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SPECIAL ARTICLE

A framework for mental health services to address the gender-related concerns of UP Manila constituents

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ABSTRACT

Background: In response to the need to provide for mental health services to address gender-related concerns in a higher education institute, the University of the Philippines (UP) Manila Center for Gender and Women Studies (CGWS) commissioned a project to formulate a framework for the increasing volume of referrals.

Methodology: A mixed methods study was done in order to gather data to create a responsive and practical mental health care service provision framework with and for service providers and service users in the university. An online survey (N=135), focus group discussion, key informant interviews, and a round table discussion were conducted, with constituents of the university recruited through purposive sampling.

Results: A stepped-care model was proposed, consisting of: 1. Preventive Well-Being Resources, 2. Supportive Well-Being Interventions and Initial Screening Resources, 3. Structured Interventions, and 4. Interventions for Severe Mental Health Problems.

Conclusion: The framework formulated in collaboration with service providers and service users in the university addresses the goals of optimizing existing resources and enhancing service provision. Implementation and evaluation of this framework, as well as further information regarding the target population and their use of this model, are proposed avenues for further research.

Introduction

Mental health problems are among the most important contributors to the global burden of disease and disability. According to the World Health Organization (2002) estimates, mental and neurological conditions account for 12.3% of disability adjusted life years (DALYs) lost globally and 31% of all years lived with disability at all ages and in both sexes. Differences have been found in the nature of mental health problems experienced, the health-seeking behavior demonstrated by, as well as the responses of the health sector and society as a whole to women and men of various genders [1-7]. Available literature suggests that attitudes, opinions, and worldviews of individuals towards mental health problems may be linked to the gender roles they identify with [8].

A higher prevalence of depression and eating disorders have been noted in adolescent females. While males are more prone to take part in high-risk behaviors, females show a higher risk for suicidal ideations and suicide attempts [4,5]. Males have been noted to display a greater risk of developing antisocial behaviors or alcohol abuse in response to stress, while females may experience dysphoria in response to stress [6]. Among those with anxiety disorders, females are more inclined to internalize their feelings, which can lead to withdrawal, loneliness, and despair, whereas males are more likely to externalize their emotions, which can lead to aggressive, impulsive, coercive, and noncompliant conduct [9]. For those in the gender-nonconforming population, sexual-minority Filipina youth were found to have higher odds of having thought about suicide and having attempted suicide, compared to heterosexual peers [10]. Meanwhile, cigarette smoking rates were found to be higher among sexual minority men at 67% when compared to heterosexual men at 54%, and that the former begin smoking a year earlier than the latter group [11].

In response to mental health problems, female college students were observed to have less restrictive and more benevolent attitudes toward the concept of mental illnesses, with people experiencing them, and with seeking psychological services [12,13]. Women exhibited more positive help-seeking attitudes regardless of their level of education [14]. Women also exhibited an openness to acknowledging their mental health problems and identifying their emotional distress as compared to men. Men, however, were less likely than women to seek mental health assistance [15-17].

With the increase in mental health issues during the pandemic, there has been greater awareness of the need to address mental health concerns particularly those related to gender, among the constituents of higher education institutes. There is a need to provide comprehensive services that take into account the magnitude of the concern and the availability of resources.

The current study aimed to develop a framework for providing mental health support for gender-related concerns in a higher education institute. Specific objectives include an assessment of current mental health needs, an overview of existing mental health service provision in the institution, and a review of best practices of relevant programs in similar academic institutions.

Methodology

The study utilized a mixed methods approach aligned with a research and development model [18] and consisted of several phases (Figure 1). The initial phase involved a needs assessment among service users using an online survey and an assessment of existing services using a focused group discussion (FGD). The next phase consisted of a review of best practices from similar institutions using key informant interviews (KII). The third phase involved developing and refining a framework using round table discussions (RTD) with constituents of the institution.

Population and Sampling

The setting of the study is the UP Manila, a higher educational institute in Manila with a total population of 6298 students and 1903 employees with student sex ratio of 1:2 (35% males and 65% females).

For the survey, the target participants were students, faculty, and staff of the university and of the Philippine General Hospital (PGH), aged 18 years and above, whose information could be accessed through the online bulletin of

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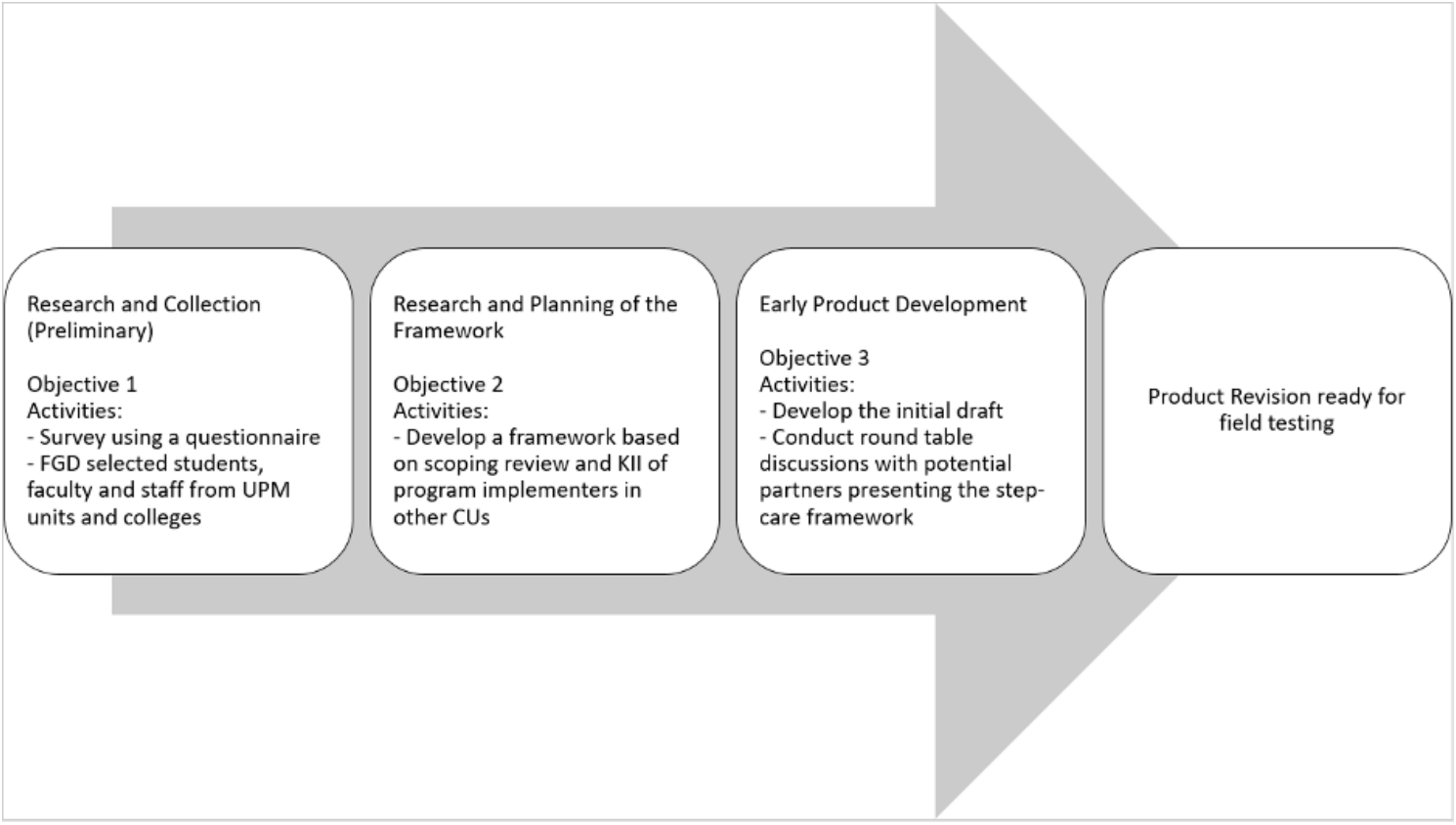

Figure 1. Concept Diagram

the Information, Publication, and Public Affairs Office (IPPAO). Non-UP Manila constituents were excluded from the survey.

For the FGD, participants were purposively selected from among units identified by the CGWS to be known and utilized by the target population. The offices included were the Office of the Chancellor, Office of the Vice Chancellor for Administration and Finance, Human Resource Development Office, Office of Student Affairs (OSA) and College Student Relations Officers, UP-PGH Health Service, the Office of Anti-Sexual Harassment, the CGWS, and the Department of Psychiatry and Behavioral Medicine (DPBM).

For the KII, service providers within and outside the university that provide mental health gender-related services were purposively selected. These included the UP Manila OSA, and UP Diliman PsycServ, In Touch Community Services, Mindcare Club and Medical Center Manila Gender Diversity Center (Manila Med).

Finally, the round table discussions were done with key stakeholders of the UP Manila who were involved in the service provision of gender-related services. The identified offices were the Student Relation Officers (SRO) representative, Division of Adolescent Health of the Department of Pediatrics, Department of Family and Community Medicine (DFCM) /University Health Service, Care Society, Department of Psychiatry, Women's Desk, DNET, Office of Student Affairs (OSA), Office of Anti-Sexual Harassment (OASH), PGH Human Resource Development Office, PGH Gender and Development (GAD), and CGWS.

Data Collection

Phase 1: Needs Assessment and Existing Services

For the online survey, an invitation to participate was sent to students and employees of UPM and PGH through the IPPAO online bulletin. Recruitment was conducted from October 12 to December 11, 2022, with three email blasts from the said office. Those who clicked on the invitation were provided with a web link to the survey containing the full study information and an opportunity to give their informed consent. The survey was conducted in English. No monetary or other compensation was offered to the participants of the survey. The participants remained anonymous, and no personal data such as name, IP address, or other personal information were requested, saved, or tracked.

For the FGD, the identified offices received a memorandum from the Office of the Chancellor (Memorandum No. CCDP-2022-297, dated September 14 2022) to participate. The offices were contacted by phone and email to determine their availability. Two FGDs were conducted online to explore the experiences of mental health care for gender-related concerns of the UP Manila constituents, what would prompt, encourage/discourage their seeking mental health consult for gender-related concerns, the preferred medium of care, type of care, health-promoting activities, and perceived knowledge gaps in mental health. Participants were given cash tokens.

Phase 2: Best Practices of Service Providers

For the KII, the selected offices were invited by electronic mail. The offices were contacted by phone and email to determine their available schedules. Participants were given cash tokens. To learn from the experiences of similarly inclined programs, mental health/gender-related services provided by other institutions were identified and representatives were invited for an interview, with the goal of identifying what services already exist and describing what else needs to be done or developed. Findings were intended to aid in the identification of potential partners to collaborate with in designing a framework to address gender-related concerns in the university. Participants included representatives from UP Diliman PsycServ, In Touch Community Services, Mindcare Club, and Medical Center Manila Gender Diversity Center (Manila Med).

Phase 3: Proposed Framework

The roundtable discussions were done through Zoom. The selected participants were invited by electronic mail. They were given two (2) date options: November 28 and December 5, 2022. Participants were grouped based on availability and presented with the initial results of the research. This was with the goal of gathering additional information and suggestions for the framework that is being developed.

A proposed model for mental health care delivery within UP Manila was developed and presented for comment in round table discussions using a videoconferencing platform to selected units within UP Manila which were

involved in gender-related services. The offices identified were the following: CGWS, SRO representative, Division of Adolescent Health of the Department of Pediatrics, DFCM/University Health Service, Care Society, Department of Psychiatry and Behavioral Medicine, Women's Desk, Division of Nursing Education and Training (DNET), OSA, OASH, PGH Human Resource Division, and PGH GAD Committee.

Data Analysis

Descriptive statistics were used in analyzing data from the online survey. Qualitative thematic analysis was done for data transcribed from the FGDs, KIIs and RTDs.

Ethical Considerations

Consent was obtained prior to data collection. The participants were informed of the project objectives, procedures, risks and benefits of participation. They were also informed of the confidentiality and anonymity of the data they provide, and were given the opportunity to decline to participate. The data collected were encoded in a password-protected electronic database accessible only to the researchers.

Actual participation in the study held minimal risk. The data collected, while potentially of a sensitive subject matter, did not carry individual identifiers, and for the more sensitive questions in the survey for example, an option was given to refuse to give information for those specific items.

Results

Needs Assessment Online Survey

There were 135 participants consisting of 73 staff (55.4%), 37 faculty (27.7%), 8 students (6.1%), and 10 unspecified (7.6%) from UP Manila. There were 97 (73.5%) females and 35 (26.5) males, hence loosely reflective of the sex ratio in the university. Majority (83 persons or 62.9%) self-identified as heterosexual, 12 (9.1%) gay, and 12 (9.1%) preferred not to say. Among the respondents, 34 (25%) have sought consult with a mental health professional at some point in their life while the rest have not. Common reasons for seeking consult consisted of depression – 71 (63.4%), anxiety – 63 (56.3%), suicidal ideations – 57 (50.9%), relationship problems with family – 52 (46.4%), stigma/discrimination at work – 52 (46.4%) and a history of sexual harassment – 50 (44.6%). The factors considered to be important in encouraging consultation were privacy/confidentiality – 85 (46.4%), comfortable surroundings – 80 (71.4%), affordability – 75 (67%), and attending staff who have been trained specifically for gender-related concerns. Majority – 95 (84.8%) preferred to avail of mental health services in-person although online video calls were acceptable to 58 (51.%). Among the respondents, 18.4% were not aware of the availability and accessibility of mental health professionals within UP Manila. The most commonly desired services were individual counseling – 94 (83.9%), support groups – 75 (67%), and mental health education – 62 (55.4%). Expected outcomes from consultation included new coping skills – 95 (84.8%), symptom improvement/resolution – 83 (74.1%), guidance on handling sexual harassment/assault – 67 (59.8%), administrative action regarding sexual harassment/assault – 58 (51.8%), and improved clarity about gender identity – 58 (51.8%).

Focus Group Discussions

Representatives from the units identified the most common reasons of students for consulting were the lack of family support for their choices, confusion about their sexuality and gender identity, difficulties about gender transitioning, discrimination and bullying in relation to their gender identity. There were also those who consulted due to experiences of sexual harassment and sexual abuse. The service providers identified a number of challenges, mostly related to the inadequacy of resources. There were not enough service providers to handle those with gender-related concerns and those available sometimes encountered situations that required skills beyond what they were trained for. It was also a challenge to match the availability of the students with the office hours of the service providers because of class schedules and school requirements. Space allocation for onsite consults and connectivity for online consults could be improved. Notable was a lack of coordination among service providers from different offices such that services were fragmented.

Interviews

Among the best practices identified from the mental health care institutions outside UP Manila were the availability of an adequate number of well-trained service providers, the effort exerted to ensure the use of preferred pronouns, the attention given to ensure privacy and confidentiality especially with the shift to online services during the pandemic, and active partnership with complementary organizations.

Framework

Based on the data gathered, a mental health service provision framework responsive to a large portion of the population for common mental health concerns and gender-related mental health concerns in varying levels of need and intensity is needed. A stepped-care framework was developed for mental health services for gender-related concerns of UP Manila constituents (Figure 2). This was improved and finalized based on the input gained from the round table discussion with the various mental health care service providers within UP Manila. The proposed stepped care approach consisted of four steps, representing the various levels of care, which need to be offered by service providers of varying backgrounds who are all trained to be gender-sensitive, gender-affirming and gender responsive.

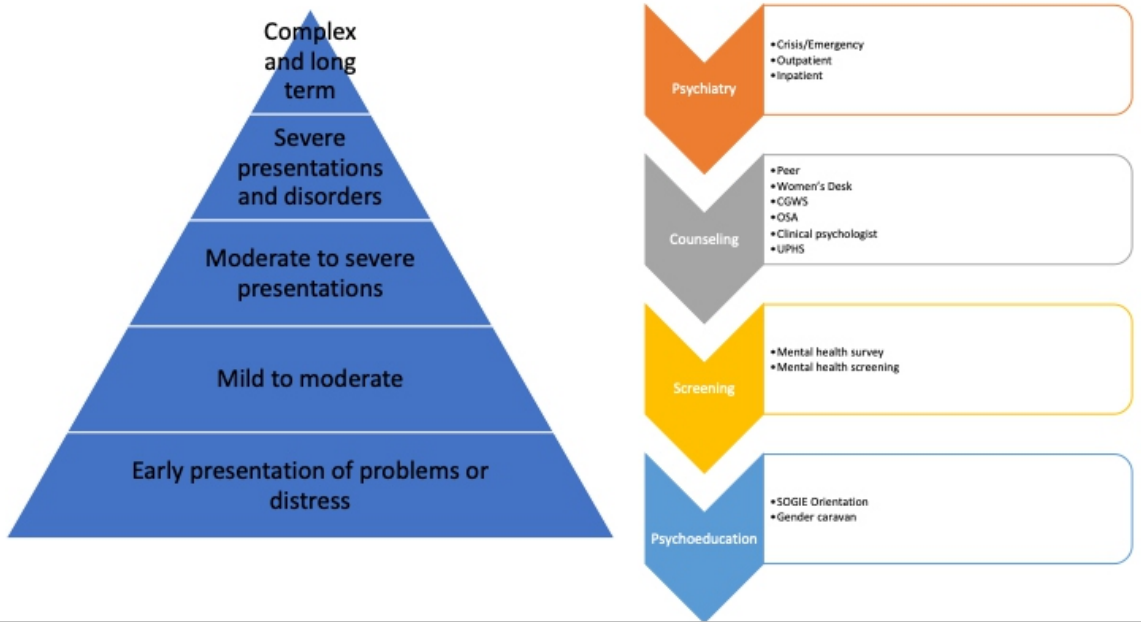

Figure 2. Proposed Stepped Care Model for Gender-Related Mental Health Concerns Based on Levels of Clinical Presentation

Step 1: Preventive Well-Being Resources

The services at the first step are intended for the general population, including those who have mild gender-related mental health concerns involving normal developmental or stage-of-life issues who may not yet want or need intervention but will benefit from knowledge and skills in mental health concerns.

The services include the provision of opportunities for self-care, self-help, education and preventative well-being resources such as education on sexual orientation and gender identity expression, information caravans, and digital health applications. Service provision at this level requires the use of general skills such as teaching and facilitating and can be handled by non-specialists.

Step 2: Supportive Well-being Interventions and Initial Screening Resources

The services at the second step are intended for those who present with mild to moderate gender-related mental health concerns that do not pose an immediate risk to daily functioning such that they are still able to do the things that they need to do. The services include the provision of screening intended to inform the need for formal referrals to more specialized services such as the guidance and counseling office or the university health service. Service provision at this level requires the use of skills in the screening and detection of problematic presentations among service users and can be handled by non-specialists who are specifically trained for the role required.

Step 3: Structured Interventions

The services at the third step are intended for those who have symptoms that significantly impact their daily life and work or academic performance and may benefit from structured interventions offered for individuals or for groups. The services include initial intervention by a designated service provider prior to referral to appropriate service providers versus the practice of allowing service users to self-select from services available. Service provision at this level requires skills in initial intervention as well as in triaging and detecting mental health emergencies. Providers will take the role of case managers who will ensure that service users successfully connect in a timely manner with appropriate service providers trained in mental health interventions. Possible referral sites and activities in the current setting are enumerated on Table 1.

Step 4: Interventions for Severe Mental Health Problems

The services at this level are intended for those who have been found to have severe, recurrent, or long-term difficulties, or an acute period of difficulty that significantly impacts their daily life and work or academic performance and may benefit from specialized services by trained mental health professionals. The specialized services pertain to mental health care offered on an outpatient, inpatient or emergency basis. Services at this level require skills in detecting and managing mental health emergencies, crises or decompensated mental states. Below is a list of possible referral sites:

- General psychiatric care – outpatient
  - UP-PGH DPBM
  - Outside UP Manila
- Emergent psychiatric care
  - UP-PGH Emergency Department
  - Emergency departments in hospitals outside UP Manila
- Intensive psychiatric care – inpatient
  - UP-PGH Ward 7
  - Hospitals or facilities outside UP Manila
- Subspecialty care
  - UP-PGH DPBM: Addiction, Child and Adolescent, Consultation-Liaison
  - Outside UP Manila

The following figure (Figure 3) illustrates the model described above in a step-wise fashion.

Given the proposed framework, there is a need to coordinate existing services for inclusion in the stepped care framework. The coordinating body can extend an invitation to all existing services in order to create a central registry and promote the alignment of each unit to organize activities and services according to the proposed stepped-care framework. A more exhaustive inventory of existing services may require more in-person

Table 1. Offices/Units Identified for Structured Interventions

Activity	Office/Unit
Psychological coaching and gender-related approaches	CGWS, possible partnerships outside UP Manila
Counseling for gender-related concerns	UP Health Service– DFCM UP Health Service– Adolescent Medicine
Psychological services	Clinical psychologists, possible partnerships outside UP Manila
Psychiatric nursing services	Nursing, College of Nursing
Psychosocial processing	MSS, CGWS,Women's Desk, etc.
Psychological coaching and gender-related approaches	CGWS, possible partnerships outside UP Manila

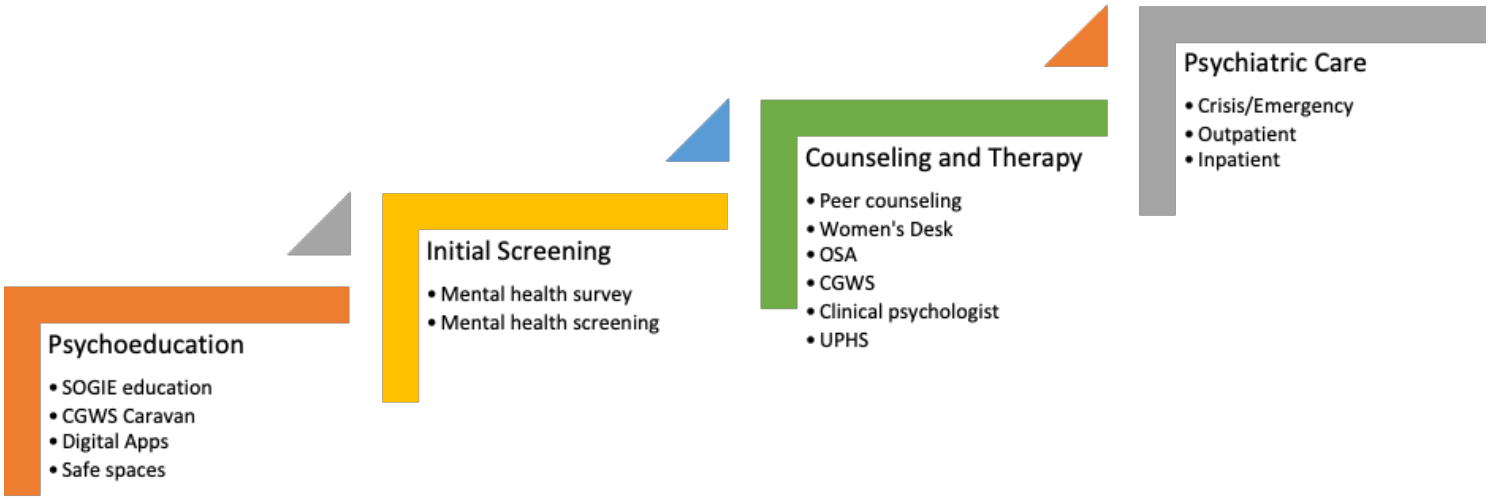

Figure 3. Proposed Stepped Care Model Based on Levels of Interventions

approaches to reach still unidentified providers and ensure a higher yield. A registration system for all UP Manila service providers will facilitate the identification of each service provider's place in the framework and can serve to enhance interprofessional collaboration and ensure coordination among service providers. A continuing inventory of needs and available resources will allow for the strategic provision of services hence improving the potential for greater impact in addressing gender-related mental health concerns in a manner that is appropriate to and respectful of the needs and preferences of users and providers.

Noting the inadequate number of mental health care workers who are trained in or are confident in providing care for individuals with gender-related concerns, it is recommended that the coordinating body ensure the availability of a roster of mental health care workers across all levels of care: mental health nurses, counselors, psychologists, psychiatrists, etc., in order to augment what is already existing in the university. Lastly, there should be persons who can be assigned to various tasks in the program, depending on their interests and skills. Educators and advocates from among the faculty, students and staff are needed as well as part of the mental health promotion and prevention of mental illness arm of the program. A peer support program composed of students and employees focused on one-on-one support for students or employees in need, as well as information campaigns and projects such as events and activities must also be organized. The arrangement of the groups and organization into a network which can be harmonized and aligned as an integrated system of services can help optimize resource utilization and improve service provision. A common frame of reference and shared operational definitions will facilitate communication and coordination.

To illustrate with an example how the stepped care approach is envisioned to work, we will follow the path of a service user (Figure 4). The service user is initially encouraged to practice self-care, participate in peer support, and get oriented as to how mental health services can be accessed. If these measures prove to be inadequate, a member of the staff will do an initial assessment and determine if the service user's status is an emergency or a non-emergency situation. An emergency is defined as a situation where the individual is a danger to themself or others, not in a safe environment, or is unable to take care of themself. An emergency room consult will be advised, and the algorithm ends there.

Should the situation not be an emergency, further screening and initial counseling will be done. The individual will then be classified and guided towards the appropriate mental health care provider: a counselor, psychologist, or physician who is trained to take on mental health problems. Physician providers may include, but are not limited to general practitioners, pediatricians, family physicians, internists, and psychiatrists. Milder cases may be seen by non-psychiatrists, while complex cases should be referred to psychiatrists. The physicians will also make appropriate referrals to other medical specialties if physical health concerns are noted. For non-clinical needs, such as legal assistance, social services, and administrative concerns, appropriate referrals will be made as well. These are all to be coordinated by staff specially assigned to this task, called case managers.

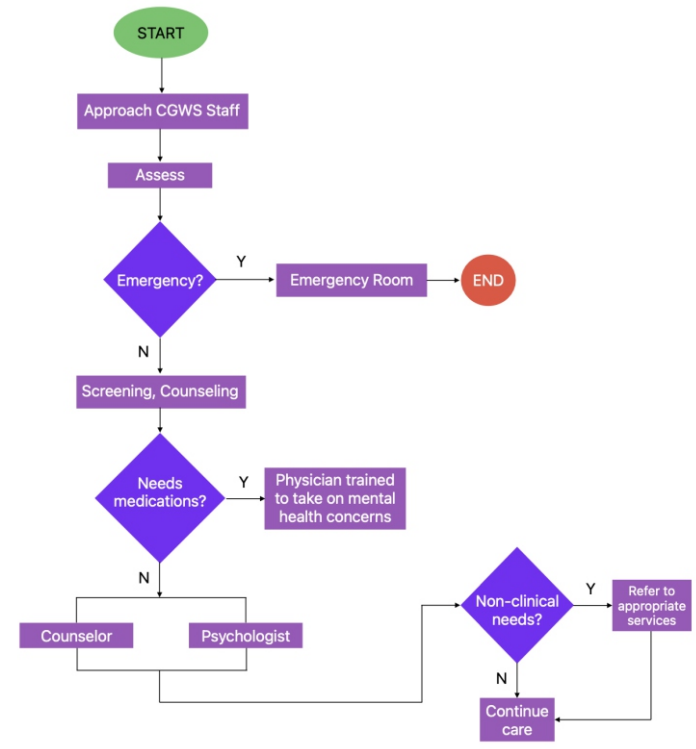

Figure 4. Proposed Algorithm for Service Users

The implementation of the program will require the provision of infrastructure, such as office space for the administrative staff and case managers and clinic space for the health care providers. A computer and printer, as well as electronic (portable hard drive) and physical (filing cabinets, folders) means of information storage are necessary for administrative tasks. More computers or mobile phones compatible with video calls, as well as a stable wired internet connection are to be used for online consults. For communications, a land line, as well as a mobile phone with reliable mobile service must be provided.

In the design of programs and services, careful attention to desired outcomes and manner of evaluation will help in the planning process. Among the observable measures are the assessment of the responsiveness of the program for intended service users, the readiness of the service providers in attending to service users, the adequacy of available physical resources, and the description of best practices and areas for improvement. Research geared towards epidemiological data, evaluation of interventions, and further needs assessments will serve to generate new knowledge and improve services for gender-related mental health issues. Active marketing and calling for proposals can be done in order to encourage research among the UP Manila constituents.

Discussion

Results of the online survey showed the diversity of the population sampled, and that one in four have utilized mental health services for common reasons such as depression, anxiety, suicidal ideations, relationship problems with family, stigma/discrimination at work, and sexual harassment. FGD of mental health service providers revealed common concerns of consulting students including lack of family support for their choices, confusion about their sexuality and gender identity, difficulties about gender transitioning, discrimination, bullying in relation to their gender identity, sexual harassment and sexual abuse. Equitable resource allocation in a coordinated, centralized, systematic and integrated manner was noted to be a challenge as shown by the results of the FGD and interviews.

A review of literature on models used by universities overseas have used a stepped care approach to on-campus mental health services provision. Three North American universities integrated a range of established and emerging online mental health programs into a stepped care approach [19]. The approach as applied to students mandated to attend an alcohol program reportedly had high retention rates and high participant satisfaction ratings [20]. The University of Alberta Mental Health Program, based on the Cornell University Mental Health Framework, built on an existing stepped care approach which eventually transformed into a network and open referral system that has reduced the barriers to accessing mental health care on campus [21]. Brigham Young University also implemented an adapted stepped care model for their university counseling center which focused on treatment planning and lower-intensity interventions, with additional weekly intensive therapy options, which yielded an increased likelihood of clinically significant improvement for clients post-implementation [22].

Stepped care is a model of healthcare delivery meant to facilitate access to the right level of care at the right time by organizing treatment options in a hierarchy of intensity that correlates with the users' severity of presentation, wherein they can then be triaged based on relevant criteria to a certain step [23]. It consists of various levels of care that range from general services to address the needs of those with early presentation of problems or distress to increasingly specialized levels of care for those with moderate to severe presentations who may be experiencing complex and/or long-term issues.

An example of this would be a stepped care model for depression treatment in primary care which includes four steps, namely, Step 1: watchful waiting, Step 2: psychoeducation /self-help, Step 3: psychotherapy, medication or a combination of the two, and Step 4: intensive outpatient, partial day

programs or inpatient care [24]. The stepped care model was designed to rationally and equitably allocate scarce resources in meeting the needs of service users. Program intensity can be stepped up or down depending on client need. It can purportedly empower clients to actively participate in care options, decisions and delivery, and can improve outcomes and access, specifically by eliminating service waitlists.

The commonality of these studies showed that mental health resources can be equitably allocated using a stepped care model that can be responsive to user's needs at the point of access of care. The experiences of these universities are encouraging and can be seen as pointing to a stepped care approach as an appropriate choice for a university such as UP Manila, where mental health care resources are overwhelmed by user demand. An existing unit such as the CGWS can assume the role of a coordinating body while units like the OASH and the HRD office can develop a peer support system.

Limitations

The physical restrictions of the pandemic limited the accessibility of participants and may have contributed to the low response rate for the questionnaire and the limited participation in the interviews and discussions. This may have limited the information and perspectives gathered. Despite this limitation, the findings can provide guidance in the initiating the organization of existing services. Periodic consultations with stakeholders can refute or validate the findings and can inform subsequent revisions deemed necessary. Implementation and evaluation of this framework, as well as further information regarding the target population and their use of this model, are proposed avenues for further research.

Conclusions

The mental health needs of UP Manila constituents regarding gender-related concerns can be better addressed with the use of an integrated and systematic stepped-care framework covering health promotion, illness prevention, and intervention. The framework promotes the organization of all service providers along a stepwise fashion in alignment with the proposed stepped care framework. An exhaustive inventory of existing services will facilitate the appropriate placement of each service provider in the framework. The use of a centralized registration system for all UP Manila service providers can serve to ensure the identification and inclusion of all services and facilitate coordination among service providers to enhance interprofessional collaboration. A continuing scan and inventory of needs and resources will promote the responsiveness of the services to prevailing needs and trends. The use of the framework will allow for the strategic utilization of resources hence improving the potential for greater impact in addressing gender-related mental health concerns in a manner that is appropriate to and respectful of the needs and preferences of users and providers.

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