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Turning challenges into opportunities: mental health and coping styles among Filipino youth during pandemic towards program and policy development framework

Abstract

The pandemic of COVID-19 represents a direct and indirect global crisis, affecting the physical and psychological health of young people directly and indirectly. Significant restrictions and rules imposed to respond to the prompt growth of COVID-19, mainly social constraints, have represented a risk factor for developing depressive and anxious symptoms. Beyond getting sick, many young people's social, emotional, and mental well-being has been impacted by the pandemic. Trauma at this developmental stage may have long-term consequences across their lifespan triggered by physical distancing, loss of security and safety, and missed significant life events. Changes in routines and educational challenges triggered a problem with Filipino youth's mental health. The researcher aims to assess Filipino youth's mental health status and to investigate the effects of Covid-19 pandemic. A descriptive correlation study was conducted to describe and measure levels of mental health (depression, anxiety, and stress) and coping strategies among Filipino youth as basis for psycho-social intervention programs. The results emphasized the consequences of promoting mental wellness and psychological tactics due to the unanticipated nature of stressful event and emotional responses. The study used of standardized scales such as DASS-21 and Brief Cope Inventory respectively. The survey administered randomly to 200 Filipino youths ages 12 to 17, 80 of which are males and 120 are females. The findings and insights discussed a great addition to the growing knowledge of young people's mental health and program and policy development for youth protection and intervention in the local settings.

Keywords: COVID-19, mental health, young people, coping strategies, program

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Rationale and context of the study

The 2019 Corona Virus disease (COVID-19) was declared a pandemic by the World Health Organization on March 11, 2020. It may follow the influenza pandemic of 1918 in magnitude which affected about one-third of the world population and killed 50 million. Severe acute respiratory syndrome corona virus 2 (SARS-CoV-2), the virus that causes COVID19 disease has affected 213 countries and territories worldwide with 14 million cases and half a million deaths.[1]

This situation of pandemic is not just a medical phenomenon, it affects individuals and society and causes disruption, anxiety, and stress. The behavior of an individual as a unit of society or a community has marked effects on the dynamics of a pandemic that involves the level of severity, degree of flow and the after effect. Rapid human-to-human transmission of the SARS-CoV-2 resulted in the enforcement of regional lockdowns to stem the further spread of the disease. Isolation, social distancing, and closure of educational institutes, workplaces, and entertainment venues consigned people to stay in their homes to help break the chain of transmission. However, the restrictive measures undoubtedly have affected the social and mental health of individuals from across the board. Today the restrictions and limitations globally are either beginning to lift or become the "new normal" in places where they have continued for many years and months; some research is emerging that will assist in the development of environmental and psychological interventions to lessen their impact moving forward. The author of this paper hopes with the present research to contribute to that work, specifically in coping strategies and social support system as this was one of many the researcher advocacies as a social worker.

Having to manage the impact of Covid-19 up until now, one question begs for an answer: "What is the new normal?" There appears to be multiple answers to that. For some, it means reversion to the old society, others see it new world. Be that as it may, the new normal, both as a concept and as a reality, must be interrogated. Proceedings from the results of (IATF) Inter Agency Task Force for the Management of Infectious Diseases Resolutions Covid19 Analysis and their eventual translations into concrete ways forward, the new normal may have to consider the following significant implications.

Challenges human to re-assess our social behavior. Can we keep up with maintaining distance from people around us? How consistent are we in wearing facemask and face shield? Do we really see the value of hand washing for 20 seconds? Have we been responsible in using the information technology? Pushes us to rethink our ways of life. How healthy our food we intake? Do we have positive health-seeking behavior? How much time we spend to our families and loved ones? Are we living a life of wastage, or do we settle with just enough to live a life and allow others to live as well? Do we value financial literacy as some fundamental survival skills. Encourages us to revamp our policies and politicians. Are the excesses of market capitalism doing us good? Have labor standards and practices elevated the dignity of the Filipino workers or the pandemic revealed deep alienation? How do we design our residences or settlements for

a pandemic- proof future? Are we electing the right kind of leaders? Are we now appreciating how economic, social, and cultural rights are as important as civil and political rights? Confronts us with the imperatives of environmental consciousness. How seriously have we disturbed the natural balance of ecology? Have we now appreciated the merit of keeping organic produce? Do we still have healthy and breathable spaces in urban places?

Inspires human to aspire further for the common good. Do we have a sense of collective social responsibility such that what we do, is directly affecting others, too? Do we desire for our own individual survival alone or we seek to ensure that humanity emerges in victory against Covid19? Clearly the new normal is not about what we were used to, but it is about what we are ought to for better world. Mental Health is important as physical health. Self-quarantine can play significant role in preventing the spread of infectious diseases. But this doesn't mean that coping with the disruption in new normal routine is easy. Thus, taking care of human's mental health is essential, even if our time in quarantine is relatively brief in the grand scheme of things.

Establishing a routine that works for oneself is indeed helpful. Plan out activities that will keep everyone busy and try creating daily schedule, but don't get too wrapped up in sticking to a strict routine. Make a routine to break up the day to stave off monotony. Staying active may help you feel better and maintain your fitness levels. It's also a great way to help combat the sense of malaise and boredom that can come from being stuck inside day after day. Getting things done can provide a sense of purpose and competency. It gives people something to work towards and something to look forward to each day. Planning and listing some things you'd like to accomplish and then start checking a few things off your list. Keep on in connection with other people not only staves off boredom, but it is also critical for maximizing the sense of isolation. Talking to others who are going through the same thing can provide a sense of community and empowerment. Stay informed but not overwhelmed also contributes to steady one's mental health and to avoid stress and sense of panic. Mindful that children and youth are stressed too. Focusing and maintaining a sense of structure at home and model healthy positive behaviors is a must. Managing your own anxiety can help calm the fears of children at home. Staying busy, keeping in contact with others by phone and social media and maintaining a sense of structure are just few keyways that human can manage mental quarantine.

On the other hand, social workers and other allied professionals who are in frontline in this crisis plays significant role in managing mental health of people. The social workers are beyond its capacity to help and maintain the capabilities of human especially during this time of pandemic. Example of which was, the work of United Registered Social Workers in which the group of volunteers as registered social worker from across the Philippines who go hand in hand in providing free confidential telephone or online Psychological First Aid (PFA) and Psycho-Social Support (PSS) to fight Covid19 in every City, Municipality and Provinces. Every social worker signed up for this agreed to publicly announce their mobile number on social media so that people who are in crisis may contact the social workers without discrimination in combating Covid19. The tagged line of the group was "connect with respect and we will get through this together" the aim of the group as a social worker is no one will have left behind in this battlefield of pandemic. From among the group, referral and connecting from one region to another was utilized and the working relationship as a social worker was strengthened. The researcher was one of the many volunteers who work unitedly and untiredly for United Registered Social Worker (URSW) in aiding.

Review of the ref1lated literature

Present disease outbreaks caused generalized fear to the public and induced fear behaviors and anxiety. With the novel CoVid-19 plaguing the world, there are many uncertainties with the possibility of a fatal outcome.[1] There were reported manifestations of distress, anxiety, depression, and insomnia in general populations.[2] This means that it is imperative to determine the prevalence of adverse mental health issues in a society during this pandemic and mitigate its psychological risks and consequences. According to Dr. Katrina Lising- Enriquez of The Medical City, addressing the mental health crisis pervasive among Filipino youth is essential as the youth are the most vulnerable to mental illness because of the pressure and the changing times. This discussion is significant now, especially in the peak of suicides rates brought about by stress and depression triggered by the CoVid-19 pandemic. While the Philippines have no comprehensive nationwide survey on the prevalence of mental health illness, there has been an alarming rise in suicide rates particularly in adolescents and young adults.[3] Mental health has emerged as paramount public health concern in recent years. With a high proportion of children and youth affected by mental disorders, it is essential to ensure that they are guided and provided with proper care and treatment.

Human beings especially the youths are regularly exposed to different types of mental pressures in their daily lives. Considering this point that experiencing stress (mental pressure) is one of the inseparable parts of human life. Teaching all the people in society to reduce or even prevent focus, seems necessary.[4] Education is considered the primary primitive method of preventing and ending mental health experts must cooperate with other groups of any society. During the COVID19 pandemic, it is essential to evaluate the difference between the effect caused by the physical distancing imposed by lockdowns and the extent to which individuals subjectively feel so lonely or feel supported by others.

Adolescence is the most critical and problematic phase of life. It is a unique procedure and includes a crucial period of growth and development that creates significant physiological, physical, and mental changes. This in turn, disturbs the adolescent's physical and psychological order. They are physically growing, emotionally immature, and socially and culturally very fragile and affected. Finally, they have minimal experiences. Lack of acquaintance with mental changes of this period may lead to family and social controversies, moral aberrations, addiction, robbery, and all types of corruption in adolescents.[5] Stress management programs should consider the significant role of emotional and cognitive factors in determining the stressful factors and the nature of reconciling responses. According to Dubow et al.,[6] Models of Coping, specific coping strategies thinks of different ways to solve the problem. These are generally grouped into a variety of coping subtypes to describe categories of adolescents' coping responses. Examples of common subtypes are problem solving, information seeking, cognitive restructuring, emotional expression or ventilation, distraction, distancing, avoidance, wishful thinking, acceptance, seeking social support, and denial. The authors focus on coping strategies that are not viewed simply as a large collection of possible responses to stressors with arbitrary groupings. Rather, coping subtypes, and even broader dimensions that comprise sets of these subtypes, are derived based on conceptual models of coping.

According to Lazarus and Folkman[7] they theorized that coping could be divided based on its function, into problem- focused coping and emotion-focused coping. Problem-focused coping includes those strategies that involve acting on the environment (e.g., seeking support from others to solve the problem) or the self (e.g., cognitive

restructuring). Emotion-focused coping includes those strategies used to regulate one's stressful emotions (e.g., using substances, emotional ventilation). The authors study found that older, as compared to younger adolescents, tended to use more emotion- focused coping strategies, whereas age was not related to the use of problem-focused strategies. On the other hand, critics of the problem-focused versus emotion-focused coping framework argue that these two dimensions are overly broad, and some strategies may reflect both types of functions (e.g., seeking support from others may be used in the service of solving the problem or to soothe one's feelings). Also, strategies that represent very different types of coping and may be associated with very different outcomes have been subsumed under the same broad category.

According to Skinner and Gembech,[8] coping is a basic process integral to adaptation and survival, depicts how people detect, appraise, deal with, and learn from stressful encounters. Accordingly, in the context of research in the social and medical sciences have examined coping in many domains across the lifespan. Mainstream research, focusing on measurement of individual differences and correlates of coping, suggests that coping can buffer or exacerbate the effects of stress on mental and physical health and functioning, as well as directly shape the development of psychopathology and resilience.

Statement of the research problem

The research study explores to establish the prevalence of mental health and coping styles contributing to psychological stress among Filipino youth in Pangasinan during the entire CoVid-19 experiences. It seeks to answer the following questions:

a) What is the profile of the respondents in terms of age, gender, educational level, and religion?

b) What is the level of the mental health state of Filipino youth who experienced the Covid-19 pandemic?

c) What are the coping styles of Filipino youth in terms of mental health?

Research objectives

The research study investigates the effects of the Covid-19 pandemic and coping strategies on Filipino Youth's mental health aged 12-17 living in Santa Barbara, Pangasinan. Specifically, it aims

a) To assess the prevalence of depression, anxiety and stress of Filipino youth experiencing lockdown and restrictions due to the CoVid-19 pandemic.

b) To identify the frequency of Filipino Youth's different coping styles towards CoVid-19 pandemic and finally

c) To recommend ways and interventions for youth towards challenges and struggles encounter due to CoVid-19 pandemic.

Research methods

Research design

The instruments were administered using a survey. It is a fact-finding study with adequate and accurate interpretation. It was used to collect data about the impact of Covid- 19 pandemic to the mental health, level of mental health state (Depression, Anxiety, and Stress) and the coping styles of Filipino youth in terms of mental health. The participants were informed about the purpose and goal of the research and the confidentiality of information.

Data collection

The subjects of this study are two hundred (200) Filipino youth, 80 are males and 120 are females who firsthand experienced the impact of Covid-19 pandemic. The researcher conducted the survey, interview, and focus group discussion. The chosen respondents were currently enrolled in Junior and Senior High School aged 12 to 17 years old. The researcher chose the respondents from the major secondary school in the municipality of Santa Barbara in the province of Pangasinan thru coordination and recommendation with the school principal and teachers. A request letter to the respondents per class were given prior they responded to the Google form questionnaire. The respondents freely answered the survey form. Furthermore, a semi-unstructured interview was used to verify and authenticate the answers given by the respondents. In addition, Focus Group Discussion was also done for those who has a severe case of stress for proper interventions. Lastly, the gathered data were analyzed, presented, and interpreted by the researcher.

Data analysis

Descriptive statistics were compiled to describe participants' demographics (eg., age, gender, religion, academic year, and major) and the distribution of the ratings per category. The researcher used DASS-21 and Brief Cope Inventory. Demographic and descriptive analysis was frequency, mean and standard deviation. Cronbach alpha for reliability and Pearson-r moment of correlation. A descriptive correlation study was conducted to describe and measure levels of mental health (depression, anxiety, and stress) and coping strategies among Filipino youth as a basis for psycho- social intervention programs. Percentages of participants who indicated negative ratings (i.e., mild, moderate, or severe influence) on these questions were calculated and ranked in a descending order. Qualitative answers to the stressors and coping strategies were analyzed using thematic analysis.

Analytical framework

Theories provide a way of understanding the world and serve to describe, explain, predict, or control phenomena. A widely accepted definition of theory is that it is an organized set of concepts that explains a phenomenon or set of phenomena.[9] Theories can be categorized based on their level of abstraction as grand theories, middle range theories, and micro- level theories.[10] There are many theoretical understandings about mental health that a professional like social worker and psychologist used to guide their expertise and practice. These theories include some derived from the expert paradigm of understandings of the concepts of persons, environment, health, and nursing,[11] as well as theories borrowed from other disciplines and applied in professional nursing practice. Several social workers, psychologist and nurse practitioners are currently in the process of extending theory development for the discipline.

Psychodynamic theory

The most well-known psychodynamic theory is that of psychoanalysis proposed by Sigmund Freud. Many of the assumptions of this theoretical perspective serve as the foundation for psychodynamic theories. Freud's students, Carl Jung and Alfred Adler, developed their psychodynamic theories based on their work with Freud. Others who developed psychodynamic theories included Karen Horney and Erich Fromm. The basic psychodynamic understanding is that there are conscious and unconscious mental processes that influence thoughts and behavior. The goal in theory of practice is to develop understanding of the unconscious mental

processes and use this understanding to address mental health issues. Many of the concepts in psychodynamic theories are used in psychiatric-mental health nursing practice. These are the concepts of defense mechanisms, transference, and counter transference.

Developmental theory

Developmental theories are focused on stages of human development over time, often sequentially. The theory of Erik Erikson,[12] is most widely used in nursing homes, mental health hospitals, social welfare institutions and adds the cultural dimension to an understanding of the psychosocial aspects of development. Erikson delineated stages of development that were age-based, each characterized by conflicts. He framed these as trust versus mistrust, autonomy versus shame and doubt, initiative versus guilt, industry versus inferiority, identity versus role diffusion, intimacy versus isolation, generativity versus stagnation, and ego integrity versus despair. Much of the work of crisis theory is framed from Erikson's theoretical perspectives along with their psychodynamic roots. According to Erikson, successful resolution of a crisis within the stages of development leads one to develop more resources for future crisis resolution.

Humanistic theory

Humanistic theories and therapies are rooted in an understanding of human potential for goodness and a focus on the positive. Two humanistic theories that are predominant in understandings and practices are those of Abraham Maslow and Carl Rogers. Maslow's theory has also been labeled as a developmental theory for its emphasis on stages of human development. Maslow presented an understanding of the hierarchy of needs of individuals that often parallels the chronological developmental process. These needs are physiological, and survival needs, safety and security needs, love and belonging needs, esteem needs, and self-actualization needs. According to Maslow,[13] the lower- level needs must first be met for individuals to progress through other developmental stages. Carl Rogers's theory focused on the concept of empathy, a concept that guided the development of client-centered therapy. Rogers proposed that a key dimension of the success of therapy is the therapist's unconditional positive regard for the person receiving therapy. This principle is an important foundation for an integrative approach that has been embraced by the professionals who build on the individual's strengths to determine treatment goals. Social work is implicit and the relationship between the worker and client reflects this empathy. This interpersonal approach of Rogers, along with the interpersonal approach of Sullivan,[14] influenced the theoretical understandings of Peplau,[15] and the therapeutic relationship emphasis proposed.

Social learning theory

Regardless of their specialization, social workers face obstacles and challenges when trying to make sense of human behavior. A cornerstone for any social worker is a solid understanding of relevant theory to inform their practice. Social work practices and interventions are grounded in theory and evidence-based practice. One critical theory that is commonly used in social work is social learning theory. Social learning theory was developed in 1977 by psychologist Albert Bandura and remains one of the most influential theories of learning and development. Bandura argued that human behavior is learned observationally through modeling, or by simply observing others. In this way, the observer forms an idea of how unfamiliar behaviors are performed. On later occasions, this knowledge can guide action. Bandura demonstrated the effects of observation and imitation with his famous Bobo doll experiment, where children demonstrated increased aggression after watching aggressive behavior in According to social learning theory, the learning process involves observing, experiencing, and imitating new behaviors that are reinforced by other people or models. As a result, new behaviors either continue or cease, depending on how those behaviors are reinforced internally and externally within a social environment. Within social learning theory lies three central concepts: individuals could learn through observation; mental states are a fundamental part of this learning process; and when something is learned, it does not always follow a change in behavior. While a solid grasp of social learning theory is essential, knowing how to effectively apply its principles as interventions is even more critical. Gradual therapy techniques, positive modeling, symbolic coding, stress management, vicarious reinforcement and systematic desensitization can be used to shape positive new behaviors by changing the positive or negative reinforcement associated with the root of the problem. A social worker who competently understands social learning theory can utilize practice models more effectively to handle behavioral conflicts or issues regardless of the setting whether it's teaching in a high school, counseling people struggling with mental illness or rehabilitating men who abuse their partners.

The theory of reasoned action and planned behavior

This theory has guided considerable research in nursing, particularly as related to attitude and behavior change.[16] theoretical premise is that the intention to change determines behavior change. For an individual to change behavior, there must be a positive attitude toward the behavior. Furthermore, the influence of the individual's social environment is important, that is, the normative factors in one's environment. Thus, the beliefs of one's peers are particularly important in shaping one's own beliefs and attitudes. According to this theory, it is also important that the individual perceive that he or she has control over the desired behavior, and the resources and skills to perform the behavior. This theoretical understanding is like the concept of self-efficacy that is central to the social learning theory developed by Bandura.[17]

Coping styles

The relationship between coping styles and anxiety, has received considerable attention in a number of studies since 80s.[18] Concerning Anxiety Disorders (ADs), the predominance of dysfunctional coping styles in these patients has been reported.[19] Coping styles may contribute to anxiety vulnerability,[20] and may be strong predictors of anxiety symptomatology, with greater emotion-oriented coping in patients with high levels of anxiety.[21] Avoidance coping has been reported as the prevailing style in AD patients. More specifically, in phobic patients' avoidance coping is prevailing as compared to nonclinical samples.[22] Similarly, among panic sufferers, various studies reported that avoidant coping is the most frequently used coping style,[23,24] a premorbid predictor of anxious responding to panic-like bodily sensations,[25] the self-perceived most effective way to deal with anxiety-related concerns[26] and a risk factor for the development of panic symptoms.[27] Bronfenbrenner's ecological model demonstrates the complex and numerous sources of potential stress or security in life adolescents, influences that may be protective or harmful. Family, school, and peers are examples of micro system level factors that present direct consequences, while macro system level factors (e.g., societal values, economic circumstances) are distal influences. These external forces are not ably recognized in Moos,[28] model of context, coping, and adaptation in adolescence, Moos emphasizes the necessity of understanding them (e.g., family, social context) to realize how an adolescent adapts and subsequently copes. One can see how an adolescent's appraisal of a stressor involves both subtle and obvious factors that contribute to how an adolescent acts, or copes, with the stressor. It becomes clear, as well, that assessment of one's coping,

resources, and responses is complex and challenging. However, with gained insights about adolescent coping, interventions such as school- or clinic-based programs can be structured to reinforce environmental factors that promote healthy coping strategically. This is an ideal but challenging scenario, given the complexity of the existing science specific to managing conceptualization and measurement.

Over 15 years ago, Paerker and Edler,[29] conducted a critical review of coping assessment and concluded that the empirical weaknesses in coping assessment significantly challenged and limited the applicability and relevance of coping data. In 2001, Compas, Connor-Smith, Saltzman, Thomsen, and Wadsworth completed a critical review of coping with specific attention to the coping of children and adolescents. Like Parker and Endler, Compas et al., concluded that a gap continues to exist between the acknowledged need for identifying ways individuals cope or subtypes of coping behaviors and the development of measures that can distinguish these subtypes for children and adolescents. More recently, Skinner and Edge,[30] completed an evaluation of 100 coping assessment tools used with young people and adults. They identified over 400 ways of coping that were measured in these tools, demonstrating the breadth and depth of coping measurement and the resultant challenges in interpreting, generalizing, and acting on coping data.

Results

This chapter presents the data gathered, the results of the questionnaires done, and interpretation of findings based on the stated problems. These were presented in tables following the sequences of the statement of the problem.

Profile of the respondents

The profile of the respondents includes the age, gender, educational level and religious affiliation. This was described in terms of frequency counts and percent distribution.

The Table 1a presents the ages of the respondents, 5% or 10 out of 200 respondents belonged to aged 12, 6.5% or 13 out of 200 belonged to aged 13, 10% or 20 out of 200 respondents belonged to aged 14, 22.5% or 45 out of 200 respondents belonged to aged 15, 25.5 % or 51 out of 200 respondents belonged to aged 16, 16.5% or 33 out of 200 respondents belonged to aged 17 and 14% or 28 out of 200 respondents belonged to aged 18.

The Table 1b shows that 40% or 80 out of 200 total respondents are male and 60% or 120 of the total respondents are female.

Table 1a Age of the respondents

Age	Frequency	Percentage (%)
12	10	5
13	13	6.5
14	20	10
15	45	22.5
16	51	25.5
17	33	16.5
18	28	14
Total	200	100

Table 1b Gender of the respondents

Gender	Frequency	Percentage (%)
Male	80	40
Female	120	60
Total	200	100

Based on the Table 1c above, 26% or 52 out of 200 total respondents are Roman Catholic, 56.5% or 113 of the total respondents are Born Again Christian, 5% or 10 out of 200 total respondents are Muslim, 4.5% or 9 out of 200 total respondents are Inglesia Ni Cristo and 8% or 16 of the total respondents are from others but not specified. This validates that most of the Filipinos belonged to Roman Catholic and Born-Again Christian.

The Table 1d shows that 44% are from Junior High School, 42% are from Senior High School and 14% are 1st year college students.

Table 1c Religious affiliation of the respondents

Religious Affiliation	Frequency	Percentage (%)
Roman Catholic	52	26
Born Again Christian	113	56.5
Muslim	10	5
Iglesia Ni Christo	9	4.5
Others	16	8
Total	200	100

Table 1d Educational level of the respondents

Educational Level	Frequency	Percentage (%)
Grade 7 Junior High	10	5
Grade 8 Junior High	13	6.5
Grade 9 Junior High	20	10
Grade 10 Junior High	45	22.5
Grade 11 Senior High	51	25.5
Grade 12 Senior High	33	16.5
University 1	28	14
Total	200	100

Level of mental health state of the respondents

The Figure 1 presents the level of mental health state of Filipino Youth who experienced the impact of Covid-19 pandemic. For the stress subscale, 61 or 122.00% reported mild stress symptoms, For the anxiety subscale, 123 or 246% reported mild anxiety symptoms and for depression subscale, 16 or 32% reported severe depressive symptoms. This implies that, one in ten of the participants in this survey experienced a strong emotional impact due to the COVID-19 pandemic. This effect was greater in female, and it was also associated with increasing depressive (and anxiety) symptoms and a worse level of general health. The presence of no one to talk to in the household was associated with a stronger emotional impact due to the pandemic.

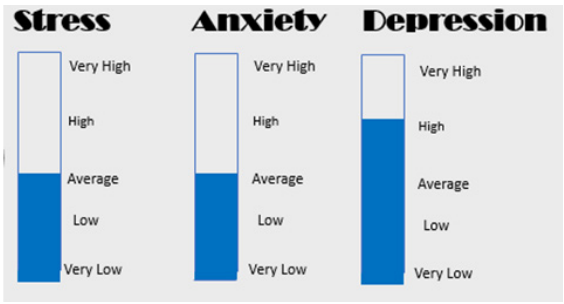

Figure 1 Level of mental health state of Filipino youth.

Coping styles of Filipino youth in terms of mental health

The Table 2a shows that, the higher the age of the respondents the higher the self-distraction they are into. This means that while

stress certainly isn't easy to manage at any age, it can become more difficult to cope as you get older for several reasons. In addition, that if a person is preoccupied by different scenarios of stress contributors, they are easily denied themselves that they are experiencing stress that could lead them to harm if not properly handle. This validates that, majority of the respondents are in an outright refusal or inability to accept some aspect of reality that is troubling brought about by impact of Covid-19 pandemic.

The Table 2b shows that, humor and religion was with high coping used by the participants to contest stress and maintain positive behavior. This confirms that Filipinos are religious people. Although this was expected, this behavioral pattern was also associated with a maintaining of mental health. Chew et al.,[31] in their review of coping strategies during previous infectious disease outbreaks in Greek have reported similar results for the effect of positive/active strategies versus supportive strategies in the mental health status of the population.

The Table 2c shows that instrumental support, behavioral disengagement, and venting have negative relation with well-being and positive with stress to be considered as maladaptive or dysfunctional. These three strategies together with denial have been considered in other studies as being part of a second order coping strategy of avoidance. Despite this strong emotional impact, most participants used positive/active strategies to cope with the stress of the pandemic and this was more likely in those who showed high levels of personal control over the pandemic.

Table 2a Higher the age of the respondents

		Age	Stress	Anxiety	Depression
Self distraction	Pearson Correlation	.484**	-.167*	-.157*	-.069
	Sig. (2-tailed)	.000	.018	.027	.331
	N	199	199	199	199
Active Coping	Pearson Correlation	-.185**	-.26	-.077	.086
	Sig. (2-tailed)	.009	.713	.279	.225
	N	199	199	199	199
Denial	Pearson Correlation	.024	-.173*	-.190**	-.052
	Sig. (2-tailed)	.736	0.15	.007	.467
	N	199	199	199	199

Table 2b Humor and religion was with high coping

		Age	Stress	Anxiety	Depression
Positive Reframing	Pearson Correlation	-.067	-.124	-.071	.031
	Sig. (2-tailed)	.345	.082	.319	.662
	N	199	199	199	199
Planning	Pearson Correlation	.256**	-031	-.083	.035
	Sig. (2-tailed)	.000	.663	.245	.623
	N	199	199	199	199
Humor	Pearson Correlation	.314**	-.037	-.102	-.019
	Sig. (2-tailed)	.000	.607	.152	.791
	N	199	199	199	199
Acceptance	Pearson Correlation	-.033	-.127	-.096	.107
	Sig. (2-tailed)	.647	.074	.179	.131
	N	199	199	199	199
Religion	Pearson Correlation	.330**	-.041	-.092	-.012
	Sig. (2-tailed)	.000	.570	.197	.869
	N	199	199	199	199

Table 2c Instrumental support, behavioral disengagement, and venting

		Age	Stress	Anxiety	Depression
Instrumental support	Pearson Correlation	.185**	-.045	-.110	.053
	Sig. (2-tailed)	.009	.528	.123	.461
	N	199	199	199	199
Behavioral disengagement	Pearson Correlation	.210**	-.019	-.018	.007
	Sig. (2-tailed)	.003	.792	.797	.922
	N	199	199	199	199
Venting	Pearson Correlation	.212**	.020	-.074	-.021
	Sig. (2-tailed)	.003	.775	.296	.771
	N	199	199	199	199

In contrast, with the recent research conducted in Wuhan, China 2020, participants with a stronger emotional impact turned to more supportive coping strategies. In the result analysis, increasing levels of current depressive symptoms were seen in the younger age in those with a stronger emotional impact to the pandemic, in those restricted due to COVID-19-related activities, and those overexposed to media for COVID-19-related news. Lower levels of depression were seen in those using positive coping strategies and showing high levels of personal and treatment control.

Discussion

The findings of this study bring into focus the effects of pandemic-related transitions on the mental health and well-being of the youth population. The researcher findings suggest a considerable negative impact of the COVID-19 pandemic on a variety of social, health, and lifestyle-related outcomes. The researcher sought to answer what is the state of mental health of Filipino youth in Pangasinan during the setting of Covid 19 pandemic.

Filipino youths comprise a population that is considered particularly vulnerable to mental health concerns. By conducting online survey interviews during the pandemic, the researcher found that many of the participants were experiencing increased stress, anxiety, and depression due to COVID-19 among the effects of the pandemic identified using DASS 21 questionnaire.

According to the results, the researchers found out that majority of the total respondents are stress. Based on the findings, significantly, the respondents felt hard to calm down, the participants tended to overreact to the situation, the respondents felt overused of nervous energy, the respondents originate getting agitated, the participants had trouble to relax and felt that anything that kept busy is in tolerated. These findings are in line with recent the studies in China in 2020 that the same feelings were found out not only to youth but the whole public including adults, which were highly concerned. According to Psychodynamic theory, human develops understanding of the unconscious mental process and use these feelings to understand and address mental health. This theory also highlighted the issue on transference and counter transference, what you feel can be transferred to others especially to your sphere of influence. This means that, when you feel you are alone and you are preoccupied of the situation, it's better to look someone to talk to process your thoughts.

Moreover, the researcher also found out that significantly the respondents are anxious about what is happening around the context of Covid19. The participants were scared without any good reason and panic always strikes. The respondents were worried about the situation in which feeling of foolishness always manifested. The participants felt difficulty in breathing and experience from time-to-time dryness of mouth. This means that according to Humanistic theory of Abraham Maslow's of needs, the roots to understand situation for human potential is to focus on goodness and overcome challenges into positive outlook. This means that whenever, youth and the general population encounters hardships and struggles in life journey always fix to hit the goal of overcoming it.

Difficulty in concentrating, frequently expressed by the participants, has previously been shown to adversely affect Filipino youth confidence in themselves which has known correlations to increased stress and mental health. In comparison with stress and anxiety in Filipino youth general life, it appears that countermeasures put in place against COVID-19, such as shelter-in-place orders and social distancing practices, may have underpinned significant changes in youth's' lives. Example of which was the vast majority of the participants noted changes in social relationships, largely due to limited physical interactions with their families and friends.

On the other hand, alarmingly, some of the respondents are on severe depressive feelings. Some of the respondents felt that experiencing positive feelings are not possible at all, some of the participants lost initiative to do things, some of the respondents felt down hearted, loosing worth as a person and felt that life is meaningless. This means that it's very important to watch out for oneself feelings towards the situation of Covid 19 pandemic as this cause tremendous effects directly and indirectly of human existence. According to Social Learning theory, observing, experiencing, and imitating behavior needs to re-enforce by other people or model to avoid conflict and harm. This confirms that as human, you are not alone in oneself battle, hence, the security of someone is ready to listen and comfort will turn your feeling of difficulty to opportunities.

Previous research on Persistence of mental health problems and needs in a college student population in Wuhan China reported about 3%-7% of the college student population to have suicidal thoughts outside of the pandemic situation. Although participants specifically mentioned several factors such as feelings of loneliness, powerlessness, as well as financial and academic uncertainties, other outcomes that were perceived to be impacted by the COVID-19 pandemic may also act as contributors to depressive thoughts and suicidal ideation. Both difficulty concentrating and changes in sleeping habits are associated with depression.

The researcher also identifies several coping mechanisms varying between adaptive and maladaptive behaviors. The maladaptive coping behaviors such as denial and disengagement have been shown to be significant predictors of depression among Filipino youth. In contrast, adaptive coping such as acceptance and proactive behaviors are known to positively impact mental health. The findings suggest that the majority of our participants exhibited maladaptive coping behaviors. Identifying students' coping behavior is important to inform the planning and design of support systems.

Respondents described several barriers to seeking help, such as lack of trust in counseling services and low comfort levels in sharing mental health issues with others, which may be revealing of stigma. Distinguishing social stigma as a barrier to seeking help and availing counseling services and other support is common among Filipino youths. The researcher findings suggest that self-management is preferred by Filipino youths and should be supported in future work. Digital technologies and tele health applications have shown some promise to enable self-management of mental health issues. For instance, Youn et al.,[32] successfully used social media networks to reach out to students and screen for depression by administering a standardized scale. Technologies such as mobile, tablets, laptops apps and smart wearable sensors can also be leveraged to enable self-management and communication with consent of caregivers.

In view of the above-mentioned projections of continued COVID-19 cases at the time of this writing, there is a need for immediate attention to and support for Filipino youth and other vulnerable groups who have mental health issues. Although the COVID-19 pandemic seems to have resulted in a widespread forced adoption of tele health services to deliver psychiatric and mental health support, more research is needed to investigate use beyond COVID-19 as well as to improve preparedness for rapid virtualization of psychiatric counseling or tele-psychiatry.

Conclusion and recommendation

The findings of the researcher show that majority of Filipino youth's respondents have mild level of stress, anxiety and depression and there were some referred and provided interventions for severe case of depression. In line of this, coping strategies plays vital role which is usually involves adjusting to or tolerating negative events or realities while you try to keep your positive self-image and emotional balance. Coping Strategies occurs in the context of life changes that are perceived to be stressful. As per WHO adapted to the stress caused by the pandemic using predominantly positive/active strategies are helpful tips. The behavioral pattern of the participants has resulted in the mitigation of the potential mental health effects of the pandemic.

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The researcher found out and confirmed according to Folk man and Lazarus[33] that young people have various coping styles when faced with Stress, Anxiety and Depression. Dysfunctional strategies were rarely adopted. One key finding relevant from a public health perspective is the need to increase the sense of personal control over the pandemic and enhance self-efficacy of the population. Public health strategies often try to increase perceptions related to the vulnerability or the severity of the mental health challenges.

In addition, the research findings however show that Age and Mental Health is significantly related to coping mechanisms. The efforts to increase the perception of personal control and to disseminate practical approaches towards the reduction of risk may be more effective in protecting the mental health of the population and increasing the compliance to imposed restrictions. The role of media during the pandemic should be carefully reexamined and specific guidance regarding the extent of reporting the extreme spectrum of the disease should be developed by health authorities and organizations. The used of social media needs to maximize to its full capacity to provide access to youth for tele help and "kumustahan" initiative program to avoid no one to talk to while experiencing mental health challenges.

Based on the researcher findings the following are pursued recommendations: For the United Registered Social Workers (URSW) to strengthen its working relationship and continue its mechanisms in providing tele help or online counseling for all people who are in crisis. There must be a Psycho education and an Online Group Dynamic activity program for youths to be conducted by Local Social Workers, Teachers, Counselors, Religious workers who are trained. Interventions and referral services for those who have extreme levels of stress anxiety and depression should strengthen. Local Social Welfare Intervention Development Plan for youth are timely and relevant to be organized. Mental Health and Psychosocial Support training for Barangay Health Workers, Teachers and Barangay Officials are highly invigorated. Institutionalization of Mental Health Plan to the local settings. Self-Care must maintain for every human even those professionals like social workers who served as front liners in the battlefield of Covid19 pandemic.

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Conflicts of interest

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