure the participants' anxiety, coping strategies and well-being before and after the Interventions. The pretest was given at the start of the study, before any interventions were done, and the post test was given after the final intervention session. Each session was taking place in a quiet and private space to ensure the participants feel comfortable while completing the scale.

The anxiety, coping strategies and well-being were conducted over ten sessions, with each session lasting about forty-five minutes. This means the total time for the program was forty-five minutes. During the sessions, the researcher was guiding the participants through each activity, explaining everything clearly and making sure they understand the purpose of each exercise.

After the data is collected, the researcher encoded the data in an excel file and submitted to the statistician the research questions, research paradigm, table for scoring and interpretation and the research instrument for statistical analysis and treatment.

5. **Analysis Techniques**: The data analysis for this study focused on comparing pre-intervention and post-intervention measurements to assess the effectiveness of the mental health program on various mental health outcomes.

   Mean and Standard Deviation were calculated to describe the participants' mental health profile before and after the intervention. This included baseline and post-intervention scores for anxiety symptoms (GAD-7), Coping strategies attention awareness scale and Well-being (Well-Being Index). Paired T-Test was conducted to compare pre- and post-intervention scores for each mental health variable. This statistical test determined whether there are significant differences between the two sets of measurements, specifically focusing on changes in anxiety symptoms, coping strategies and Overall well-being.

   The paired t-test was evaluated whether the observed changes in these variables after the intervention are statistically significant. Correlation Analysis was performed to explore relationships between changes in mental health outcomes. For instance, the relationship between increased mindfulness and reduced anxiety or improved well-being was examined. The results of the paired t-tests and effect sizes were used to interpret the impact of the intervention. The focus was on reductions in anxiety, improvements in coping strategies and overall well-being. The analysis provided a clear understanding of the intervention's effectiveness in improving the mental health of young adults, offering insights into how changes in Generalized anxiety disorder 7, coping strategies attention awareness scale, and well-being index affect mental health outcomes.

IV. RESULTS AND DISCUSSION

This study examined the impact of the effectiveness of the intervention, mean scores from pretest and posttest assessments were compared across psychological domains: well-

being, copying strategies attention awareness and general anxiety. These results were analyzed to determine any changes following the mental health intervention.

Table 1. Pretest Well Being Scores of Study Participants (n=48)

	Pretest Mean	Posttest Mean
I have felt cheerful and in good spirits	3.44	3.44
I have felt calm and relaxed	3.23	3.27
I have felt active and vigorous	3.04	3.02
I woke up feeling fresh and rested	2.83	2.94
My daily life has been filled with things that interest me	3.1	3.19
Overall Well-Being Score	**15.65**[a]	**15.85a**

Legend: Mean interval is 0-1.5, Worst possible mental well-being, Moderate possible mental wellbeing, 3.6-5 Best possible mental wellbeing.

[a] Overall Well-Being Score is calculated by summing the scores across all five items, ranging from 0 to 25. Legend: Mean interval is 0 none to minimal. 1.0-1.5 mild, 1.6-2.5 Moderate, 2.6-3.0 severe.

The results showed slight improvements in overall well-being, with the mean score rising from 15.65 (pretest) to 15.85 (posttest). Cheerfulness remained unchanged (3.44), while small increases were noted in calmness (3.23 to 3.27), waking up fresh (2.83 to 2.94), and finding interest in daily life (3.10 to 3.19). A minor decline was observed in feeling active and vigorous (3.04 to 3.02). Though not statistically significant, these findings imply that structured interventions can foster calmness, restfulness, and engagement. Even small gains, such as a 0.04 increase in calmness or a 0.11 improvement in restfulness are meaningful in preventive programs, as they reflect progress toward resilience. However, the limited changes suggest that refinements, such as extending duration and increasing active participation, are needed to maximize impact. This aligns with prior research (Iversen et al., 2017) showing that well-being is shaped by contextual stressors and that even minimal improvements are valuable in student populations facing academic pressures.

Table 2. Pretest Attention Awareness Scores of Study Participants (n=48)

	Pretest Mean	Posttest Mean
I could be experiencing some emotion and not be conscious of it until sometime later.	4.21	4.6
I break or spill things because of carelessness, not paying attention, or thinking of something else.	4.77	4.9

I find it difficult to stay focused on what's happening in the present.	4.06	4.33
I tend to walk quickly to get where I'm going without paying attention to what I experience along the way.	4.06	4.19
I tend not to notice feelings of physical tension or discomfort until they really grab my attention.	4.35	4.56
I forget a person's name almost as soon as I've been told it for the first time.	3.31	4.19
It seems I am "running on automatic," without much awareness of what I'm doing.	4.15	4.35
I rush through activities without being attentive to them.	4.04	4.42
I get so focused on the goal I want to achieve that I lose touch with what I'm doing right now to get there.	3.71	4.13
I do jobs or tasks automatically, without being aware of what I'm doing.	4.25	4.35
I find myself listening to someone with one ear, doing something else at the same time.	4.1	4.1
I drive places on 'automatic pilot' and then wonder why I went there.	4.65	4.79
I find myself preoccupied with the future or the past.	3.52	3.94
I find myself doing things without paying attention.	4.1	4.52
I snack without being aware that I'm eating.	4.65	4.79
Overall Attention Awareness Score	**4.13[a]**	**4.41a**

Legend: Mean interval is 1.00 to 3.50 Low levels of disposition mindfulness, 3.60-6.00 High levels of disposition mindfulness.

[a] Overall Attention Awareness Score is calculated by getting the mean of the responses for the 15 questions Legend: Mean interpretation of copying strategies attention awareness is 1.00-3.50 Low levels of disposition mindfulness, High levels of disposition mindfulness 3.60-6.00.

The results showed a general improvement in students' attention awareness, with the overall mean score increasing from 4.13 (pretest) to 4.41 (posttest). Specific gains were noted in recognizing emotions (4.21 to 4.60), remembering names (3.31 to 4.19), and avoiding automatic behaviors such as rushing (3.93 to 4.19). Some items showed little to no change, such as listening with one ear (4.10 to 4.10). Although these improvements were not statistically significant, they suggest that the program had a positive influence on students' mindfulness and self-awareness. This implies that mindfulness-based interventions can help students strengthen focus, manage stress, and improve coping, though longer or more intensive programs may be needed for stronger effects. These findings are consistent with (Liu et al., 2017), who emphasize mindfulness as a factor in better emotional regulation, stress reduction, and attention.

Table 3. Pretest General Anxiety Disorder Scores of Study Participants (n=48)

	Pretest Mean	Posttest Mean
1. Feeling nervous, anxious, or on edge	1.00	0.94
2. Not being able to stop or control worrying	1.23	0.98
3. Worrying too much about different things	1.40	1.00
4. Trouble relaxing	1.19	0.90
5. Being so restless that it's hard to sit still	0.98	0.73
6. Becoming easily annoyed or irritable	1.13	0.92
7. Feeling afraid as if something awful might happen	1.17	1.02
Overall General Anxiety Score	**8.08[a]**	**6.48a**

Legend: Mean interval is 0 none to minimal, 1.0-1.05 mild, 1.6-2.5 moderate, 2.6-3.0 severe.

[a] Overall General Anxiety Disorder Score is calculated by summing the scores across all seven items, ranging from 0 to 21. Legend: General anxiety mean interpretation is 0.1.5Worst possible mental well-being, 2.6-3.5Moderate possible mental wellbeing, 3.6-5 Best possible mental well-being.

Among the 48 student participants, the overall mean General Anxiety Score decreased from 8.08 (pretest) to 6.48 (posttest), showing a general reduction in anxiety. Key improvements were seen in worrying too much (1.40 to 1.00), trouble relaxing (1.19 to 0.90), and restlessness (0.98 to 0.73), alongside smaller declines in nervousness, inability to control worry, irritability, and fear of something awful happening. Despite these positive trends, the changes were not statistically significant. The downward trend suggests that structured mental health interventions may still help students manage stress, build resilience, and regulate emotions. Stronger effects may emerge with larger samples, longer interventions, and more intensive components. Consistent with prior evidence, mindfulness practices support emotional regulation (Li et al.,2021), and Mindful based intervention show comparable effectiveness to Cognitive Behavioral Therapy in anxiety reduction (Goldberg et al., 2018). However, sustained practice is often needed for significant outcomes (Baer et al., 2006). Compared with larger studies (e.g., Chinese collegiate athletes linking sleep to mental health), this study's n=48 and short duration may have limited statistical power, though the positive trends highlight the practical potential of targeted interventions in academic settings.

V. CONCLUSION

This study aimed to assess the effectiveness of a mental health intervention in enhancing students' well-being, coping strategies/attention awareness, and in reducing general anxiety symptoms. While the paired sample t-test results did not show statistically significant differences, the findings demonstrated positive trends in all three areas.

Participants'(students) overall well-being slightly improved, with small increases noted in feeling calm, rested, and interested in daily life after the program. Meanwhile, attention awareness scores increased, indicating that students became more mindful and attentive to their present experiences and emotions. The general anxiety scores showed a decrease, suggesting reduced nervousness, worry, and restlessness among students following the intervention.

These improvements, although not statistically significant ($p > 0.05$), reflect meaningful psychological changes that may contribute to better overall mental health in the long term. The results suggest that the program had a beneficial impact on participants' emotional regulation and mental awareness.

According to my view, if program achieves statistically significant results, I will recommend that future mental health interventions be implemented over a longer period to allow more sustained impact on participants' mental states. The program may benefit from more specific training in copying strategies attention awareness, general anxiety, guided meditation or emotional regulation skills. If conducting 1 or 3 months after the program can help determine the lasting effects of the intervention.

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