



Hitik: International Journal of Catechists and Religious Educators

Volume 3 Issue 1 (June 2026)

ISSN (Online): 3082-3501 | ISSN (Print): 3028-2691

doi: <https://doi.org/10.63130/hijcre.v3i1.225> | Pages: 43-63

Received: January 11, 2026

Revised: March 2, 2026

Accepted: March 16, 2026

Published: June 30, 2026

Original Article

Faith and Mental Health: A Mixed-Methods Study on How Catechetical Teaching Shapes Students' Help-Seeking Attitudes

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Abstract

In a society where Catholic teaching strongly shapes personal values and daily life, students' views on mental health are often formed at the intersection of faith, culture, and education. As mental health concerns among college students continue to grow, understanding how religious formation influences openness to support becomes increasingly important. An explanatory sequential mixed-methods approach was employed, involving survey data from 2,376 students and in-depth interviews with 7 participants, to examine how exposure to catechetical teaching relates to students' mental health attitudes and help-seeking tendencies using a researcher-made instrument. The study used descriptive-correlational statistics to analyze quantitative data and thematic analysis to examine qualitative information. Quantitative findings showed strong catechetical knowledge and moderate mental health literacy; however, these did not consistently translate into open expression of distress or proactive help-seeking. Qualitative results revealed that faith-based coping practices support meaning-making, emotional control, and personal responsibility, yet they may also encourage private endurance of suffering. Students expressed conditional views of professional care, such as seeking formal help only when problems become severe or when personal coping efforts are no longer sufficient. Perceived stigma and concern about judgment further shaped cautious disclosure of psychological struggles. Overall, catechetical teaching plays a significant role in forming students' mental health attitudes by promoting dignity, compassion, and purpose, but its influence on help-seeking remains complex. Strengthening the connection between catechetical formation and mental health education may support more open expression and earlier engagement with professional services within Catholic institutions.

Keywords: Catechism, Catholic Teachings, Help-Seeking, Mental Health, Mental Health Attitudes

Suggested citation:

Lumandas, E., Vergara, Fremativo, & Taja-on, E. (2026). Faith and Mental Health: A Mixed-Methods Study on How Catechetical Teaching Shapes Students' Help-Seeking Attitudes. *Hitik: International Journal of Catechists and Religious Educators*, 3(1), 43-63. <https://doi.org/10.63130/hijcre.v3i1.225>

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Introduction

The Philippines is widely recognized as a predominantly Christian country, with Catholicism playing a central role in the social, cultural, and educational lives of many Filipinos (Aguilan, 2020). For a large portion of the population, exposure to faith formation begins at an early age through family practices, parish involvement, and formal instruction in Catholic schools (Canceran, 2025). Catechism, as a structured form of religious teaching, is commonly integrated into both basic and higher education. It shapes moral values, personal beliefs, and ways of understanding life experiences (Batan & Valientes, 2025). Within Catholic educational institutions, catechetical teaching provides a shared framework through which students interpret personal challenges, responsibilities, and sources of guidance (Astorga, 2024).

At the same time, mental health has become an increasingly visible public concern in the Philippines. The enactment of Republic Act No. 11036, or the Mental Health Act of 2018, promoted mental health awareness, protection, and access to services, encouraging institutions to strengthen support systems and research initiatives (Alibudbud, 2023). While national policies promote mental health awareness, individual students' attitudes toward seeking help remain shaped by their cultural and religious formation.

College students face academic, social, and personal pressures that can affect their emotional well-being (Samaniego, 2022). Although professional mental health services are widely recognized as essential, help-seeking decisions are influenced by personal beliefs and the environments in which students are formed (Lally et al., 2019; Dag-um et al., 2025). In Catholic educational settings, catechetical teaching plays a formative role and may influence how students understand emotional distress, resilience, and care for themselves and others (Gray & Cook, 2021). However, few studies have empirically examined how catechetical instruction within Catholic schools' influences students' attitudes toward mental health and help-seeking behaviors (Taja-on & Vergara, 2025; Tuquib et al., 2025).

Understanding this intersection is important because it clarifies how faith formation and mental health support can coexist within Catholic institutions. As mental health programs continue to expand, examining the influence of catechetical teaching helps ensure that institutional responses to student well-being are both culturally grounded and responsive to students lived experiences.

Conceptual Framework

The conceptual framework of the study is grounded in established theories that explain how faith, knowledge, and social context shape attitudes toward mental health and help-seeking. Religious Coping Theory (Pargament & Park, 2019) provides a lens for understanding how students use faith-based practices when experiencing emotional distress. This theory helps explain whether religious coping supports adaptive help-seeking behaviors or leads students to manage difficulties independently through spiritual means alone. Additionally, Catholic Anthropology, particularly the theology of the human person (Horan & Daniel, 2019), frames mental health as part of holistic human dignity, where spiritual, emotional, and psychological dimensions are interconnected. This perspective guides the study in examining how catechetical teachings shape students' views of suffering, personal responsibility, and

care for the self and others, rather than treating mental health as separate from faith formation.

These faith-based perspectives are complemented by psychological and educational frameworks that explain how understanding and social influence affect behavior. The Mental Health Literacy Framework (Soria-Martínez et al., 2024) informs the assessment of students' knowledge, awareness, and beliefs about mental health, including their ability to recognize concerns and understand appropriate sources of support. This framework supports the study's focus on how informed students are about mental health within a Catholic setting. Social Cognitive Theory (Krcmar, 2019) further explains how attitudes toward help-seeking are shaped through observation, personal beliefs, and social environments such as schools and religious communities. Together, these theories guide the study in examining how catechetical instruction, mental health knowledge, and social influences interact to shape students' attitudes toward mental health and professional support.

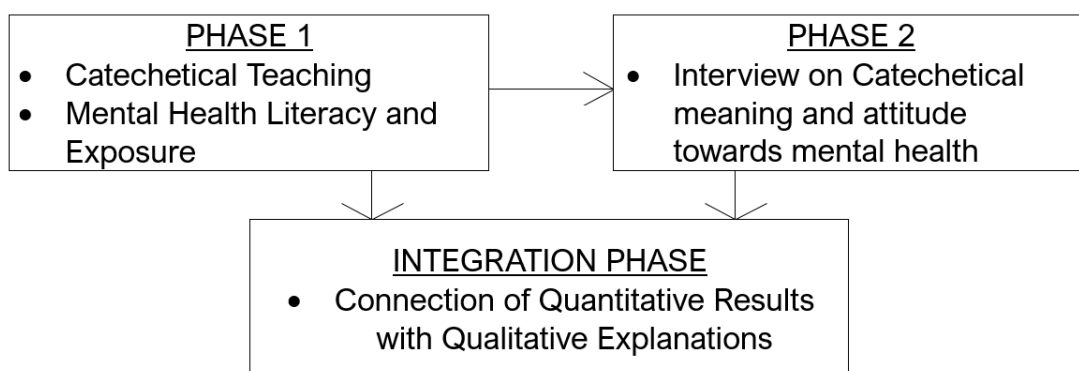


Figure 1. Explanatory sequential mixed-methods design of the study
Source: Author's design, 2026

The conceptual framework, as illustrated in Figure 1, is operationalized through a sequential mixed-methods process that allows theory to guide each phase of the study. In the first phase, quantitative data are collected through surveys that measure students' exposure to catechetical teaching and their mental health attitudes. Statistical analysis identifies patterns and relationships that suggest how faith formation and mental health understanding are linked. In the second phase, qualitative interviews are designed based on these findings to explore how students personally interpret Catholic teachings and apply them to their mental health experiences. Thematic analysis allows deeper insight into meaning-making processes grounded in Catholic Anthropology and lived religious practice. In the final integration phase, quantitative and qualitative results are brought together, allowing the theories to work collectively in explaining not only what patterns exist, but why they occur within a Catholic educational context.

Objective of the Study

Mental health concerns among college students have become increasingly prominent, yet attitudes toward mental health, including levels of literacy and willingness to express psychological distress, remain influenced by sociocultural and institutional contexts. In Catholic educational institutions, students are exposed to

catechetical teachings that emphasize moral formation, human dignity, and holistic well-being. However, the extent to which these teachings shape students' understanding of mental health and their attitudes toward seeking help remains insufficiently examined. Specifically, the study sought to answer the following:

1. What are the students' attitudes toward mental health, considering:
 - a. mental health literacy; and
 - b. mental health expression?
2. What is the students' knowledge towards the teaching of the catechism?
3. Is there a significant relationship between students' attitude towards mental health and the teaching of the catechism?
4. How catechetical teaching influences college students' attitudes toward mental health within a Catholic educational context?

Methodology

Research Design and Locale

The study employed an explanatory sequential mixed-methods design (Toyon, 2021) to examine how catechetical teaching relates to students' mental health attitudes within a Catholic educational context. The approach was selected to allow measurable patterns in mental health attitudes and of the catechism to be identified first, and then explored further through students' personal accounts. Conducted in a Catholic institution, this design was particularly appropriate because it supports an integrated examination of both structured catechetical exposure and lived faith experiences, ensuring that numerical trends are meaningfully interpreted within their religious and educational setting.

Sampling Method and Respondent

To determine the quantitative sample size, stratified sampling was applied using academic departments as the basis for grouping. The total population of enrolled college students aged 18 years and above was first identified, and the number of participants from each department was proportionally allocated according to its enrollment size. Through this proportional allocation, the final sample size reflected the distribution of students across departments, strengthening representativeness and reducing sampling bias. Inclusion criteria required that participants be currently enrolled college students, 18 years old and above, and self-identified as Roman Catholic. Only Catholic students were included because the study examined catechetical knowledge and its relationship to mental health attitudes. Students who were below 18 years old, not enrolled in the college department, non-Catholic, or who declined consent were excluded.

The participants of the study, as presented in Tables 1 and 2, were college students enrolled in a Catholic institution, representing the population for whom catechetical teaching is integrated into formal education and student formation.

Table 1. Demographic profile of the respondents of the study (N=2376).

	Demographic	Frequency	Percentage
Sex	Male	949	39.94
	Female	1427	60.06
Year	First	899	37.84
	Second	699	29.42
	Third	457	19.23
	Fourth	321	13.51
Course	Arts and Sciences	76	3.20

Education	375	15.78
Business Administration	260	10.94
Accountancy	118	4.97
Engineering	368	15.49
Information Technology	157	6.61
Nursing and Midwifery	1022	43.01

Table 1 outlines the respondents of the quantitative survey and presents their demographic profile in terms of sex, year level, and academic department, ensuring representation across different fields of study and stages of college education.

Following the quantitative phase, purposive sampling was used to select participants for in-depth interviews. Students were invited based on survey responses that reflected key trends or meaningful differences identified in the quantitative results. The qualitative sample size was determined through data saturation. Interviews were conducted until no new themes or significant insights emerged from the participants' responses. Inclusion criteria required that participants had completed the quantitative survey, met the same age and enrollment requirements, and identified as Roman Catholic.

Table 2. Demographic profile of the interviewed students.

Participants	Age	Sex	Year	Religious Role
Student-1	19	Male	Second	Sacristan
Student-2	24	Male	Fourth	Lay
Student-3	19	Female	First	Lay
Student-4	21	Male	Third	Seminarian
Student-5	21	Female	Fourth	Lay
Student-6	18	Male	First	Lay
Student-7	19	Male	First	Sacristan

Table 2 presents the participants of the qualitative interviews, describing their demographic characteristics in terms of age, sex, year level, and religious roles, which provided additional context for understanding their faith involvement. The inclusion of students from varied academic programs, year levels, and degrees of religious engagement allowed the study to capture diverse experiences and perspectives, aligning with the focus on how faith-based education intersects with mental health attitudes during the college years, a period marked by both academic demands and personal development.

Data Gathering Procedure

Data collection instruments consisted of both researcher-made and adapted tools to ensure alignment with the study context and research questions. For the quantitative phase, researcher-made questionnaires were developed to measure mental health literacy and knowledge of catechetical teaching. These instruments underwent expert validation and pilot testing, demonstrating strong content validity and acceptable to high reliability indices for mental health literacy (Content Validity Index [CVI]=0.942, Cronbach-alpha [α]=0.917) and catechetical knowledge (CVI=0.919, α =0.742). Mental health expression was measured using an adapted questionnaire developed by Daling and Taja-on (2025), which also showed strong validity and reliability (CVI=0.906, α =0.922). For the qualitative phase, a researcher-made interview guide was developed and validated by experts, yielding

high content validity (CVI=0.908) and strong inter-coder reliability (Krippendorff's alpha [$K\alpha$]=0.975).

Data collection followed a sequential mixed-methods process that began with the quantitative phase and was then expanded through qualitative inquiry. Structured questionnaires were administered to college students using both online and printed formats to ensure accessibility and encourage broad participation across academic departments. Before answering the survey, participants were informed of the study's purpose, the voluntary nature of participation, and their rights as respondents, and all provided written informed consent. The qualitative phase built on this initial stage through face-to-face interviews with selected participants, each lasting between fifteen and thirty minutes. Interviews were conducted in a quiet and comfortable setting and were audio-recorded with consent to ensure accurate documentation. Participation remained voluntary throughout, with participants free to decline questions or withdraw at any time. This careful and ethical approach supported informed participation and helped generate both wide-ranging quantitative data and in-depth qualitative insights.

Treatment of Data

Data analysis was conducted in line with the explanatory mixed-methods design, with quantitative results guiding the focus and depth of the qualitative phase.

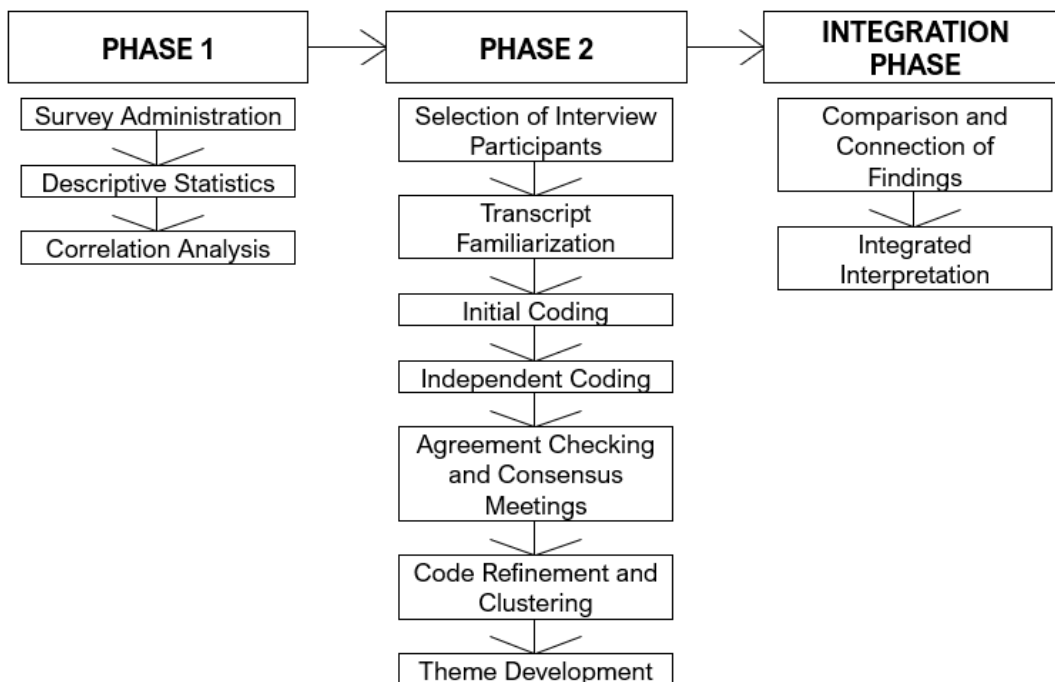


Figure 2. Analytic process of the explanatory sequential mixed-methods design.
Source: Author's design, 2026

The process, as presented in Figure 2, illustrates the step-by-step analytic process used in the study. Quantitative data were analyzed using descriptive statistics to describe levels of mental health attitude and catechetical knowledge, while correlation analysis examined relationships among these variables. These results informed the selection of interview participants and the areas explored during the qualitative phase. Qualitative data were then analyzed thematically using an iterative and reflexive process consistent with Braun and Clarke's (2023) framework. Interview

transcripts were transcribed verbatim, reviewed multiple times, and coded line by line to capture participants' perspectives. Independent coding by two coders showed a high level of agreement, with differences resolved through structured discussion. Credibility was strengthened through audit trails, analytic memos, and member checking. Finally, qualitative themes were integrated with quantitative findings to clarify and deepen understanding of the statistical patterns, allowing for a more comprehensive interpretation of the results. The final phase highlights the integration of quantitative and qualitative findings, demonstrating how thematic insights were used to explain and contextualize statistical patterns, resulting in a cohesive mixed-methods interpretation.

Results

This section presents the results of the study using a mixed-methods approach. Quantitative findings provide an overview of students' mental health attitudes and catechetical knowledge, while qualitative findings offer deeper insight into how these are understood and experienced within a Catholic context.

Students Attitude Towards Mental Health

This section presents the results of the study based on the analysis of the collected data. The presentation of results is intended to provide an objective basis for interpretation, ensuring that the data are communicated clearly and consistently.

Table 3 presents students' attitudes toward mental health literacy by summarizing their levels of awareness, understanding, and perceived ability to manage mental health concerns.

Table 3. Students' attitudes toward mental health literacy.

Factors	\bar{x}	σ_x	Qualitative Interpretation
Awareness of Mental Health Resources	5.21	1.187	Moderate Awareness
Help-Seeking Behavior	3.55	1.439	Very Low Help-Seeking Orientation
Perceived Stigma Regarding Mental Health	3.54	1.556	Very High Perceived Stigma
Self-Efficacy in Managing Mental Health	4.95	1.767	Moderate Self-Efficacy
Culture Influences on Mental Health	3.29	1.582	Restrictive Cultural Influence
Mental Health Literacy	4.11	1.650	Average Literacy

The results presented in Table 3 show that students display a mixed pattern in their mental health literacy, combining general awareness with a cautious stance toward help-seeking. While students demonstrate an acceptable understanding of mental health concepts and some confidence in managing emotional concerns, this awareness does not consistently lead to a willingness to seek formal support. The findings suggest that mental health is recognized as important, yet engagement with professional services remains limited. This gap appears to be shaped by perceived stigma and cultural expectations that value personal strength, self-control, and perseverance, which encourage reliance on internal coping rather than external assistance. Accordingly, knowledge of mental health resources alone is insufficient to

prompt action, highlighting the need for supportive contexts that normalize help-seeking as a responsible form of self-care and shared responsibility for well-being within a Catholic educational environment.

Mental Health Expression

Table 4 outlines students' attitudes toward mental health expression, focusing on how comfortable they are in sharing emotional concerns and seeking understanding from others

Table 4. Students' attitudes toward mental health expression.

Factors	\bar{x}	σ_x	Qualitative Interpretation
Mental Health Expression	6.18	1.641	Noticeable Negative Reactions

The results shown in Table 4 further indicate that students' attitudes toward mental health expression are strongly influenced by social experiences that discourage open sharing. Many students associate expressing emotional struggles with negative reactions or discomfort from others, leading them to remain guarded even when they recognize mental health concerns internally. When viewed alongside the earlier findings on limited help-seeking and perceived stigma, this pattern reflects an environment where emotional awareness exists but is constrained by fear of judgment. Despite having general mental health knowledge, students often choose to manage difficulties privately, reinforcing restrained communication and delayed access to support. These findings underscore the importance of fostering environments that actively support respectful and safe expression of emotional concerns, where openness is treated as a valid human experience rather than a weakness, helping align awareness with healthier communication and timely help-seeking practices.

Students' Knowledge towards the Teaching of Catechism

Table 5 presents students' knowledge of the teachings of the catechism across major areas of faith.

Table 5. Students' knowledge towards the teaching of the catechism.

Factors	\bar{x}	σ_x	Qualitative Interpretation
Catholic Teachings	4.49	1.698	Moderate Awareness
Integration of Catechism in Daily Life	4.74	1.504	Moderate Awareness
Faith in Daily Life	5.33	1.633	High Awareness
Relationships and Community	4.78	1.354	Moderate Awareness
Faith Identity and Practice	5.30	1.487	High Awareness
Awareness of the Catechism	4.93	1.278	Moderate Awareness
Faith and Belief	5.52	1.489	Very Good Understanding
Sacrament and Worship	6.11	1.176	Excellent Understanding
Catholic Morality and Social Teaching	5.27	1.457	Good Understanding
Faith in Daily Life	5.89	1.435	Very Good Understanding
Faith Identity and Practice	5.63	1.647	Very Good Understanding
Understanding of the Catechism	5.68	1.159	Very Good Understanding
Knowledge of the Catechism	5.31	1.248	High Knowledge

The results presented in Table 5 indicate that students generally demonstrate a strong level of catechetical knowledge, particularly in areas related to core beliefs, worship, and the role of faith in shaping personal meaning and values. This suggests that students are not only exposed to formal catechetical instruction but are also able to internalize central elements of Catholic teaching. However, the findings also reveal uneven recognition of how these teachings are applied in daily life, especially in social relationships and community contexts. While doctrinal and devotional understanding appears more developed, awareness of faith as a lived guide for everyday decisions and interactions is less consistent. Overall, catechetical knowledge provides a meaningful foundation for reflection, moral judgment, and responsibility, including how students frame emotional and psychological concerns, yet the variation in lived awareness points to the need for stronger integration between faith knowledge and daily practice to support deeper self-understanding and engagement with available support systems.

Students Attitude towards Mental Health and Teaching of the Catechism

Table 6 shows the relationship between students' mental health attitudes and their knowledge of the catechism.

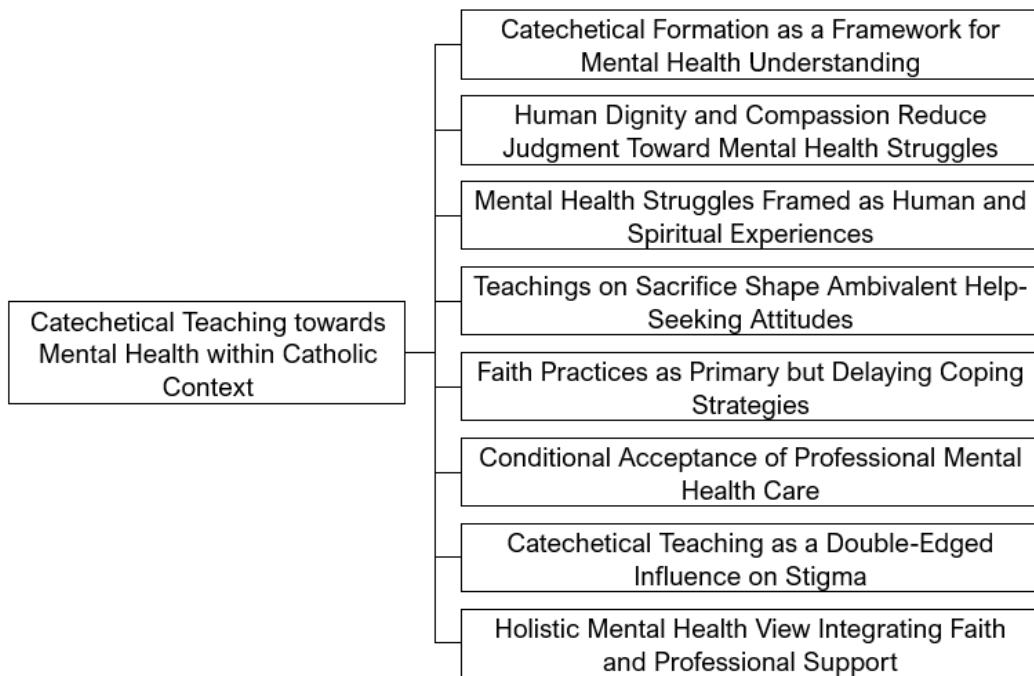
Table 6. Relationship between students' attitude towards mental health and the teaching of the catechism.

Variable	\bar{x}	r	Extent of Relationship	p
Mental Health Literacy	4.11	-0.649	Moderately Negative Relationship	<0.001
Knowledge of the Catechism	5.31			
Mental Health Expression	6.18	-0.873	Strong Negative Relationship	<0.001
Knowledge of the Catechism	5.31			

The results shown in Table 6 indicate that students' mental health literacy is related to their knowledge of the catechism, though this relationship does not suggest a direct or reinforcing connection. Higher familiarity with catechetical teachings does not consistently correspond to stronger mental health literacy, as students continue to display moderate awareness of mental health concepts alongside hesitation in help-seeking and sensitivity to stigma. This pattern suggests that religious knowledge and mental health understanding may develop in parallel rather than in alignment. In addition, a clearer association emerges between catechetical knowledge and mental health expression, where stronger religious knowledge is linked with greater discomfort in openly expressing psychological concerns. This finding is consistent with earlier results showing negative experiences related to emotional disclosure and perceived stigma, indicating that faith formation, while strong, may coincide with more reserved approaches to mental health expression within communal settings.

Catechetical Teaching towards Mental Health within Catholic Context

The thematic map presents how students interpret the relationship between catechetical teaching and mental health within a Catholic educational context. It illustrates how religious formation shapes students' understanding of emotional struggles, their attitudes toward expressing mental health concerns, and their views on seeking help. Through this map, the interconnected themes highlight how faith-based teachings influence both supportive and cautious responses to mental health experiences.



*Figure 3. Thematic map of the study.
Source: Author's design, 2026*

Figure 3 presents the thematic map illustrating how catechetical teaching shapes students' understanding of mental health within a Catholic context. The themes reveal that catechetical formation provides a framework through which students interpret emotional struggles, often emphasizing human dignity, compassion, and the recognition of mental health challenges as both human and spiritual experiences. At the same time, teachings related to sacrifice and perseverance influence how students approach personal suffering, which can contribute to ambivalent attitudes toward seeking help. Faith practices such as prayer and spiritual reflection often function as primary coping strategies, sometimes delaying engagement with professional mental health support. The themes also show that students may conditionally accept professional care, particularly when difficulties intensify, reflecting a cautious but evolving openness to mental health services. Overall, the thematic map demonstrates that catechetical teaching acts as a double-edged influence, simultaneously reducing judgment through compassion while shaping restrained expressions of distress. These themes collectively point toward a holistic view of mental health where faith and professional support can coexist in promoting well-being.

Discussion

This section discusses the findings of the study by interpreting the quantitative and qualitative results in relation to the research problem and existing literature. The discussion examines how students' mental health attitudes and their knowledge of catechetical teaching interact within a Catholic educational context.

Students Attitude Towards Mental Health

This section presents the discussion of the findings related to students' attitudes toward mental health. The analysis focuses on two key aspects: mental health literacy and mental health expression. Examining these dimensions provides

insight into how students understand mental health concerns and how comfortable they feel expressing emotional difficulties within their social and educational environment.

Mental Health Literacy

The results indicate that students hold a balanced but cautious attitude toward mental health literacy. Students appear to possess a general awareness of mental health concepts and show some confidence in their ability to manage emotional concerns. This suggests that knowledge and personal understanding of mental health are present at a basic level among the student population. However, this awareness does not consistently translate into openness toward seeking formal help. Students appear to recognize mental health as an important aspect of well-being, yet remain careful about engaging with professional support. The pattern reflects an attitude where mental health is acknowledged and understood, but responses to emotional difficulties are often approached through personal reflection and self-regulation rather than external assistance. At the same time, perceptions of stigma and cultural expectations appear to shape how students view the expression of mental health concerns and the decision to access support (Martinez et al., 2020; Munawar et al., 2022; Astorga, 2024; Dag-um et al., 2025; Flores et al., 2025; Taja-on & Vergara, 2025).

These results imply that students' attitudes toward mental health literacy are shaped by an interaction between awareness, personal coping, and social expectations. Although students demonstrate knowledge about mental health and available resources, this knowledge alone does not fully encourage help-seeking behavior. Instead, students appear to approach emotional challenges with a preference for managing concerns internally before considering external support. Such attitudes suggest that understanding mental health does not automatically lead to active engagement with professional services. The findings highlight that mental health literacy among students involves not only awareness and knowledge but also the social meaning attached to seeking help. Within the educational and cultural environment in which students are formed, attitudes toward mental health appear to be influenced by the value placed on responsibility, perseverance, and personal coping, which shapes how students interpret the appropriate response to emotional difficulties.

Mental Health Expression

The findings indicate that students' attitudes toward mental health expression are shaped by cautious communication and sensitivity to social responses. Although students may recognize emotional difficulties internally, the willingness to openly express these concerns appears to be limited by the anticipation of negative reactions from others. This suggests that students tend to remain reserved when discussing personal struggles, even when they possess some awareness of mental health issues. The pattern reflects an environment in which emotional experiences are acknowledged but are not always comfortably shared in social or academic settings. As a result, students appear to regulate how much they reveal about their emotional state, often choosing controlled or private forms of expression rather than open discussion.

These results imply that attitudes toward mental health expression among students are influenced by the social meaning attached to sharing personal concerns. When students expect judgment, misunderstanding, or discomfort from others, they may avoid expressing emotional struggles despite recognizing the importance of

addressing them. This situation can create a gap between internal awareness and external communication, where emotional concerns remain unspoken even when support may be needed. The findings highlight that the expression of mental health concerns is not only a matter of personal awareness but also of perceived safety within the social environment. Strengthening supportive and respectful spaces for dialogue may therefore help students view emotional expression as a normal part of human experience and encourage earlier communication when difficulties arise.

Students' Knowledge towards the Teaching of Catechism

The findings indicate that students generally demonstrate a strong level of knowledge regarding the teachings of the catechism. Students appear to be familiar with central elements of Catholic belief, worship, and moral instruction, suggesting that catechetical teaching has been consistently encountered through formal instruction and institutional formation. This pattern shows that the foundational ideas of faith, identity, and religious practice are recognized by students and are part of their conceptual understanding of values and personal responsibility. At the same time, the results suggest that students' awareness varies in relation to how these teachings are recognized in everyday contexts. While doctrinal knowledge and understanding of faith practices appear to be well established, the connection between these teachings and their practical expression in daily interactions and community life appears less consistently recognized. This indicates that students possess a solid cognitive understanding of catechetical teachings, although the extent to which these teachings are consciously reflected in daily experiences may differ among individuals (Astorga, 2024; Batan & Valientes, 2025; Canceran, 2025; Dag-um et al., 2025; Tuquib et al., 2025).

These results imply that students' knowledge of the catechism provides a meaningful foundation for shaping how they interpret personal experiences, moral choices, and human relationships. A strong familiarity with religious teachings may support reflection on personal challenges and guide students in interpreting emotional and psychological experiences within a broader framework of meaning and responsibility. However, the variation in how students perceive the application of catechetical teachings in everyday life suggests that knowledge alone does not automatically translate into lived awareness or practical integration. The findings highlight that catechetical instruction contributes to students' understanding of faith and identity, yet there remains an opportunity to further connect these teachings with daily experiences and decision-making. Strengthening this connection may help students recognize how faith-based perspectives can guide both personal well-being and engagement with available forms of support within their educational and social environment.

Students Attitude towards Mental Health and Teaching of the Catechism

The results indicate that students' attitudes toward mental health are significantly related to their knowledge of the catechism, although the pattern of association reflects a complex relationship rather than a direct alignment. Students who demonstrate stronger familiarity with catechetical teachings do not necessarily display higher levels of mental health literacy or greater openness in expressing psychological concerns. Instead, the findings show that while students possess meaningful knowledge of faith teachings, their attitudes toward mental health remain characterized by cautious communication and limited openness to sharing emotional difficulties. This suggests that the development of religious understanding and mental health attitudes occurs simultaneously but does not always reinforce one another in

practice. In particular, students who are more familiar with catechetical teachings appear to exhibit more reserved tendencies when expressing mental health concerns, reflecting a pattern in which personal awareness of emotional experiences may exist alongside restraint in outward communication.

These findings imply that the relationship between catechetical knowledge and students' attitudes toward mental health is present but not inherently supportive of open mental health engagement. While religious instruction provides a framework for meaning, moral reflection, and personal responsibility, it does not automatically lead to increased comfort in discussing or seeking support for psychological concerns. Instead, students appear to approach mental health experiences within a context shaped by both personal faith formation and social expectations about emotional expression. As a result, knowledge of religious teachings coexists with careful attitudes toward mental health communication. The results highlight the importance of fostering environments where faith formation and mental health understanding are more closely connected, helping students recognize that acknowledging emotional struggles and seeking appropriate support can be consistent with values of personal dignity, responsibility, and care for the whole person (Martinez et al., 2020; Munawar et al., 2022; Batan & Valientes, 2025; Canceran, 2025; Sab-it, 2025).

Across the results, students show strong engagement with their faith alongside mixed and cautious attitudes toward mental health. While students' exhibit moderate mental health literacy, low help-seeking orientation, heightened sensitivity to stigma, and negative experiences when expressing emotional struggles, their knowledge of the catechism remains generally high, especially in areas of belief, worship, and faith identity. Holistically, these findings suggest that catechetical knowledge and mental health attitudes are closely related but not mutually reinforcing, as religious understanding does not automatically translate into openness toward mental health expression. This pattern highlights the importance of creating environments where faith formation and mental health understanding support one another, helping students recognize that attending to mental well-being is consistent with personal dignity, shared responsibility, and compassionate self-care (Astorga, 2024; Dag-um et al., 2025; Flores et al., 2025; Taja-on & Vergara, 2025; Tuquib et al., 2025).

Catechetical Teaching towards Mental Health within Catholic Context

This section presents students' perspectives on how catechetical teaching shapes their understanding of mental health within a Catholic context.

Catechetical Formation as a Framework for Mental Health Understanding

The findings indicate that catechetical formation is deeply embedded in students' educational and formative experiences, serving as a consistent framework through which they understand themselves, their values, and their responsibilities toward others. As shared by the students:

“...I studied in a Catholic school where catechism was part of our curriculum, and this was reinforced by regular Masses, recollections, and retreats...” (Student-1)

“...I have studied in Catholic schools from basic education up to college, where catechism, theology subjects, and religious activities were integrated into academic life...” (Student-2)

“...My deeper and more structured understanding of catechism developed through seminary life, where doctrine, prayer, and community living are central...” (Student-4)

Exposure to catechism through formal instruction, liturgical activities, and structured religious formation has contributed to a solid level of knowledge and awareness of Catholic teachings, which serves as a central lens through which students understand personal struggles and well-being. Relative to the quantitative findings, this strong catechetical foundation exists together with moderate mental health literacy, limited openness to help-seeking, and cautious attitudes toward mental health expression, indicating that faith knowledge does not automatically translate into comfort with mental health concerns. These findings suggest that catechetical formation guides how students interpret responsibility, suffering, and care for self and others, while also revealing gaps in how this formation connects with mental health awareness and expression. This underscores the importance of presenting mental health within catechetical contexts in ways that support understanding, reduce silence or fear, and affirm the dignity and wholeness of the person, allowing moral and spiritual formation to more fully support informed, compassionate, and responsible attitudes toward mental health within the Catholic context (Camilleri, 2024; Dag-um et al., 2025; O'Connor, 2025; Tuquib et al., 2025).

Human Dignity and Compassion Reduce Judgment Toward Mental Health Struggles

The findings indicate that catechetical teaching consistently frames mental health struggles within a perspective of human dignity and compassion. As shared by the students:

“...it teaches that every person is created in God’s image, regardless of their struggles...” (Student-1)

“...Catechism teaches that everyone deserves understanding and care...” (Student-2)

“...the catechetical message about compassion and love for others reminds me not to judge others...” (Student-3)

“...struggles do not diminish a person’s worth or calling...” (Student-4)

Students’ accounts consistently reflect an understanding that personal difficulties do not diminish a person’s worth, aligning with the observed pattern of strong catechetical knowledge and awareness. Relative to the quantitative findings, this emphasis on dignity appears to temper negative judgments toward individuals experiencing mental health concerns, even as hesitation in help-seeking and challenges in open expression remain evident. These results highlight the role of catechetical teaching in shaping compassionate and nonjudgmental attitudes within the Catholic context, contributing to a moral environment that can reduce stigma at the level of personal perception. Concurrently, the findings indicate that compassion alone may not be sufficient to address barriers to expression and support-seeking, pointing to the need to connect teachings on dignity and care with clearer understanding of mental health concerns and appropriate forms of help, so that respect for human dignity is reflected in both attitudes and informed responses (Titus, 2024; Dag-um et al., 2025; Tuquib et al., 2025).

Mental Health Struggles Framed as Human and Spiritual Experiences

The findings indicate that students commonly understand mental health struggles as part of the human and spiritual condition rather than as signs of personal weakness. As shared by the students:

“...Catholic teaching frames struggles as experiences that require understanding, patience, and support...” (Student-1)

“...Catholic teachings influence me to see stress and struggle as meaningful challenges rather than failures...” (Student-2)

“...they encourage me to accept that stress and emotional struggles are part of life...” (Student-3)

Their responses indicate that catechetical teaching shapes how stress and emotional difficulties are understood, presenting them as experiences that call for patience, understanding, and care rather than as personal failures. Relative to the quantitative findings, this perspective aligns with the pattern of strong catechetical knowledge alongside mixed levels of mental health literacy, cautious expression, and limited help-seeking. The qualitative accounts show that students generally view mental health struggles as normal aspects of life that require reflection and support, which appears to lessen self-blame and harsh self-judgment. However, the continued hesitation to openly express concerns or seek assistance suggests that this accepting interpretation is not yet fully connected to practical knowledge of mental health support. These results highlight the importance of strengthening links between compassionate understandings of struggle and clear pathways for support, so that students are better able to translate acceptance into appropriate and timely help-seeking when difficulties arise (Stec & Kulik, 2021; Titus, 2024; Dag-um et al., 2025; Tuquib et al., 2025).

Teachings on Sacrifice Shape Ambivalent Help-Seeking Attitudes

The findings indicate that teachings on sacrifice, perseverance, and the call to endure difficulties are closely linked to how students understand and respond to emotional distress. As shared by the students:

“...the Church’s emphasis on carrying one’s cross helps me accept emotional distress, but it can also encourage silent endurance...” (Student-1)

“...I sometimes interpret distress as something I should simply overcome through discipline...” (Student-2)

“...the emphasis on sacrifice and obedience can make it difficult to express distress openly...” (Student-4)

Students’ catechetical formation appears to encourage acceptance of suffering as part of personal growth, helping them make sense of emotional challenges within a faith-based framework, while also reflecting patterns of restrained expression, limited help-seeking, and a tendency to manage difficulties privately. Relative to the quantitative findings, these results suggest a mixed orientation in which emotional struggles are acknowledged but often addressed through endurance and self-discipline rather than open dialogue or external support. While this approach may foster resilience, the data also indicate that it can be associated with hesitation to seek help or share distress. The findings point to the need for closer alignment between values of perseverance and responsible care for mental well-being, so that seeking assistance is understood as consistent with personal responsibility and respect for human dignity. Strengthening this alignment may support more balanced and healthy attitudes toward mental health within both the academic and faith community (Alviar & del Prado, 2022; Moreno et al., 2022; Dag-um et al., 2025; Tuquib et al., 2025).

Faith Practices as Primary but Delaying Coping Strategies

The findings indicate that faith practices serve as a central and trusted way for students to cope with emotional stress. As shared by the students:

“...I usually turn first to myself and my faith, through prayer and reflection...” (Student-1)

“...prayer provides me with clarity and a sense of control during stressful periods...” (Student-2)

“...faith practices provide comfort and meaning, but they also sometimes make me feel that I should be strong on my own...” (Student-4)

“...prayer helps me calm down and reflect when I feel overwhelmed...” (Student-6)

Students commonly rely on prayer and personal reflection as their first response when facing difficulties, reflecting strong engagement with faith teachings and religious practice that provide calm, meaning, and a sense of inner control during stressful situations. Relative to the quantitative findings, this reliance on faith-based coping appears to support emotional regulation while also being associated with delayed engagement with external forms of support. The findings indicate that prayer and reflection function as important internal resources, yet dependence on these practices alone may reduce the perceived urgency to seek professional or interpersonal assistance. This highlights the importance of framing faith practices as complementary to mental health support, where spiritual coping strengthens resilience while also encouraging openness to timely and appropriate care, supporting healthier and more responsive attitudes toward mental well-being (Blevins, 2024; Dag-um et al., 2025; Tuquib et al., 2025).

Conditional Acceptance of Professional Mental Health Care

The findings indicate that students generally recognize professional mental health care as consistent with Church teaching and concern for the whole person. As shared by the students:

“...the Church supports science and care for the whole person...” (Student-1)

“...the Church values reason and science, but seeking help often feels like a last resort...” (Student-2)

“...the Church recognizes the value of psychology when it supports vocation and personal integration...” (Student-4)

“...professional help is part of responsible and holistic care...” (Student-7)

Students’ recognition of professional mental health care reflects strong catechetical knowledge and an understanding that reason, science, and care are valued within their faith tradition. However, when these views are examined alongside low help-seeking tendencies and cautious mental health expression, professional support is often regarded as acceptable but conditional. Decisions to seek help appear shaped not only by formal teaching but also by community culture, where professional care is frequently viewed as a last option after personal coping and faith-based efforts. While students acknowledge the legitimacy of mental health services, this conditional stance may delay timely access to care. Strengthening messages that present professional support as a normal and responsible part of holistic well-being may help reduce hesitation and stigma, encouraging students to view professional care as an integrated response that aligns with faith values rather than as a sign of personal or spiritual limitation (Moreno et al., 2022; Titus, 2024; Dag-um et al., 2025; Tuquib et al., 2025).

Catechetical Teaching as a Double-Edged Influence on Stigma

The findings show that faith-based teaching plays a mixed role in shaping students’ views on mental health stigma. As shared by the students:

“...stigma can persist when mental health issues are framed only as spiritual problems...” (Student-1)

“...openness often depends on how faith leaders model understanding...” (Student-2)

“...mental health struggles can be seen as obstacles rather than areas for growth...” (Student-4)

While students demonstrate comprehensive knowledge of catechetical teachings, their mental health attitudes and experiences indicate that stigma may persist when emotional struggles are framed mainly in spiritual terms. This pattern is evident in cautious help-seeking, discomfort in expressing distress, and sensitivity to social judgment. Concurrently, the findings show that the way faith is communicated matters, as openness is greater when teachings emphasize understanding, care, and empathy rather than struggle or correction. These results suggest that faith-based messages do not automatically lessen stigma; instead, their influence depends on how they are presented and modeled within the community. When mental health concerns are recognized as part of the human experience and addressed with compassion, faith instruction can support openness and reduce fear of judgment. In contrast, when struggles are viewed primarily as obstacles or spiritual shortcomings, stigma may be reinforced, limiting dialogue and help-seeking. Clear and caring communication from faith leaders and educators is essential in aligning religious formation with respectful and supportive attitudes toward mental health (Grey & Cook, 2021; Dag-um et al., 2025; Tuquib et al., 2025).

Holistic Mental Health View Integrating Faith and Professional Support

The results indicate that students view mental health through a broad lens that goes beyond emotional comfort and includes personal functioning, reflection, relationships, and growth. As shared by the students:

“...well-being is not just about being happy but about being able to function, reflect, and grow...” (Student-1)

“...mental health involves emotional awareness and the ability to trust and relate well...” (Student-4)

“...Catholic teaching can provide meaning, while mental health support offers practical tools...” (Student-5)

This perspective reflects a formation that values the unity of inner life, human experience, and external support. Although students show strong engagement with faith knowledge and identity, their mental health attitudes reveal both awareness of mental health concepts and continued caution in help-seeking and emotional expression. Within this context, students recognize that faith provides meaning and direction, while mental health support offers practical ways to manage stress and emotional challenges. The findings indicate that spiritual and professional support are not viewed as opposing paths, but as distinct elements that can contribute to overall well-being when understood together. Reinforcing this holistic approach within Catholic educational settings may help students balance personal coping, spiritual practices, and professional care. Framing mental health support as part of responsible self-care can reduce hesitation and encourage informed decisions that respect personal dignity, strengthen relationships, and support timely access to appropriate mental health services (Stec & Kulik, 2021; Titus, 2024; Dag-um et al., 2025; O'Connor, 2025; Tuquib et al., 2025).

The combined quantitative and qualitative results present a consistent pattern showing that students' formation within a Catholic context provides a strong foundation of faith knowledge and moral understanding, while attitudes toward

mental health remain cautious and uneven. Survey findings indicate that students generally possess adequate mental health awareness but show low openness to help-seeking and experience discomfort when expressing emotional struggles. These patterns are reflected in the qualitative themes, which highlight how catechetical formation shapes views of mental health through teachings on dignity, compassion, perseverance, and spiritual meaning. Students describe faith as a primary framework for understanding personal struggles, often encouraging reflection, acceptance, and inner strength. Simultaneously, this framework appears to coexist with strong sensitivity to stigma and social judgment, helping explain why awareness of mental health does not consistently translate into open expression or active help-seeking.

Synthesizing these points, findings show that catechetical teaching influences mental health attitudes in complex and sometimes ambivalent ways. Quantitative results suggest that strong religious knowledge does not automatically support positive mental health attitudes, while qualitative themes explain how faith-based values can both support resilience and unintentionally delay external support. Students recognize the value of professional care and holistic well-being, yet often approach such support cautiously, shaped by personal interpretation and community culture. This synthesis underscores that mental health attitudes among students are formed through the interaction of belief, social learning, and lived experience, rather than through knowledge alone. The results collectively point to the importance of approaches that help students integrate faith, emotional awareness, and professional support in a balanced manner that supports dignity, responsible self-care, and timely access to help.

Conclusion

The findings show that students' strong catechetical knowledge provides a meaningful moral and spiritual foundation that shapes how they understand stress, suffering, and personal responsibility, yet this foundation does not consistently translate into open mental health expression or active help-seeking. Quantitative results reveal moderate mental health literacy alongside low help-seeking orientation and sensitivity to stigma, while qualitative accounts explain how faith-based values such as perseverance, sacrifice, and personal discipline support inner coping but may also encourage silent endurance and private management of distress. Additionally, students recognize the value of professional care and holistic well-being, though often in a conditional way shaped by community culture and interpretation of faith teaching. Collectively, the results show that catechetical influence functions as a guiding lens rather than a direct driver of help-seeking, shaping attitudes that value meaning, dignity, and self-control while leaving gaps in confidence, expression, and timely engagement with support.

Declaration on the Use of AI

The authors acknowledge the use of AI tools (ChatGPT and Grammarly) to enhance the readability and presentation of the study. These tools did not influence the original content, analysis, and/or conclusions. The authors affirm that all analyses and interpretations were conducted with strict adherence to research ethics and academic standards.

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