

RESEARCH ARTICLE

# Reactions, Challenges, and Coping Resources of College Teachers Who Have Encountered Students With Diagnosed Psychological Disorders

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**Abstract:** This research identified the experiences of college teachers who have encountered students with diagnosed psychological disorders. Respondents are 14 college teachers from various colleges of a private university. All experiences shared through one-on-one interview are with students of the same university. This paper presents their reactions, challenges, coping resources, and recommendations. After conducting a qualitative analysis, it was realized that college teachers share common reactions, challenges, and coping resources in the situations that they experienced dealing with these students. Various means of reaching out were generally given by college teachers depending on their individual strategies. Behavioral reactions of giving considerations, referring to a professional or an authority, and treating the student normally, as well as the affective reaction of being concerned, were expressed. Challenges relating to the lack of professional skills, balancing considerations given and being fair to other students, and knowing the limits of one's ability to help were typical among participants. Lastly, coping resources relating to seeking knowledge on mental health, seeking assistance from professionals, sharing experiences with other faculty members, and praying were found to be variant. With all these reactions, a typical recommendation for fellow faculty members who might be having similar experiences was to be kind and sensitive to these students. In addition, a typical recommendation for administrators was to provide training on helping skills and early detection of symptoms of psychological disorders.

**Keywords:** college teachers, experiences, students with psychological disorders, reactions, challenges, coping resources

Cases of psychological distress are evident in the academe. Although there have been some initiatives by some universities in promoting mental health awareness, there seems to be a lack of empirical data to support the need for such activities. This may be in relation to the findings of Tuliao (2014) that despite the need for psychological interventions, there are cultural factors that inhibit help-seeking behaviors of Filipinos. One of them is the stigmatization that may affect one's level of openness to give or receive help that addresses psychological needs. Another is collectivism that may play a role where the openness between the one giving and one receiving psychological aid considers the other as *kapwa* (fellow) or *ibang tao* (outsider). Looking back into the school setting, members of a private university may share similar barriers for facilitation of addressing psychological needs. As one university's mission and vision is aligned with the facilitation of the holistic development of every member of the community (De La Salle University, 2012), it may be deemed important that mental health and psychological well-being of its members must also be of focus in addition to the cognitive development, which is generally given primary attention in most academic settings.

### College Students' Mental Health

Past studies have supported the notion that there is a need for an established psychological intervention within the academe. According to Hunt and Eisenberg (2010), college is the venue for opportunities that would hone the holistic development of an individual. Karabenick (1995, as cited by Kitzrow, 2003) stated that psychological disturbance is related to academic performance and there is an increasing prevalence of psychological distress in college students. Moreover, at this period, the onsets of mental disorders occur. Mowbray et al. (as cited in Eisenberg, Gollust, Golberstein, & Hefner, 2007) stated that universities have the role of promoting mental health among students. This is because most symptoms of mental disorders come out during college perhaps due to environmental factors involved in academic demands that could trigger stress (Kessler et al., 2015 and Kadison, 2004, as cited in Eisenberg et al., 2007).

A study conducted by Bayram and Bilgel (2008) determined the prevalence of anxiety and depressive symptoms among university students in Turkey with the use of Depression Anxiety Stress Scale (Lovibond & Lovibond, 1995). This particular study utilized the version of scale modified by Uncu, Bayram, and Bilgel (2007) which was for non-clinical samples. This shows that symptoms of these conditions may be experienced by individuals who may not be diagnosed with such psychological disorders. The results of this study show that first and second year students scored higher in depression, anxiety, and stress compared to the students of higher levels. Andrews and Wilding (2004) identified that depression and anxiety, detected through a scale, affect academic performance.

Depression that leads to suicide was reported to be a top cause of dropout in the United States in 2008 (Hunt & Eisenberg, 2010). Eisenberg et al. (2007) stated that suicidal symptoms are present in undergraduate and graduate students and that "the estimated prevalence of any depressive or anxiety disorder 15.6% for undergraduates and 13.0% for graduate students" (p.534). Similarly, Borderline Personality Disorder has also been linked to suicidal behaviors as well as emotional suppression (Meaney, Hasking, & Reupert, 2016).

Another psychological disorder that was linked to the suicidal tendencies of individuals with depressed mood is Attention Deficit/Hyperactivity Disorder (Patros et al., 2013). Students with Attention Deficit/Hyperactivity Disorder who may or may not be suffering from a learning disability were also identified to be experiencing academic difficulties (Vance & Weyandt, 2008). A scale known as the ADHD Beliefs Survey (Johnston & Freeman, 2002) aims to determine one's level of understanding of the said psychological disorder. Comorbidity of psychological disorders, including anxiety, social anxiety, depression, and autism spectrum disorder (ASD), is possible (Ghaziuddin et al., 2002, as cited by Mohammadi, 2011; Anckarsäter et al., 2006; Soderstrom, Rastam, & Gillberg, 2002).

Mohammadi (2011) stated that there are cases in which an individual transitions to adulthood experiencing poor social functioning despite the presence of high-functioning cognition. Individuals

with such cases are those with an Autism Spectrum Disorder (ASD). Their intellectual capability, as manifested by their acceptance in the university, is not a guarantee that they are not experiencing any emotional symptom that could be detrimental to their academic performance (Hunt & Eisenberg, 2010). Studies have shown that despite being diagnosed with ASD, such individuals are able to attend college knowing that their difficulties are solely associated with social skills and not on cognitive abilities; one-third of individuals diagnosed with ASD get accepted in universities and colleges (Odom & Wong, 2015). “Many adults with autism spectrum disorder without intellectual or language disabilities learn to suppress repetitive behavior in public. Special interests may be a source of pleasure and motivation and provide avenues for education and employment later in life” (American Psychiatric Association, 2013, p. 54). “In general, individuals with lower levels of impairment may be better able to function independently. However, even these individuals may remain socially naïve and vulnerable, have difficulties organizing practical demands without aid, and are prone to anxiety and depression” (p.56).

In addition, Nevill and White (2011) stated that “individuals who have ASD without co-occurring intellectual disability may be capable of meeting the demands of college academia” (p.1619). College entrance examinations typically cover subjects that assess the students’ intellectual capabilities. With this, acceptance of students into their colleges/universities of choice are solely dependent on their performance in the achievement and aptitude tests. Considering the factors that contribute to the holistic development of an individual, it may be noted that mastery of certain subject areas is not a lone indicator of whether an individual will be capable of staying in the program and eventually finishing the program of enrollment.

College students identified to have symptoms of ASD, identified as ASD-characteristic behaviors (Nevill & White, 2011), are greater in computer science and mathematics compared to those of other degree programs (Baron-Cohen et al. 2001, as cited in Nevill & White, 2011). ASD-characteristic behaviors may be evident to those individuals undiagnosed with ASD but manifest symptoms of the said psychological disorder.

Observable symptoms are impairment in social skills and repetitive patterns of behaviors. Social skills impairment in college students is identified to be a challenge for them to fulfill their academic demands as well as in dealing with peers and authorities.

### **Mental Health in the School Setting**

Realizing that psychological factors affect one’s academic performance, it appears that there is the need for the university to ensure that opportunities to alleviate distress are readily available and accessible. Despite that the mentioned activities have been going on to promote awareness and acceptance in terms of the perceived absurdity of some acts of students who may be experiencing some psychological symptoms, there has not been any documentation that established the demand for those types of programs for faculty, staff, and students. Kitzrow (2003) stated that,

Students with emotional and behavioral problems have the potential to affect many other people on campus, including roommates, classmates, faculty, and staff, in terms of disruptive, disturbing, or even dangerous behavior. At the more extreme end of the continuum, there is the potential that impaired students may physically harm themselves or someone else. At the very least, the needs of troubled students can be demanding and require extra attention and time from administrators, faculty, and staff. (p. 173)

Brockelman, Chadsey, and Loeb (2006) defined perception as being predicted by the individual’s attributes, pertaining to the demographic background, specific experiences, and previous training. In addition, they found out that there have been existing studies on the relationship of experiences and attitudes of these individuals who deal with people who are diagnosed with psychological disorders (Schoen, Uysal, & McDonald, 1987; Szymanski, Hewitt, Watson, & Swett, 1999; Wolf & DiPietro, 1992; Granello, Pauley, & Carmichael, 1999; Paykel, Hart, & Priest, 1998).

Similarly, Nevill and White (2011) looked into the level of openness of students towards their peers with ASD-characteristic behaviors. Through an openness

scale (Harnum, Duffy, & Ferguson, 2007), the degree of openness, which was identified to have been affected by their attributes and experiences, was determined.

Understanding from such viewpoints denotes that the realization of the perceptions of significant others such as parents (Glazzard & Overall, 2012), classmates and peers (Matthews, Ly, & Goldberg, 2015; Nevill & White, 2011), and educators (McKeon, Alpern, Zager, 2013; Brockelman et al., 2006) appear to have significant contribution to the development of strategies on how to aid students with symptoms of psychological disorders.

Individuals who have relatives who are diagnosed with an ASD tend to be more open and accepting of peers acting similarly (Nevill & White, 2011). According to Harnum et al. (2007), the social categorization theory is at play now that individuals with such disorders may possibly be perceived as people who are different and unlikable. According to Leonardelli and Toh (2015), "social categorization is the process by which individuals perceive collections of people as groups (Wilder, 1981)" (p.70).

Tipton and Blacher (2014) examined the perceptions of different members of a university including students, faculty, and staff towards ASD. It has exemplified the importance of realizing the awareness of the academic community as some members of it may be having ASD-characteristic behaviors. Longtin (2014) presented a program involving different disciplines in which graduate students served as mentors to fellow students with high functioning autism and Asperger's syndrome. This shows that there is a movement that is geared towards the development of an assistive system for students with ASD. This proves that the academic community responds positively to the needs of students with such conditions through the implementation of the mentioned programs as well as their acknowledgment that they are comfortable with having these students around. However, in Harnum et al.'s (2007) study, the notion that people tend to feel negatively towards others who are different from the self was manifested when respondents felt negatively towards those with autism and ADHD as they are perceived to be different and unlikable. Also, according to Tajfel (1982), people have this tendency to think of how another individual could be part of the ingroup or the outgroup. In this

categorization, a person who is seen to be similar to the perceiver belongs to the ingroup while those who are different belongs to the outgroup.

### **Faculty Members' Experiences**

College teachers perceive students with psychiatric disorders in a positive light, as they are comfortable with having those students around, despite realizing that they do not have sufficient training in dealing with such students (Brockelman et al., 2006). These positive perceptions are manifested by their comfort in having these students on campus. The results were elicited from a scale that had a comfort subscale. Items were statements on the college teachers' view of students with psychiatric disorders. Some of the statements asked whether these students must be allowed to attend class, must be seen as dangerous, would succeed in class, should be avoided, and would make the college teacher feel unsafe and uncomfortable.

In terms of accommodation in a Southern University, it was identified that 69.6% considered extending deadlines and have experience reaching out to the student to discuss the mental health issue, 5.6% made exemptions in exams, 75.5% gave additional time for the student to finish an exam, and 70% even permitted the student to use another testing room (Brockelman & Scheyett, 2015). With this, it may be implied that acceptance of students with symptoms of psychological disorders to universities may motivate college teachers to make some adjustments in terms of classroom policies.

Shmulsky, Gobbo, and Donahue (2015) talked about a program for incoming freshmen diagnosed with ASD. This involved parents as allies during the transition phase. In addition, Ackles, Fields, and Skinner (2013) highlighted the importance of mentoring and coaching programs in housing facilities for students with psychological needs. Training professionals and paraprofessionals, by presenting possible scenarios through vignettes, is a way of promoting ASD awareness. Discussions among this group elicited ideas on the best responses, including policies for such cases. As such, Indiana College listed out means on how their university responds to the psychological needs of students experiencing psychological distress.



Issues aimed to be addressed have been highlighted and enumerated as follows: communications skills, social skills, sensory differences, motor skills, learning style, and coping skills (Wheeler, 2014). This article merely presented a list of possible adjustments on the side of the instructors and peers but there has not been any recorded feedback on how it was implemented. Similarly, according to McKeon et al. (2013), faculty training is essential for professionals to develop the skill of dealing with students with symptoms of autism. An effective classroom interaction does not only entail adjustment in the curriculum but also adjustments in terms of approaching such students for them to be more cooperative and participative in class. With this, classroom discussions as opportunities for learning may be maximized.

Looking into the perspective of the college teachers is essential as they are those who have the most interaction with students in the classroom setting—the venue where both academic and social skills of students can be regularly evaluated. As college teachers are those who are most exposed to the unusual behaviors of these students, these authority figures are also those who can make a significant impact on their growth. In addition, college teachers, being the second parents of these students in the academic setting, also play a role in the holistic development of an individual. Furman and Buhrmester (1992) looked into the degree of influences of significant others to a student; educators are considered as one of those. Although there has been an identified decline in terms of the degree of influence of teachers being secondary attachment figures as the child gets older, it is possible that their support still has an impact (Furman & Buhrmester, 1992).

Being able to grasp the college teachers' perceptions will be of significance since their understanding towards these cases would contribute to a more efficient means of responding to these behaviors and addressing the students' issues and concerns. Knowing that the perceptions of college teachers are primarily contextualized in the classroom setting, understanding their perceptions towards their students with symptoms of any psychological disorder may provide avenues for determining their strategies on how they still facilitate learning, despite these students' difficulties.

Having a detailed description of how college

teachers see students who are exhibiting unusual behaviors in class will contribute to the field of knowledge in terms of the application of clinical psychology in the context of the academe through the comprehensive understanding of the existing teaching strategies, and perhaps revised classroom policies, to address such concerns. This study aims to understand and document the experiences and attitudes of college teachers who have encountered students with diagnosed psychological disorders. Following the theory of Rosenberg and Hovland (1960, as cited in Breckler, 1984) of what constitutes attitude, this study looks into the individual's affect, behavior, and cognition towards their experiences.

With all these mentioned, studies have looked into the necessary interventions that are implemented in the school setting. Research has shown that sectors within the university share the responsibility to take part in the promotion of mental health (Kitzrow, 2003; Wyn, Cahill, Holdsworth, Rowling, & Carson, 2000).

### **World Health Organization's Four-Level, Whole-School Approach to School Change**

According to the World Health Organization's four-level of intervention in the school setting (as cited in Wyn et al., 2000), the entire school community has the responsibility to promote wellbeing. This includes taking into consideration school policies as well as relationships of educators with the students and their parents. The next levels pertain to the students and teachers talking about these psychological needs. This happens as mental health education is linked to the curriculum. A smaller number of students, which comprises 20% to 30% of the student population, are those who are in need of psychosocial interventions. Lastly, a much smaller number of students, which comprises about 3% to 12% of the student population, are those in need of professional treatment. This framework emphasizes the significant role of the academic community in addressing the needs of students exhibiting psychological symptoms (Wyn et al., 2000). This present research is situated on the second level of the framework wherein the student-teacher interactions highlight mental health education involving knowledge, attitude, and behavior.

## Significance of the Study

The literature review provided proof of the prevalence of psychological disorders among college students. Upon review, a gap was identified to be in relation to the identification of the college teachers' experiences with these students. With this, the present research attempted to determine the cognitive reactions, behavioral reactions, affective reactions, challenges, and coping resources of college teachers as they have encountered their students who are diagnosed with psychological disorders. In addition, this research provided the documentation of college teachers' general, typical, and variant responses in situations as they are faced with their respective identified students. This research may be considered an initial needs assessment for the university as the encounters verbalized by college teachers necessitates concrete actions within themselves, among themselves, and with the academic community in order to address the needs of college students more effectively.

## Methodology

### *Participants*

Fourteen college teachers who have had encountered at least one student with a diagnosed psychological disorder in the past or in the current term of the interview were invited to take part in the study (see Table 1). They received confirmation about their students' diagnoses from either student reports, reports from the administrators/counselors, or reports from fellow college teachers.

### *Procedures*

To facilitate the start of data collection, letters requesting for prospective faculty interviewees were sent to the vice deans of each of each college in De La Salle University. Snowball sampling, which stemmed from the vice deans to the college teachers in their department, resulted in the identification of 14 participants. Out of the seven colleges, only four colleges were represented. Eleven interviews were conducted in one of the consultation rooms at the faculty center, two were conducted in the college

teacher's office, and one was requested to be an online interview.

An ethics clearance that we filed has the following details. All participants are willing college teachers who have expressed their willingness to be interviewed after being given a formal letter of invitation. Written and verbal consent has been requested prior to each interview to reiterate (1) anonymity, that personal information, specifically name, age, gender, college, and department, will not be revealed in the documentation; (2) confidentiality, that all audio recordings and transcripts will remain confidential, thus, would only be used for academic purposes; and (3) right to withdraw, that at any point the participant wishes to withdraw participation, he/she is free to do so. All recordings and transcriptions were kept in the personal devices, audio recorder, and laptop of the researcher. A simple token of appreciation has been given as each interview commenced. Lastly, there was no foreseen issue in terms of the dissemination of the results of the research as the identity of the interviewee and the students they are pertaining to are kept anonymous.

The intended sample size of fourteen was determined by the thesis panel considering the seven colleges of the university. As much as possible, we aimed to have an equal distribution of participants, thus, having at least two interviewees per college. This condition became a starting point for the snowball sampling and chain referral. Due to the varying types of responses of individuals initially approached, snowball resulted in having four colleges represented out of seven.

### *Measures*

Of the 14 interviews conducted, 13 were done face-to-face and one was done online. The interview guide was pilot tested to verify whether the 7-item guide covers all variables in the study, namely, encounter, reactions, challenges, coping resources, and recommendations. Sample questions were: (1) Describe your encounter/Please walk me through your encounter with a student diagnosed with a psychological disorder; (2) What were your reactions/responses? What were your thoughts, feelings, and behaviors?; and (3) What are the challenges of being a teacher of students with psychological disorders?

**Table 1**  
*Demographics of Participants*

<b>Name</b>	<b>Age (in years)</b>	<b>Gender</b>	<b>Years of Teaching Experience</b>	<b>Rank</b>	<b>College</b>	<b>Department</b>
Alex	40	Female	17	Assistant Professorial Lecturer	BAG College of Education	Educational Leadership and Management
Billy	33	Male	5	Assistant Professor	BAG College of Education	Educational Leadership and Management
Charlie	37	Male	11.5	Associate Professor	College of Computer Studies	Computer Technology
Danny	48	Female	31	Full Professor	College of Liberal Arts	Philosophy
Em	47	Female	23	Assistant Professor	College of Liberal Arts	Filipino
Frankie	41	Male	16	Assistant Professorial Lecturer	College of Liberal Arts	Philosophy
Gabby	40	Female	16	Associate Professor	School of Economics	Economics
Harper	33	Male	14	Assistant Professor	BAG College of Education	Educational Leadership and Management
Izzy	33	Male	11	Lecturer	BAG College of Education	Educational Leadership and Management
Jessie	38	Female	12	Assistant Professorial Lecturer	College of Liberal Arts	Theology and Religious Education
Kim	47	Female	23	Associate Professor	BAG College of Education	Science Education
Lee	45	Female	20	Assistant Professor	College of Computer Studies	Software Technology
Max	-	Male	-	Full Professor	College of Liberal Arts	Filipino
Normy	45	Male	18	Academic Service Faculty II	Student Affairs Office	Student Affairs Office

### *Research Design*

A general qualitative research was employed to determine the experiences of college teachers with students diagnosed with psychological disorders. With this, interviews were audio recorded and transcribed verbatim. Data strands were clustered accordingly, taking into consideration the categories, namely, behavioral reactions, cognitive reactions,

affective reactions, challenges, coping resources, and recommendations. Responses under each category were further clustered into themes. Transcriptions and the researcher's analysis were sent to an expert coder via email. The expert coder did her own analysis without referring to the pre-coded data for objectivity. A meeting was set to discuss two separate sets of codes and to come up with a consensus in terms of

the groupings of data strands and the appropriateness of themes. A reanalysis was done to regroup related themes further. Pre-coded data was again sent to the expert coder for validation.

Categorization of themes from the consensual qualitative research was adapted (Hill, Thompson, & William, 1997). Categories were assigned percentages by dividing the number of interviewees that had data strands under the said theme over 14, the total number of interviews.

## Results

This section of the paper provides answers to the general research question: What are the experiences of college teachers who have encountered students with diagnosed psychological disorders? Tables corresponding to the three sub-problems were focused on (1) reactions, (2) challenges, and (3) coping resources of college teachers upon encountering these

students.

Categories on the third column of each table are dependent on the number of participants who experienced each theme. As established by Hill et al. (2005), the category general include all or all but one of the cases, a modification that allows researchers to talk about findings that are true for almost the entire sample (allowing for one outlier). Typical would include more than half of the cases up to the cutoff for general (given that half does not seem typical). Variant would include at least two cases up to the cutoff for typical. (p. 16)

Since this research only included 14 participants, the “rare” category has been disregarded as this category is only for studies with 15 or more cases.

Reactions pertain to responses that the college teacher instantly and deliberately exhibited upon encountering the student diagnosed with a psychological disorder. Themes under the table below respond to the first sub-problem, “What are the reactions of college teachers during their encounter?”

**Table 2**

*Reactions to Their Encounter With Students Diagnosed With Psychological Disorders*

Theme	Description	Category
<i>Cognitive Reactions</i>		
Knowing the cause	Attempting to trace what triggered the symptoms	Variant 29%
Being reminded of a past school incident	Having thoughts of the recent suicide incident in the university	Variant 21%
Keeping an open mind	Accepting these students	Variant 21%
Doubting the sincerity of the student	Having suspicions on the gravity of the condition of the student as reported	Variant 14%
Seeing the good in the student	Realizes the potential of the student	Variant 14%
<i>Behavioral Reactions</i>		
Reaching out	Exerting extra effort in monitoring the student, supporting student’s activities, making themselves available for the student	General 100%
Giving considerations	Assisting the student academically and allows for more flexible schedule	Typical 86%
Referring to a professional or an authority	Seeking help from another professional in addressing student concerns	Typical 86%
Treating the student normally	Considering as a regular student with no exemptions nor special treatment	Typical 57%



Table 2 continued...

Calling the attention of the student	Reminding the student of classroom policies and norms	Variant 14%
Encouraging the student to engage in different activities	Introduce other activities that the student may be interested in	Variant 14%
Observing	Monitoring the student more closely for any erratic behavior	Variant 14%
Refraining from asking questions	Avoiding to inquire nor intervene	Variant 14%
<i>Affective Reactions (Positive)</i>		
Concerned	Felt responsible and accountable for the student's progress and well-being	Typical 71%
More understanding towards the student	Became more accepting of the student	Variant 29%
Felt capable of helping the student	Felt that he/she is able to give assistance to the student	Variant 21%
Sympathy	Felt sorry for the condition of the student	Variant 21%
<i>Affective Reactions (Negative)</i>		
Frustration	Being upset in handling the student's inconsistent behavior	Variant 36%
Fear about what could happen	Afraid of the unexpected things that might take place that involves the student	Variant 29%
Uncomfortable going beyond professional duties	Not used to dealing with the students beyond classroom setting	Variant 26%
Disturbed by the rise of incidences	Alarmed by the growing number of students diagnosed with psychological disorders	Variant 14%
Felt ill-equipped	Felt ill-equipped to handle and help the student	Variant 14%

Reactions have been categorized into cognitive, behavioral, and affective (positive and negative).

#### *Cognitive Responses*

A number of college teachers had reactions relating to **knowing the cause**. This pertains to trying to identify what event triggered the behavior identified as a manifestation of the psychological disorder. Jesse wondered if the current condition of the student's family has a role in the manifestations of the symptoms. As she stated,

*My thoughts, I could already imagine, or I am thinking, "what had happened to this guy?"; what experiences he has in his family? Of course, I learned that he is the only son.*

*Unico hijo of a military man, retired military man, though he has other siblings. But then all of them are girls and he is the only boy. And he's the youngest. Then the mother died just recently. And I learned that this also affects him so much. My head runs ahead like thinking, "what had happened?"*

As college teachers interact with these students, they were **being reminded of a past school incident** in which the student who must have been suffering from psychological distress committed suicide on the school grounds. Danny narrated,

*And then the tragedy occurred. Somebody jumped from the 20th floor of the Andrew Building. And she was absent that day so when*

*I found out about it, I think Monday she was absent, Tuesday the thing happened, Wednesday she was there. Although I was already worried about her on Monday. And then on Wednesday, sabi ko (I asked), "what happened to you on Monday?" And it was so funny because she said, "Miss, akala mo ako yung tumalon ano? (Miss, you thought I was the one who jumped, right?)." So oo. But she was. She was laughing and she had a very nice disposition naman at that, at that time. And I said, "hindi (no)." I mean, truthfully, hindi naman talaga (I really didn't think of that). Kasi I was already asking about her Monday palang. The tragedy happened on Tuesday. Sabi ko, "hindi naman," sabi ko. But sabi niya she was sick. Apparently, when she feels that way, she's unable to leave the house to school.*

**Keeping an open mind** was Frankie's response as he told his student "*Naiintindihan kita (I understand you).*" upon being told of the student's difficulties in class due to the psychological disorder. This theme also pertains to verbalizing acceptance. However, a few have been **doubting the sincerity of the student** when it comes to such reports that lead to perceptions of getting excuses. This pertains to having thoughts of uncertainty whether to believe the student's statements. Frankie mentioned,

*Part of me wants to believe, parang nafefeel ko parang pwedeng arte lang ano. Feeling ko. Then again hindi ako professional. Part of me says pwedeng totoo. Part of me says na baka gawa gawa lang niya na hindi daw siya makahinga (Part of me wants to believe, at times, I feel that they are making things up. Then again, I am not a professional. Part of me says it might be true. Part of me says that the student might just be making the shortness of breath up.)*

However, some remained to be seeing the good in the student just as Jesse did. This includes having thoughts of the student's good attributes and potential. She said, "*And then it's very interesting that he's very prompt. He wished to do really things and I can see in him the goodness within.*"

### *Behavioral Responses*

All interviewees responded by **reaching out**. This pertains to monitoring the student, supporting their activities, and making oneself available for the student. Em experienced going out of her way to figure out what her student has been up to that may have caused the absences in her classes. She narrated,

*Sige ako na yung pumunta. Kinatok ko. Hindi maganda yung sitwasyon. Naawa ako. Siguro matagal na yun ganun. Yung room parang forest. Imaginine mo. So no hygiene talaga. Kasi pag hindi ka particular sa hygiene mo, may concern ka. Tapos nandun siya sa bed niya tapos yung bed niya, andun yung noodles, andun yung food, andun yung rice cooker. Awang awa ako. Tapos 'anong ginagawa mo?' Hindi siya sumasagot. Kasi galing siya sa bed. So hindi na siya umaalis sa bed. 'Would you like to talk to me?' Hindi siya kumikibo. 'We have, we still have a class', sabi ko kasi ingliserero. So sa madaling sabi, hinintay ko siya. Hinintay ko na magbihis, na mag-ano. Kilangan maisama ko. Kailangan mai-pull out ko yun eh. (So I went. I knocked. The situation was undesirable. I pity the student. I think the situation has been like that for a long time already. The room looked like a forest. You imagine. There is really poor hygiene. If you are not really particular with your hygiene, then there must be a concern. The student was lying on the bed with noodles, food, and a rice cooker. I pity the student. I asked "What did you do?" The student did not answer as he just got up and stayed on his bed. I asked "Would you like to talk to me?" The student did not respond. "We still have a class.", I said as English is his first language. To make the story short, I waited for him. I waited for him to dress up. I needed him to come with me. I needed to pull him out of this situation.)*

Most college teachers were also into **giving considerations**. This involves giving adjustments to accommodate the student. As Alex mentioned,

*But at least the teacher can make some accommodations like I, maybe if it's me, I would say ok they are two choices. You do it, ano yun, method one, or method two, which*

*will accommodate the student. I'm not totally changing my style but at least I'm going to put in something that he could choose—that the student could choose.*

**Referring to a professional or an authority** was also a common behavioral response. This pertains to involving other personnel who may address the need of the student at specific events. Izzy, when once unavailable to address the concern of the student, shared, *“Wala akong nagawa kundi tumawag ng security guard. Yung security guard, tumawag ng counselor. (I had no choice but to call a security guard. The security guard called a counselor.)”*

In addition, **treating the student normally** is another typical response. This includes seeing the student the same way as the rest of the students in class. As Jesse stated, *“At first I really treated him normally because I don't want to block him. I want him to be more open and let him feel that I am willing to listen to him.”*

**Calling the attention of the student** was Harper's response when he had to respond to the student's untimely remark. This includes being firm with regards to the class policies and reminding the student of these policies whenever the student would not follow. He reported, *“I would say, this is not the right avenue or please don't drop names.”*

**Encouraging the student to engage in different activities** was the response of Jesse when she invited the student to help out in the sorting of donations in the department. This theme is about having the student involved in activities in which he/she could be of help. She said, *“And that he is very open naman. It just so happened that time also we have a Christmas drive and in the faculty, we have a lot of things to pack. And I invited him.”*

**Observing** the student behavior closely, specifically spotting further erratic behavior, was Charlie's response as he shared,

*And he told me that “Sir, don't worry, I was just overwhelmed. But I will try my best not to, not to do that again.” We continued on with the activity without much, you know, without much incident happening. But of course at the back of your mind, you're already observing.*

Lastly, **refraining from asking questions** was Kim's strategy in dealing with her student to avoid any avenue that she might be offensive. She shared,

*And thoughts ko about him, well, marami rin akong mga unconfirmed thoughts like “How is he dealing with his family, how much support his parents give him?” Sometimes, I wouldn't dare to ask him. Kasi baka mamaya offending naman sa kanya. So I just try my best to listen to him, cater to his needs. I won't demand or inquire about his situation. He just approaches me, asks me, and whatever he asks, I'll try accommodating. Ganun ang strategy ko sa kanya. (My thoughts about him, well, I have had unconfirmed thoughts like “How is he dealing with his family, how much support his parents give him?” Sometimes, I wouldn't dare to ask him thinking that it might offend him. So I just try my best to listen to him, cater to his needs. I won't demand or inquire about his situation. He just approaches me, asks me, and whatever he asks, I'll try accommodating. That is my strategy in dealing with him.)*

### *Affective Reactions*

Affective reactions were further clustered into positive and negative. To begin with the positive affective reactions, being **concerned** was found typical. This includes feeling accountable and responsible for the student. Danny reported, *“The first thing that I feel is concern, right. So I make a mental note na if there is time after class, I have to call this person and just, you know, make sure that everything's okay.”*

Becoming **more understanding towards the student** was another reaction that is related to openness towards the student. As Max said, *“I'm good at listening and I give them all the comforts and understanding I can extend to them.”*

Jesse felt **capable of helping the student**. This includes the feeling of being able to effectively respond to the needs of the student. She said, *“I mean with regards to what I've learned before, I become more competent in dealing with him. Like I had an idea before so I said ‘This is okay. I think I could handle this.’”* Lastly, Frankie extended sympathy as he said, *“Ang number one is naaawa ako (First is that I pity the student).”*

Variant negative reactions are as follows. **Frustration**, which pertains to the difficulty of dealing with the student's inconsistent behavior, was experienced by Kim as she narrated, "*So eventually mapapagod ka lang kakaexplain, mapapagod ka lang oh panglimang beses na natin to. Mafi feel mo yun pero di ka magagalit sa kanya (Eventually you will get tired of explaining again and again. You'll realize that 'Oh, this is already the fifth time we are tackling this. You will feel that but you will not be angry at him.)*."

**Fear about what could happen** in the university has been expressed by Alex. This pertains to being frightened if there would not be any means of aiding the community in handling similar situations would be developed. She said, "*But I could imagine how scary it will be if things get out of hand. I don't know what I'll do.*"

Gabby's statement indicates that she has been **uncomfortable going beyond professional duties**. This includes feeling limited to only dealing with the student as his/her professor and not someone the student could approach for any personal problems. As she said, "*So when we talk to them, the most that we can do is to ask them about their academic standing.*"

Danny has been **disturbed by the rise of incidences**. This pertains to feeling worried that more and more cases of students manifesting symptoms of psychological disorders are becoming evident. She shared:

*I became very much disturb and it began to be my ito yung theme ng buhay ko ngayon. (This became my theme in life.) When I talk to people, I talk about the millennials. Because I felt that it it's to me it's unique to them. I've been teaching for more than 25 years and in the past, I would have students coming in with bandaged wrists kasi nag attempt sila mag suicide (because they attempted to commit suicide). Hindi natuloy, thank goodness (That goodness, it did not succeed). Pero pa isa isa (But once in a while), you know, once in a blue moon. Pero never like this. Never like this na parang lahat sila may issue. (But it was never like this. It was never like this that everyone has their own issues.) And very serious issues. Plus when I, because I got disturb also because I have a daughter, when I talked to her about it, I was*

*so surprised that she said "mom, it's normal in our generation," she said. "And we're exposed to so much bad, so much ugly things. Facebook, social media, ganyan, online. A lot of my friends are suicidal." And I was surprised when she said, "even I think of committing suicide."*

Lastly, Alex **felt ill-equipped**. This pertains to feeling unable to address the concerns of the student. When asked how she felt about having a student diagnosed with a psychological disorder, she responded,

*Ill equipped and frankly, I know it's not a, because I wouldn't know how to handle the student himself and how to handle the class who will all converge on the student. So if something happens in class, the expectation is everyone will go—will converge. So if they all converge, what is the teacher to do? Dunno. Do I ask all the students "Everybody step away?" That one I think I know, everybody step away, but what do I do with the student who's having an attack?*

There are challenges pertaining to the difficulties of college teachers in handling students diagnosed with psychological disorders, considering their duties as educators. Themes under the table below respond to the second sub-problem, *What are the challenges of having a student with a diagnosed psychological disorder?*

College teachers' typical challenge was the **lack of professional skills**. These are the strategies learned from psychological training that may be eventually executed by those from the field of psychology. As Charlie mentioned, "*We're really not trained to handle special cases. Of course, when we handle a class, we, our idea of a student is, you know, the normal type.*"

**Balancing considerations given and being fair to other students** was another typical challenge. This pertains to the difficulty of granting the needed attention not just to the identified student but to the rest of the class. Lee shared "*Kasi you don't want to have a special treatment to them. So yung pedagogy mo, yung classroom management mo na dapat magfifit din sa kanila and to the majority. (Your pedagogy, your classroom management must fit their needs as well as the majority's.)*"



**Table 3**  
*Challenges of Having Students With Diagnosed Psychological Disorders*

Theme	Description	Category
Lack of professional skills	Not being trained to employ psychological interventions	Typical 79%
Balancing considerations given and being fair to other students	Giving importance to equality and tolerance	Typical 57%
Knowing the limits of one’s ability to help	Admitting that one’s intent to assist is always limited	Typical 50%
Time spent with the student	Giving extra time needed for these students	Variant 36%
Assessing sincerity of students	Difficulty in determining how true student reports are about their diagnosis	Variant 21%
Tendency for situation to reinforce dependency	Being open to students might encourage them to rely too much on the teacher	Variant 14%

The **time spent with the student** was a variant challenge as Normy experienced. This includes having to allot time for the student despite the college teacher’s other commitments. He said, *“it takes a lot of patience, and also you have to take a lot of generosity especially of your time. Because of course it’s not part of my duties and responsibilities.”*

**Assessing the sincerity of the student** was a challenge to Danny in gauging the situation. This includes being skeptical of the excuses that the student gives. She said,

On the other hand, how do I know really? How do I know that it’s true? How do I know that they can’t show me documents because they’re confidential or that their doctors don’t want to show them to me or to the vice dean. I mean how do I know that they are not just excuses or laziness or you know? I’d rather believe them than not believe them just in case it’s true.

Lastly, the **tendency for the situation to reinforce dependency** was Frankie’s perceived challenge as he believes that the student must be capable of dealing with his/her issues. As he would tell his student,

Ito ay challenge na ikaw mismo dapat harapin mo to. Kasi hindi ka maggogrow as a person. So may iba nagiging dependent. Madalas lalapit talaga, ganun. Well I see it sometimes sa ibang mga professors. Nagiging dependent yung bata pumupunta palagi. (This is your challenge that you must face yourself. You would not grow as a person. Some would be dependent. They would often approach. Well I see it sometimes with the other professors. The students became dependent and they would often go the identified professors.)

Coping resources are the adjustments and efforts of the college teachers in dealing with the identified

**Table 4**  
*Coping to the Challenges Previously Experienced*

Theme	Description	Category
Seeking knowledge on mental health	Doing research in order to understand the symptoms they observed	Variant 36%
Seeking assistance from professionals	Asking help from different professionals inside and outside of the academe	Variant 29%
Sharing experiences with other college teachers	Establishing an open communication among fellow teachers in terms of their experiences and observations	Variant 21%
Praying	Spirituality as a source of strength	Variant 14%



student. Themes under Table 4 respond to the third sub-problem, *How do college teachers cope/respond to these challenges?*

In relation to the challenges presented above, **seeking knowledge on mental health** was the most common coping response. This pertains to doing research in order to understand the behavior that was manifested by the student. Lee shared,

*Search agad ako sa internet. I think meron akong na download na libro nun eh. Something about Asperger. Asperger siya. But I cannot remember what level of Asperger niya. Saang aspect. Basa agad ako kasi shucks may class ako in one hour from now. E dun ko nakuha yung email. So mabilisan. Mga tips what to do. For dummies. So nakakuha ako ng mga tips. Ok kaya pa to. I know how to handle now. Nag adjust ako nun. (I searched the internet. I think I was able to download a book. Something about Asperger but I cannot remember what level of Asperger or which aspect. I read it right away as my class will begin in an hour. That was the only time when I got the memo via email so I had to move fast. The book had tips on what to do for dummies. I learned some tips so I thought I can deal with it. I know how to handle it now. I was able to adjust then.)*

**Seeking assistance from professionals**, which involves taking the initiative to approach practitioners and ask for the effective means of dealing with the situation is another of Lee's coping response. She said,

*I took the initiative na to go to the counselors na kasi I feel so guilty, not guilty eh, how do you say, parang ang lakas ng sense of responsibility ko sa status niya. Kaya nag eexert effort na ako to go to counselors. (I took the initiative to go to the conselors. It was not guilt but my sense of responsibility for the student's status. I exerted effort to go to the counselors.)*

**Sharing experiences with other college teachers** became a helpful means of one's coping and served as precautions for the new college teachers as well. As Charlie stated,

*Well, it's a, it's a nice icebreaker when we encounter new college teachers and then tell them about, you know, these are the things, the extremes that you might want to be prepared for. And so I would reserve these two stories for them.*

Lastly, **praying** was identified as an effective way of coping from the situation. As Jesse said,

*Like sometimes in my prayers, I ask really "What will I do with him? What more could I then give him aside from the time that I listen to him and then also of inviting him to do something for the community?"*

Table 5 contains recommendations, which essentially are suggestions and pieces of advice intended for the members of the Lasallian community.

**Table 5**  
*Recommendations Based on Their Experiences*

Theme	Description	Category
<i>Recommendations for teachers</i>		
Be kind and sensitive to these students	Accept these students	Typical 64%
Seek help from other professionals	Work with other professionals in addressing student concerns	Variant 21%
Accommodate these students	Accommodating includes providing extra time for the students	Variant 14%
<i>Recommendations for administrators/school</i>		
Provide training on helping skills and early detection	Develop training programs to be attended by college teachers	Typical 50%

Table 5 continued...

Hire more counselors, psychologists, and psychiatrists	Involve more mental health practitioners in the academe to address the needs of these students	Variant 36%
Develop an awareness campaign	Inform the community of the disorders that may be manifested by some of its members	Variant 29%
Inform teachers ahead of time regarding student's condition	Make the diagnosis known to the college teacher as the term starts	Variant 29%
Provide primers to teachers on handling students with psychological needs	Make available materials that would aid college teachers in dealing with these students	Variant 21%
Review the admissions policy	Evaluate requirements for college admissions	Variant 14%

Recommendations were clustered into the ones for faculty and the ones for the administration/school. For the college teachers, Max suggested that they **be kind and sensitive to these students**. As he said, “*They should try to have more patience with these students. They should emphasize with what these students are undergoing in terms of their emotional/psychological state.*”

Normy recommended that college teachers **seek help from other professionals**. In his words, “*The proper way [to deal with the situation] is to recognize the situation and then refer the person, the student, to the experts.*”

Lastly, Billy said that they must **accommodate these students**. He said,

*I know every faculty in La Salle is busy. But just give ano, give an extra time, give an extra time. Maybe to ask for an hour is so much na. I would still give an extra time because I honestly, we don't know. I don't know when the kid will. I don't know na yun palang pag-uusap na yun is like in a way has prevented her to consider yung ano, yung ano, yah (I would not know that our conversation might already be a way to prevent her). Coz she's giving the stairs as an example. And we already know that in Brother Andrew, it happened already. And this one did not happen just once. And so yun. So time. I suggest that they may give their time and with that one that requires full attention to the kid. Whenever they talk, full attention.*

On another note, it was found typical that college teachers recommend that the university **provide**

**training on helping skills and early detection**. As Frankie said,

*Maybe modules na pwedeng attendan during summer. Workshops, incorporated sa summer workshop. Or within the year every now and then meron na iioffer sila na on a regular basis na pwede mo attendan. Na dapat may incentives yun kasi syempre mga busy rin yung mga teachers. (Maybe modules that may be attended during summer. Workshops may be incorporated in the summer workshop. Wwithin the year, every now and then, perhaps workshops may be offered that may be attended on a regular basis. There must be incentives since teachers are also busy.)*

He also suggested that the university hire more counselors, psychologists, and psychiatrists. As he said,

*I think the guidance counseling are good people and I'm sure they're doing their job. But I think we need a university psychiatrist. Not just for the students but also for the faculty and staff. And maybe not just one. Maybe two or three na pwede nating puntahan (Maybe two or three that they can go to.). So yun yun. Yun ang maganda (That would be nice.). A resident psychiatrist. I'm sure they can afford that. My god, they can afford to put up all these buildings and you know, fund all sorts of activities. Why can't they hire a resident psychiatrist. Kahit isa o dalawa (Even one or two.). Or tatlo (Or three). Isa sa faculty, isa sa staff, isa sa students (One for the faculty, one for the staff, and one for the students). Pero kung isa lang grabe.*

*Araw araw siguro puno siya (But if there is only one, everyday will be a full day for him/her.)*

Harper suggested to **develop an awareness campaign**. He said,

*So the university should also ensure that they have programs lined up for them and even celebrate the the the diversity. I know we have some. We have yung mga For the Kids. Diba ganyan eh. We have, we do have but again those are again really our students. But for our students who have disorders, even disorders can be celebrated eh. Meaning because that's really the essence of inclusion, inclusive education. The celebration of differences.*

Charlie verbalized a concrete suggestion. He wanted the administration to **inform teachers ahead of time regarding student's condition**. He said,

*Problematic students or students that were diagnosed or assessed by the guidance counselor needs special attention, needs to be indicated there in the class, in the class lists so we could do some appropriate interventions or adjustments in our class.*

Frankie suggested that the school **provide primers to teachers on handling students with psychological needs**. His words were,

*"Maybe even letters na nakalagay steps in how to deal with ganyan. What to do in case na may lumapit. Or who to, sinong irerefer (Maybe even letters that contain steps on how to deal with these cases, what to do in case someone approaches, or who to refer)."*

Lastly, Kim recommended that the administrators **review the admissions policy**. She said,

*"Hindi ko nga alam baka dapat ba may psychological test ba? Or baka dapat ipapirma ba ng disclosure something kung merong, kung ang studyante ay diagnosed with ano some psychological disorders?(I don't know, might we need psychological tests? Or must we ask for disclosure if a student is diagnosed with some psychological disorders?)"*

## Discussion

Results of this study support the existing literature that educators have varying perceptions towards students exhibiting symptoms of psychological disorders in school. As these students are able to meet the standard requirements of the academic community, teachers who are the main authority figures in the classroom are the ones most exposed to the behavior and performance of these students (Bayram & Bilgel, 2008; Hunt & Eisenberg, 2010; Odom & Wong, 2015; Nevill & White, 2011). In this current study, it was shown that the interaction of the college teachers with students diagnosed with psychological disorders did not just occur in the classroom but also happened outside of the classroom and even beyond the term of enrollment of the student under the identified college teachers' classes.

### *College Teachers' Reactions to Their Encounter With Students Diagnosed with Psychological Disorders*

College teachers' general reaction was reaching out to the student. Despite the lack of professional training in psychology, college teachers have decided to act towards giving assistance. This may be in line with the Filipino collectivist culture of providing assistance of one member of a particular community to another; in this case, a faculty assisting a student is not something new (Chen, Chen, & Meindl, 1998). Moreover, the degree of assistance given by the college teachers to these students may be related to the notions of *kapwa* and *ibang tao* (Tuliao, 2014). The notion that Catholic private universities embrace diversity and promote respect towards those who may be different may also play a role in the community's acceptance and tolerance of these students' behaviors. As the vision-mission states that the university is of "service of Church and society, especially the poor and marginalized" (De La Salle University, 2012, par. 1), this may denote that the community also caters to those who may be part of the minority, in this case, those who are diagnosed with psychological disorders.

On another note, college teachers' response to involve other professionals in providing interventions was typical (Ackles et al., 2013). Other approaches in responding to the behavior of the identified student

related to giving considerations were found typical. These are shown by adjusting one's way of managing the class and even monitoring the student even outside the classroom. However, varying degrees of accommodation were found (Brockelman & Scheyett, 2015) which may be attributed to (1) their varying degrees of openness (Nevill & White, 2011) and/ or (2) the length of interaction with the student. How they feel about their role as authority figures and their different views on their self-efficacy may be linked to their years of teaching experience. This is one limitation of this study that is to be further discussed. In addition, looking at the characteristics of the demographics of the participants, it appears that seniority in terms of rank does not affect how they are able to manage the situations they were into as self-efficacy of senior faculty did not differ from those of the junior faculty. To be more specific, junior faculty who have had greater exposure to similar cases were more confident in handling the situation than the senior faculty who have handled classes longer. Also, differences in the type of reactions among faculty who belong to the same colleges and departments were evident. Respondents had their own ways of dealing with the situations, which may be attributed to their training and previous experiences rather than their academic ranks, age, years of teachings, and the colleges and departments they belong to. For instance, college teachers from the College of Liberal Arts, College of Computer Studies, and College of Education had various reactions that may range from low to high levels of acceptance and tolerance of these students.

There may be other factors which may have led to the respective reactions of the respondents such as individual's attributes, pertaining to the demographic background, specific experiences, and previous training (Brockelman et al., 2006).

#### *College Teachers' Challenges of Having Students With Diagnosed Psychological Disorders*

Respondents' lack of familiarity with the psychological disorders was linked to the lack of training in psychology. College teachers' limited knowledge could have been the cause of the challenges in the classroom as well. These imply that challenges stemming from one's inability to determine the proper

means of addressing the situation due to their limited knowledge on the disorders may affect not just the identified student but also the rest of the class. This also entails the college teachers' difficulty in balancing the giving of considerations and maintaining fairness in the class. Since they do not have a background in psychology, sharing of information may be coursed through presentation and discussion of clinical vignettes (Ackles et al., 2013). This may be suggested as a strategy for the mentoring programs and training for the faculty to be developed.

#### *College Teachers' Coping to the Challenges Previously Experienced*

Despite the challenges and difficulties that were experienced by the respondents, they still exerted effort for them to cope up with the difficult situations of being responsible for the identified student enrolled in their classes. The attempt to be more informed about the disorder is doable considering that most private universities provide internet connection. This technological advancement plays a role in the accessibility of helpful information found online. Also, efforts of the academic community to promote and embrace inclusive education involved organization and implementation of awareness programs in the form of seminars and fora. In addition, coping by being more understanding and patient was found helpful. This may imply that one's openness, which includes being accepting and tolerant (Harnum et al., 2007; Nevill & White, 2011), may affect the degree of one's feeling of being able to cope.

#### *College Teachers' Recommendations Based on Their Experiences*

It was recommended that college teachers receive training that would inform them of the means of addressing the concerns of students diagnosed with psychological disorders. However, prior the development of any program or policy, it is essential to conduct a needs assessment to understand the current situation of the community. This diagnostic or assessment stage towards program implementation may be deemed helpful to ensure that what is to be institutionalized would surely be applicable to the whole academic population. As programs, policies,



and training are yet to be established, sharing of best practices among practitioners are found beneficial. This implies that to develop an institutionalized program, there is a need for an initial assessment by looking at the situation of having students diagnosed with psychological disorders in a mainstream private university through the lens of the different members of the community (Glazzard & Overall, 2012; Matthews et al., 2015; Nevill & White, 2011; McKeon et al., 2013; Brockelman et al., 2006).

### *Integration of Related Literature and the Present Research*

The World Health Organization's framework on the four-level interventions in the school setting (as cited in Wyn et al., 2000) is found similar to the findings of this research. It was hypothesized that the results of this particular research would be somehow of agreement to at least some of the aspects of the framework that includes institutionalized programs, mental health as part of the curriculum, faculty-parent interaction, faculty-student interaction, and student-practitioner interaction. It goes to show that the academic community, in which this research has been done, has a significant role in the development of a student especially on a psychological dimension (Hunt & Eisensberg, 2010; Eisenberg et al., 2007). However, this study's framework only provides a general view of the interaction in the academe from the faculty perspective.

The need to begin with an assessment, by determining and understanding the experiences of some representatives of a single sector of the university, was a good start as this may lead to the development of intervention, programs, and policies. Institutionalization of programs and interventions to be done are still dependent on the type of culture of the units or departments to which the proposed program would be presented. As such, tailor-fitting of the program or the intervention would be efficiently designed to ensure that the proposal would be best for the academic community. However, this research only focuses on the experiences from the lens of the college teachers who regularly interacted with the students who have been diagnosed with psychological disorders. As this research's main objective was to document

what is already happening, it aims to address further concerns that may arise. With this, a topic for further research is to look into the other perspectives such as the administrators, staff, and fellow students so that the whole phenomenon of interaction among non-clinical and clinical members of a particular community may be even more deeply understood.

As it was mentioned that college teachers are those who are most exposed with these students, thus, most able to observe unusual behaviors in class, the necessity to integrate their general and the typical reactions, challenges they faced, and means of coping that they employed has been highlighted. Results have shown that college teachers make the effort to reach out and give considerations to these students as they feel concern towards them. Their responses of monitoring the student varied depending on the length of interaction. Responses that involved providing additional aid to the student also differed depending on the nature of assistance that was willingly given. Some strategies took place in the classroom like giving aid in the students' academic endeavors and while some extended to being involved on a more personal level by inquiring directly from the student about the condition. A long-term intervention on the teacher-level is committing to mentor the student for constant monitoring.

Having thoughts about involving other professionals upon reflection on their self-efficacy on helping the student was also reported. Differences on their self-perceptions, in addition to their mixed immediate reactions as well as their feelings on their roles as educators may be attributed to individual differences and types of teaching strategies. Challenges in the classroom involving the intent to project fairness towards all students were found to be common. This difficulty may be attributed to the notion that all members of a group, in this case, a class, must be treated equally. However, due to the special kind of treatment that the conditions of the identified student demands, the educator experienced an internal conflict of whether to remain rigid on the conventions or allow oneself to establish flexibility when it comes to dealing with the student. Also, since these college teachers do not have training on psychology and so are not familiar with psychological disorders, it became a challenge



for them to identify what needs to be done when they witness the manifestations of the symptoms of the disorder that are most of the time perceived as unusual or bizarre behavior. On top of them being witnesses of these disorders, responsibility over the situation was also perceived as they are the authority figures in class. These identified challenges are indeed crucial as the four-level intervention framework composed of (1) a conducive environment for promoting psychosocial competence and wellbeing, (2) mental health education, (3) psychosocial interventions and problems, and (4) professional treatment (WHO, as cited in Wyn et al., 2000) assumes that college teachers are equipped to deal with the students for them to provide the necessary interventions. This reported behavior supports the idea that teachers remain open to dealing with students with special needs (Brockelman et al., 2006).

Since the framework identified includes the role of professionals/practitioners who are more equipped to handle the situation, perhaps the college teachers should just at least be informed of which offices and members of the community are best to be involved in addressing student concerns.

After all, the main role of the college teachers is to teach. Although this is contradicted by the notion that the role of the educator goes beyond academics, the typical means of coping that they did were mostly in the classroom setting. Teachers being flexible when it comes to managing the class, which includes adjustments of deadlines and requirements as reported to be their reactions were found to be effective for it to be considered as a way of coping. In addition, college teachers varied in terms of their degree of accommodation. This may be dependent not only on the personality of the educator but also on how open, tolerant, and accepting he/she is of the situation (Nevill & White, 2011).

With all these reactions, challenges, and coping resources that sum up their past experiences as college teachers, their recommendations for others who may have similar encounters in the future were in line with what they thought were lacking when they were the ones in the difficult situation of being unsure of what to do. Once again, it is seen to have matched the four-level intervention framework (WHO, as cited in Wyn et al., 2000). On the institutional level, there must be

a procedure or some policies to be implemented that will guide the whole community on what needs to be done. After all, the whole community was said to have a significant role in the well-being of all individuals. On to the next levels, college teachers envision that training be available for them so they could be instructed by professionals on how to properly deal with these situations (McKeon et al., 2013). Since they admitted that they do not have past trainings—thus are not familiar with the identified students' disorders—their level of self-efficacy on helping is not always on a high level. Now that trainings are still yet to be developed, they gave tips based on how they previously dealt with students diagnosed with psychological disorders. Although these could not be easily generalized as effective for all cases, this is still deemed helpful.

### **Limitations and Further Research**

Further studies may focus on the development of the institutionalized program that was envisioned and suggested. Exploring on the experiences of the other members of the community is important to determine which offices to involve and whether there is a process to follow in terms of referrals.

The theoretical, clinical, and practical significance of the results of this study all boils down to the relevance of the needs assessment done through the identification and understanding of the experiences of college teachers who have encountered students with diagnosed psychological disorders.

Themes on college teachers' reactions, challenges, and coping resources may be further explored in future studies involving a larger sample size when the quantitative measure may seek whether the themes that came up are also common to the rest of the faculty.

The results of this research have been validated by an expert coder. One limitation of this study is that the only colleges represented were the College of Liberal Arts, College of Computer Studies, College of Education, and School of Economics. In the results section of this paper, it was evident that a number of experiences of college teachers included dealing with other members of their respective departments. The limited representation may also entail a limited report

of encounters as these may be dependent on the varying culture of the academic departments.

## Conclusion

This study serves as a preliminary research for identifying and understanding the experiences of college teachers who have encountered students with diagnosed psychological disorders. This is envisioned to eventually be helpful in determining the proper means of addressing the psychological needs of the members of the community of a private university. Since the academic community has a role in the holistic development of an individual, this initiative to document the experiences of college teachers gave rise to statements that prove the need for the growing number of departmental initiatives to spread awareness on mental health and to establish means of giving assistance to all university students, including those who might need psychological interventions.

This research suggests that there is a need for clinical practice in the school setting. College teachers mentioned the need for training and those who are equipped to facilitate such modules are clinical psychologists. Also, there need to be professionals who would take part in the development of programs and intervention maps. The integration of research and practice in the field of clinical psychology in the context of school setting may further be highlighted by pursuing further assessment of the experiences of other members of the academic community towards the development of institutionalized programs for the benefit of all.

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