RESEARCH ARTICLE

Policy Leadership for Faculty Members and Staff's Mental Health: Case Study of a Private University in the Philippines

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Abstract: The COVID-19 pandemic has taken a massive toll on people's mental health. The World Health Organization (2022b) called for transformative and collective action to deal with the threats of mental ill health. In this context, leadership is urgently needed in the workplace and schools that have been increasingly mandated to mitigate the impact of stigma, prevent the onset of mental health problems, and support those dealing with mental illness. Despite these, there is little research on leadership in policymaking for the well-being of university faculty members and staff. This paper attempts to fill this knowledge gap by uncovering mental health-oriented leadership practices in a private university in the Philippines through a case study. Research methods included interviews with university leaders and content analysis of relevant policies and supporting documents. Findings show some leadership practices to ensure mental health for all by putting it on the agenda, formulating a university mental health policy, creating a dedicated center for implementing procedures for the well-being of faculty members and staff, and creating a system of ongoing multi-sectoral consultations. The results also identified the pillars of a whole-university approach to mental health leadership through policymaking. This study expands the idea of leading for well-being in a whole-university approach for faculty members and staff who are frontliners in the battle for mental health for all.

Keywords: well-being, whole-university approach, educational leadership, leadership practices, workplace mental health

The World Health Organization (WHO, 2022b) defined mental health as

> a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape our world. Mental health is a basic human right. And it is crucial to personal, community and socio-economic development. (para. 1)

However, the WHO reported a 25% increase in anxiety and depression in the first year of the COVID-19 pandemic. The WHO's (2022b) *World Mental Health Report: Transforming Mental Health for All* is a call to action for organizations to encourage mental wellness and ward off mental ill health as it

is more economical compared to the cost of lack of productivity, absenteeism, and presenteeism because of mental health issues.

The International Organization for Standardization (ISO, 2021) shed light on the high psychological hazards in the academe as teachers have to deal with the workload, lack of resources, and vast responsibility for their student's lives. Even before the pandemic, many academic educators struggled with poor mental health due to massive workloads, lack of recognition, and the immense pressure to succeed. The advent of the pandemic only intensified these negative factors and disrupted their work/life balance while piling on additional stress and anxieties over the uncertainties regarding physical health.

Importance of University Mental Health Policies for Faculty and Staff

Reports on the impact of the pandemic on employee mental health highlight the need for policies to safeguard and ensure that the workforce is well and productive (WHO, 2022b). For example, students' mental health was the top concern of university presidents (68%), and faculty members and staff mental health came second with 60% during the COVID-19 pandemic (Turk et al., 2020). In addition, Chirico et al. (2021) emphasized the role of policymakers in ensuring the sustainability of mental health support in the workplace because of the impact of the pandemic. Furthermore, the WHO (2022b) advocated for a global change toward better mental health for everyone (p. 12.), highlighting the urgent need for schools and workplaces to promote and protect mental health, prevent conditions, and access proper care.

Mental health has been established to be a neglected area of health (Kovacevic, 2021). Moreover, despite gaining political attention in the past decade, support for global mental health remains limited. Challenges such as "a fragmented policy community, a divided public portrayal, a lack of a strong global governance structure, and few credible indicators" persist (Iemmi, 2022, p. 1012).

Finally, leaders are paramount because of the need to shift the paradigm of treating mental health illness only to psychological and social support provided by peer support workers or community health workers who do not need to be specialists or certified as mental health professionals (Igoe, 2022). Igoe continued that "leadership is about—embracing a rights-based approach to mental health problems that twins the right to quality care with the right to agency, citizenship, or inclusion" (para. 17#).

Plata (2012) also explained the critical role of a university mental health policy (UMHP). First, a clear UMHP "creates a holistic and unified approach to promote mental health, prevent problems, address stigma, and support those at risk and who have lived experience" (Plata, 2020, p. 2#). Studies showed that a UMHP reduces the suicide rate and provides a shared language among administrators, faculty members, staff, students, and other stakeholders. Moreover, universities must also be able to destigmatize mental health difficulties and provide aid to support students with mental health issues, improving upon the previous support model (Macphee et al., 2021).

In addition, each higher education institution (HEI) is a setting where students transition to adulting and experience challenges that may affect their well-being (Healthy Universities, 2023). It is also a workplace that must handle its staff's mental health. As a place for teaching, research, capacity-building, and knowledge exchange, each HEI can be a resource center for developing new knowledge to advance mental health for all.

However, McKinsey Health Institute (2022) reported that despite the rise of mental health and well-being programs in the workplace globally, one in four employees experiences burnout and distress. One significant contributor is toxic workplace behavior, which refers to interpersonal behavior such as unfair treatment, deliberate exclusion, sabotage, toxic competition, abusive management, and unethical behavior in the workplace that leads to employees experiencing negative emotions. The common misconception of burnout being a personal problem leads to companies offering resources such as wellness programs focused on individuals. However, research indicates that structural imbalances across work demands and resources are the most significant burnout drivers. Hence, a systemic approach addresses toxic workplace behavior and redesigns work to be more beneficial and supportive of individual development (Mckinsey Health Institute, 2022).

A Whole University Approach to Faculty Members and Staff Mental Health

The call for systemic change in HEIs for faculty members and staff mental health demands a whole university approach to policymaking. According to Olding and Yip (2014), a "policy" will be utilized to establish guidelines for institutional activities, lay down responsibilities and requirements, develop institutional missions or mandates, aim to lessen institutional risks, and ensure compliance to applicable law (p. 2). These authors also stressed the significance of proactive institutional procedures and structures established in universal mental health policymaking. Although they focus on students' mental health, the literature on developing policies for everyone's mental health supports a universal approach. Utilizing a universal or whole system perspective implies the significance of organizational effectiveness and associated elements that make up employee well-being (Eriksson et al., 2017).

Despite the lack of a standard definition of a whole university approach to policymaking (WUAPM), a literature review showed five common pillars.

1. Universal. In this approach, institutions create structures and processes to create a health-promoting environment (Olding & Yip, 2014). Other terms used are a whole-school or a whole-system approach. A whole-school approach tackles "systemic drivers" and "structural determinants" of teacher mental health (Evans et al., 2022). McKinsey Health Institute (2022) clarified that employers should design programs to promote mental health for all and address the sources of burnout. This systemic approach is more sustainable because it looks at the entire school community as a unit of change (Cefai et al., 2021;. "The whole university approach recommends that all aspects of university life promote and support student and staff" well-being (Universities UK, 2020, p. 12).
2. Inclusive. Plata (2022) defined inclusivity as creating mental health policies for students, faculty members, staff, their dependents, retirees, employees with disabilities or those with substance abuse problems, and LGBTQ+ members of the community. The University of Oxford (2022) has an Equality and Diversity Unit that implements policies to ensure that employees with disabilities will be given alternative adjustments.
3. Multi-sectoral consultative process. This process is a critical participatory process for forward movements, such as getting inputs from stakeholders, and back movement, like getting feedback (Marais et al., 2020). Nitsch et al. (2021) added that stakeholder consultation facilitates implementing mental health programs and services for prevention. The process gives them a voice and facilitates ownership of mental health policies. Legal mandates such as the Mental Health Act and ISO 45300 (2021) strongly encourage employers to consult stakeholders in planning, drafting, implementing, and evaluating mental health policies and programs.
4. Comprehensive and multi-tiered mental health policies**.** Mental health policymaking should include preventing exposure to psychological risks, promoting mental health at work, and supporting those with conditions (WHO, 2022a). The Wisconsin Department of Public Instruction (2021, p 10) defined a continuum of support through three tiers:
    a. Tier 1: Mental health promotion and service for all.
    b. Tier 2: Selective services and support for those with identified risks.
    3. Tier 3: Individualized services to address those with mental health concerns.
5. Holistic well-being. Plata (2022) found in her analysis of mental health policies of the top 10 universities worldwide that these universities support holistic well-being through policies and programs that address health in general and the personal, professional, legal, and family problems of faculty members and staff. Stanford University Wellbeing offers programs for physical health, mental health, and substance abuse, confidential counseling through the Faculty Staff Help Center, and medical support for those with chronic illnesses (Stanford University, 2022). Harvard University (2024) has its own Office of Work/Life, which offers flexible working

arrangements and assistance to employees experiencing a crisis such as domestic violence, addiction, legal and financial matters, and care for children and older people.

Review of Related Literature

Leadership Practices in Policymaking for Mental Health

The WHO (2005) suggested the steps to policymaking for mental health in the workplace are "analyzing mental health issues, developing the policy, developing strategies to implement the policy, implementing and evaluating the policy" (p. ix). Some studies suggested leadership practices for mental health policymaking based on these stages.

1. Putting mental health on the policy agenda and analyzing mental health issues

   Before analyzing mental health issues in the workplace, research shows the first step is putting mental health on the agenda. This initiative may come from various sectors. For example, Hughes and Spanner (2019) reported that heads of student services in U.K. universities predominantly led in the process. Conversely, national charters and anti-discrimination laws drive policymaking, such as in the case of Canada (The Canadian Charter of Rights and Freedoms in 1982 and the Personal Health and Information Protection Act of 2004). Provincial occupational and health safety laws mandate developing policies, programs, and procedures in Canadian universities and colleges to avoid illness, injury risk, and employee harassment (Olding and Yip,2014, p. 11).

   The Universities UK pushed for a whole university approach to student and staff mental health by publishing the University Mental Health Charter (Hughes & Spanner, 2019). Hughes and Spanner (2019) claimed that their vision is for all universities to embrace a whole-university approach to mental health and become places that advocate every community member's mental health and well-being. These authors also shared that leadership came from a few students who bravely gathered together to share their mental health struggles, explore ways to prevent others from experiencing the same, and improve access. Some students collaborated with mental health professionals to solve these problems, while others started campaigning for policy changes.

   Leadership practices included an organization spearheading the data collection and consultation. This process was the case of WHO during the 65th World Health Assembly in 2012. At this time, this organization adopted resolution WHA65.4 on the global burden of mental disorders and the necessity for national-level organized responses from health and social sectors, requesting the Director General, among other things, to consult with the Member States to construct an extensive health action plan (WHO, 2012).

2. Mental health policy formulation

   Universities UK utilized a road trip approach for an extensive consultation (Hughes & Spanner, 2019). A similar movement was reported in 2020 by Ontario's universities where "Ontario Undergraduate Student Alliance (OUSA), the College Student Alliance (CSA), the Council of Ontario Universities (COU) and Colleges Ontario (CO) collaborated in crafting guidelines collectively to encourage a pro-active strategy for recognizing and reacting to postsecondary mental health.

   An example from a specific higher education institution approach is reported by the University of Waterloo (2021). In 2017, the university established the President's Advisory Committee on Student Mental Health (PAC-SMH) to identify possible actions to enhance student mental health. It engaged over 700 students, staff, faculty members, and other campus community members to develop 36 recommendations for change to improve all students' mental health and well-being. Within two months of receiving that report, the university established an implementation committee to bring its recommendations to life.

3. Policy implementation

In the Philippines, workplace mental health policies and programs mandated by law are aligned with the integrated approach. Furthermore, the Department of Labor and Employment's (2020) Department Order 208-20 explicitly stated that the components and implementation strategies should include the following:

1. Advocacy, information, and training on mental health
2. Promotion and enhancement of workers' well-being and health by increasing awareness of mental health conditions, promotion of work/life balance, identification of workplace stress, effective management of changes, psychosocial support, and providing training to managers and supervisors.
3. The social policy includes non-discrimination, confidentiality, disclosure, work accommodation, work arrangement, treatment, referral support, benefits, and compensation.

These mandates are also reflected in the new ISO45003 (International Organization for Standardization, 2021) Standards1. ISO45003 highlights the importance of creating a culture of well-being in every organization. It defines a psychologically healthy and safe workplace as promoting workers' psychological well-being and actively working to prevent harm, including in negligent, reckless, or intentional ways. It will help identify the conditions, circumstances, and workplace demands that could potentially impair psychological health and well-being and how to improve the working environment.

4. Policy evaluation

Several tools are available for workplace or university mental health policy evaluation. For example, the University Mental Health Charter (Hughes & Spanner, 2019) provided a self-assessment checklist for universities to evaluate policies and practices for student and staff mental health. Domain 3 focuses on staff well-being and staff development in terms of mental health. Another example is the Mental Health at Work Index (Mental Health Index, n.d.), which guides organizations to assess 10 areas linked to the foundations of workforce mental health. The University of Waterloo (2021) also reported an example of a university policy evaluation process. Notably, each committee reported on the progress of each mental health recommendation in three parts: timeline, implementation activities, and ongoing efforts.

Gaps and the Present Research

Despite studies on mental health in schools and the workplace, there are some gaps in the literature. First, despite some research on health-oriented leadership in the workplace (Franke et al., 2014; Santa Maria et al., 2019) and in schools (Arnold & Rigotti, 2021; Taslimi, et alet al., 2020), there seems to be a knowledge gap in terms of MHOL that combines the need of employees, teachers, and students in universities. Mental health-oriented leadership is operationally defined in this study as a systemic and whole university approach to create and implement policies for faculty members and staff to promote mental health, prevent mental ill health, and support those with mental health conditions. This definition is anchored on the World Health Organization's (2022) call for an urgent mental health transformation. A systemic transformation needs mental health-oriented leadership for policymaking (MHOLP). On the other hand, policymaking leadership refers to the process of setting a policy agenda and crafting, implementing, and evaluating the mental health policy. However, there seems to be a gap in the literature on the definition of MHOLP and the needed practices for policymaking to ensure mental health for all. Another gap in the literature is the dearth of studies on the pillars of a whole university approach to mental health leadership. Mental health in schools has been studied extensively; however, the concept of leadership to strategically put mental health as a priority seems limited.

Moreover, despite the proliferation of research on educational leadership in the Philippines, most studies focus on leadership in general (Brooks & Sutherland, 2014; Alegado, 2018; Andal, 2020). Third,

although there are models of leadership (transactional, transformational, servant, democratic, autocratic, bureaucratic, laissez-faire, and charismatic distributed, action-oriented) and leadership practices of effective school leaders (Du Plessis, 2017; Mendels, 2012; Leithwood et al , 2017), what seems to be missing is a specific kind of leadership that will address the mental health crisis brought about by the COVID-19 pandemic in higher education. Fourth, leadership practices in Philippine universities seem to be underrepresented in literature, where most studies on mental health leadership practices are in Western countries like the United Kingdom, Canada, Australia, and the United States. Fifth, university mental health policy research mainly focuses on students, excluding faculty members and staff (Plata, 2022). Finally, as mental health is predicted to be the next global pandemic (Clifton & Harter, 2021; Abrams, 2021), researchers need to uncover leadership practices in universities to promote mental health, prevent mental ill health, and support those with mental health conditions of teaching and non-teaching staff as they are the frontliners. They play a significant role because "higher education provides an important window of opportunity to support young people in developing healthy socioemotional coping resources and to identify and treat emergent mental disorders, helping young people to reach their full potential and laying a foundation to support well-being lifelong" (Duffy, 2023, p.497).

This paper attempts to bridge the gaps in the literature on mental health leadership by answering these research questions:

1. What policy leadership practices did the university implement to promote faculty members and staff mental health?
2. How did the university approach the mental health policymaking process?

Method

Design

The present study employed a single in-depth qualitative case study research design to uncover the policy leadership practices in the case university, ensure the mental health of faculty members and non-teaching employees, and analyze the approach to the policymaking process. This approach was used because the focus of the study is the contemporary and not the historical context (Yin, 2018). In addition, this design involved an inquiry in the real-world context.

Case Selection

A private higher education institution in the Philippines was selected through purposeful sampling. The criteria for the selection were based on the Mental Health Act (Republic of the Philippines, 2018), which states the need for schools and universities to craft policies and programs on mental health promotion, prevention, and support. Therefore, the case should have a written university mental health policy. Second, there should be a dedicated center that crafts programs for the mental health and well-being of teaching and non-teaching staff. Third, the case university should have an ongoing system for implementing the university mental health policy. Lastly, Yin (2018) explained the need for a case study researcher to have "sufficient access to the data" for the case—whether to interview people, review documents, or record to make field observations" (p.26). The researcher has access to the data in the case university.

The Case University

The case university is situated in the National Capital Region in the Philippines. It is a private Catholic university with a population of around 18,000 from senior high school to graduate school. It is more than 100 years old and has core values of faith, service, and communion.

Data Collection and Research Ethics

Interviews and key policy and program document analyses were conducted to examine policy leadership practices to support staff and teacher well-being. Five interviews were conducted via Zoom in 2021. The interviewees represented the faculty association, the employees union, the office in charge of the university mission, HR, and the university well-being center. In order to observe research ethics, the interviewees were given a research consent form and assigned a number to ensure confidentiality.

The first part was about the history of the university mental health (UMH) policymaking, whereas the second was about the practices for implementing the UMH policy. The next part involved stakeholders, whereas the fourth was about policymaking leadership practices. The last stage was about the interviewees'

perception of the strengths and weaknesses of mental health leadership in the university.

Data was collected from March 2020–March 2023 and included the following unpublished documents:

1. University Mental Health Policy Statement Proposal
2. University Mental Health Policy
3. Helpdesk announcements related to mental health and well-being
4. Revised Faculty Manual (2021)
5. University Care Desk Documents
6. Center for Diversity, Inclusivity, and Well-being announcements via help desk announcements
7. Surveys used by the university to collect information related to mental health and evaluation of mental health programs and services
8. Community building documents on well-being
9. University newsletters

Data Analysis

I employed pattern matching for the first research question on leadership practices (Yin, 2018). I compared the WHO's (2004) mental health policymaking steps: making the case, formulating the policy, developing strategies, implementing the policy, and evaluating the implementation stages with the leadership practices employed by the case university, as shown in the policy documents and help desk announcements. In addition, interview data were analyzed to support the initial findings of the previous step. Lastly, the key informants validated and corrected the order of the policymaking process.

For the second research question, data analysis was done using an iterative process of explanation building (Yin, 2018). I created a list of pillars and descriptors based on a review of related literature. Next, a document analysis was conducted to uncover practices that demonstrated each pillar. Second, a Rapid Assessment Process (RAP) sheet (Vindrola-Padros, 2021) was created for the memos based on the interviews. The RAP sheet was divided into two columns. The first column listed the pillars, whereas the second column listed some practices mentioned by the key informants. Third, the matrices from steps 1 and 2 were combined and presented to the key informants for validation. The final step was a revision of the final matrix of pillars and examples of mental health leadership.

This study followed Yin's (2018) strategies to ensure the quality of case study research. First, to ensure construct validity, I used multiple sources of evidence, such as document analysis and interviews. In addition, I scheduled a Zoom meeting so the key informants could review the report draft. Second, for internal validity, I conducted pattern matching between the documents, such as policies, program descriptions, and help desk announcements, with interviews. For external validity, a theory of policymaking leadership was created. This a priori framework was the beginning of the case study research. For reliability, I created a case study protocol following Yin's (2018) model. First, the purpose of the case study, the research questions, and the a priori framework were laid out. Second, the data collection procedure was carefully planned to ensure research ethics and quality. Third, the protocol questions for the interview were tested before the actual data gathering. Finally, informed consent was obtained from key informants before the interviews.

The Researcher's Role and Reflexivity

I have a 30-year connection with the case university as a full-time faculty member. I also took my master's and doctoral degrees from the same case university. In this context, ethical reflexivity was employed in the analysis of the data. "Ethical reflexivity involves considering the social, and political implications of research, avoiding harm, and ensuring participant's rights while striving for accountability in pursuing research goals" (Unger, 2021, p. 186#). One strategy I followed was bracketing or "writing memos throughout data collection and analysis as a means of examining and reflecting upon the researcher's engagement with the data" (Tufford & Newman, 2012, p. 86).

Findings

Leadership Practices in the Case University for Mental Health Policymaking

Table 1 presents the leadership practices in the university for mental health for faculty members and staff policymaking from 2018 to 2023.

Table 1

Leadership Practices for Policymaking in the Case University

Category	Leadership Practices
1. Analyzing mental health issues	Awareness of the mental health law Organizing a multi-sectoral TWG Reviewing current mental health programs and services Conducting mental health needs assessment
2. Formulating the university mental health policy	Formulating the university mental health policy statement (UMPS) Identifying mental health core principles Identifying guiding principles Recognizing governing laws Identifying the general mental health policies Enumerating the basic rights of users Consulting stakeholders through various councils
3. Developing strategies to implement the mental health policy	Organizing a center for diversity, inclusivity, and well-being Creating a well-being strategy for faculty members and staff
4. Implementing and evaluating the mental health policy	Coordinating mental health programs and services for faculty members and staff through in-person and online webinars. Conducting online well-being surveys and an end-of-school-year service evaluation survey.

1. Making a Case for a Mental Health Policy

In 2018, when the National Mental Health Act was signed in the Philippines, the case university started to review the current programs and services of the Office of the Counseling and Career Services (OCCS). At that time, the OCCS only offered programs for students. There was a recognition of the gap that despite some efforts of the Counseling and Educational Psychology Department (CEPD) Community Counselling, it was insufficient to provide support and services for the faculty members and staff.

According to the Chancellor's Council report of September 3, 2020, from 2018 to 2019, the Administration Council organized an 11-person TWG (Technical Working Group) comprising representatives from stakeholders such as faculty members, students, staff, Health Services Office, academic offices, and Security Office, among others. This process was also part of the health promotion initiative chaired by the Vice Chancellor for Academic Affairs.

The COVID-19 pandemic accelerated the process of creating a university mental health policy. For example, on August 26, 2020, the Community, Culture, and Human Resources Services Office sent a Mental Health Needs Assessment Survey through the university help desk. The survey was divided into six components: employee demographics, health/wellness, lifestyle, stress, coping mechanisms, mental health concerns, preferences about mental health campus services, and their willingness to pay for professional services.

2. Formulating the University MH Policy

According to a key informant, the process started with a team formulating the university mental health policy statement and then consulting the stakeholders for feedback. This stage was followed by a recursive process of drafting the whole policy by a core team, consulting academic and research councils, revising based on the feedback, presenting to the TWG for comments, and elevating the drafts to the Vice Chancellor's Council until the President's Council. In addition, the Faculty Association President took the initiative by presenting to the faculty members

the proposed revisions, cognizant of the Mental Health Act, and the formulation of the University Mental Health Policy on September 5, 2020. The proposed provisions state the principles of diversity and inclusivity that respect faculty members regardless of their religion, mental health condition, sexual orientation, and cultural background. The analysis of the revised faculty manual showed that the statement of rights that protects faculty members from unjust decisions without due process was also included in the revision.

Furthermore, a provision for rest or vacation was added for full-time faculty members who experience mental distress. Faculty members can also apply for prolonged sick leave for mental health-diagnosed conditions. Finally, a provision for faculty members with diagnosed mental health conditions to be exempted from punitive actions and be provided counseling was also added.

The University Mental Health Policy approved by the President's Council on November 6, 2020, has six parts. The first part is the policy statement that states how the university will protect and promote the mental health of students and employees through a rights-based approach and by providing a safe and healthy environment. It also highlights the approach of preventing mental health problems by raising awareness. This section ends with a statement on the supportive university culture that respects privacy rights and enforces anti-discrimination against those with mental health conditions. The second part states the university's core principles of promoting diversity, valuing the dignity of each person with respect, and inclusivity.

The third section enumerates the five guiding principles: the university mission and ministry, holistic development, an environment of safety and well-being for all, mental health as part of health, and the preventive stance to health. The fourth section discusses the governing laws and regulations, such as the Mental Health Act (Republic of the Philippines, 2018), the Implementing Rules and Regulations of Republic Act 11036 (Republic of the Philippines, 2019), and the Department of Labor and Employment Department Order 208-20. The fifth section enumerates the general policies on mental health. This includes the anchors on the holistic promotion of mental health, an integrated approach to health and well-being, the integration of mental health in university policies and processes, policy on supporting those with mental health conditions and those affected by their actions, and confidentiality. The last section lists the basic rights of service users based on RA 11036, including the right to freedom from discrimination, respect for diversity, access to treatment and mental health services, participation in policymaking, and confidentiality, among others.

3. Developing Strategies to Implement the Policy

Plata (2020) defined a university mental health strategy as a document that states the plans for implementing the university mental health policy. The analysis of the Center for Inclusion, Diversity, and Wellbeing (CIDW) strategy document showed that upon the establishment of the Center, the director and team created a strategy document that enumerated the goals for the well-being of faculty members and staff. Examples are integrating mental health in university mental health policies and processes, providing responsive services, and promoting work-life balance. The document also shows the major strategies for achieving each objective. The CIDW also created a plan for its mental health programs.

4. Implementing

Different leadership teams spearheaded the implementation process. For example, the CIDW communicated its Mental Health Care Program for faculty members and staff through the university announcements and its Facebook page. The programs were divided into three: individual case sessions, group care sessions, and psychoeducation for mental health for all. One key informant said that from 2020 to 2022, all consultations were done through Zoom. Psycoeducation courses were also created using the university LMS (Learning Management System). In addition, the Mission Office organized holistic well-being programs where faculty members and staff are grouped into *balays* (house of shelter). The goals of these programs were to promote a sense of camaraderie and fellowship for a common mission, foster healthy competition to develop teams, and boost

engagement in wellness activities. The activities included those that develop physical, spiritual, emotional, environmental, financial, relational, intellectual, and vocational wellness.

Moreover, the analysis of help desk announcements related to mental health and well-being showed that the HR Office also organized wellness activities, especially during the annual appreciation week. Finally, the Office of the Provost also designed each term during the first two years of the COVID-19 pandemic to have university breaks. These breaks were intended for Wednesday at 2:30 pm as a break during the week. A mandate was also to limit emails during office hours and work days. These practices showed that leadership was critical in implementing the university's mental health policy. Moreover, the university Pastoral Office organized online retreats for the spiritual well-being of faculty members and staff during the COVID-19 pandemic.

5. Evaluating the Policy

The University Mental Health Policy has yet to be evaluated as of this writing. However, the CIDW conducts online surveys on the well-being and utilization of the Center's services every term. For example, the survey was divided into seven parts. The first section asked for the participants' consent and personal information. In contrast, the second inquired about the work experience of flow, energy preservation despite challenges, work inspiration, and pride in work. This was followed by questions about the respondent's perception of their role, work interest and challenges, and ability to deal with workplace pressure. The fourth section was related to the participants' definition of mental health, awareness of the university's mental health resources and services, their perception of the university's prioritization of mental health, and their perception of their ability to talk about their mental health with others. The last section asked about the barriers and facilitators of mental health. It is worth noting that the university mental health policy (UMHP) does not state when it should be evaluated. The informants also stated the need for an implementing rules and regulations (IRR) for the UMHP.

Case University's Approach to a Whole-University Approach to Policymaking

A review of the University's Mental Health Policy, relevant documents, and interviews showed five pillars that describe a whole university approach to mental health of the case university: universal, inclusive, consultative, holistic, and multi-tiered.

1. Universal. This approach means establishing wide-ranging institutional processes, rules, and structures that are more intrinsic to produce a health-promoting environment (Olding & Yip, 2014). For example, the case university's Mental Health Policy also states the promise of ensuring a safe and healthy environment that protects the rights of everyone in the professional community. In addition, one of the key informants shared that the creation of a mental health council and the CIDW provided a structure for the promotion of the mental health of faculty members and staff. According to one of the informants, before these two initiatives during the onset of the COVID-19 pandemic, teleconsulting services were not institutionalized. Moreover, the CIDW also created a system for the following:
    a. Mental health literacy training of faculty members, staff, and managers
    b. Establishing mental health programs
    c. Counseling and referrals
2. Inclusive. The policymaking process was mindful of those at risk and those with a mental health condition in a right-based approach. For example, the UMHP Core Principles highlight the institution's approach to respecting the dignity of each individual and promoting diversity. In addition, on September 5, 2020, the President of the University Faculty Association proposed revisions in the faculty manual to ensure that educators diagnosed with mental health conditions are entitled to benefits such as reasonable accommodations and medical leaves, as well as confidentiality. Moreover, the strategy document of the CIDW also included goals for the accommodation of special populations.
3. Consultative. According to a key informant, the UMH policymaking process was collaborative.

The core team consulted representatives of students, parents, and faculty members before they drafted the document. It was also a recursive process where the core team would present the revised sections to different councils for their feedback, and then the team would revise the document again until each council had sufficient time to review and respond to the proposed draft. The final approval was done by the President's Council.

4. Holistic. The UMHP's general policies section highlights the proactive, holistic approach to physical and mental health. The University Mission Office, on April 1, 2022, announced the Balay Program, which was a total wellness initiative covering emotional, environmental, financial, intellectual, physical, relational, spiritual, and vocational aspects. Moreover, other offices also created programs for the spiritual well-being and financial well-being of faculty members and staff. One of the key informants highlighted the role of other offices, such as the Pastoral Office, the Physical Education Department, and the Health Services, to ensure holistic well-being.
5. Comprehensive and multi-tiered. The UMHP, in the section on basic rights, highlights the comprehensive approach to promoting, preventing, and treating mental health. For example, the Center for Inclusion, Diversity provides programs for Tier 1 faculty members and staff, such as promoting mental health webinars and an on-demand Canvas course on self-care. There were also services for Tier 2 or those with mental health risks, such as individual and community care programs provided by the CIDW. Finally, there was a referral system for those who needed psychiatric help. During the validation of the initial analysis of the pillars, one of the key informants requested that "caring for carers" should be added by the case university as current counselors had to pay for their own therapy sessions from their own pocket. She explained that when these counselors needed support, they could not go to their peer counselors. They had to seek help outside the university.

Discussion

The WHO (2014) highlighted the important role of a mental health policy and plan to "coordinate all services and activities related to mental health. Without adequate policies and plans, mental disorders are likely to be treated in an inefficient and fragmented manner" (p. viii). The study's results showed the importance of policymaking leadership practices for faculty members and staff mental health. The best practices of the case university included putting mental health on the policy agenda, following a consultative approach to creating the University Mental Health Policy, developing a strategic plan, implementing mental health and well-being programs, and starting the evaluation process. These were some of the practices that may be of help to higher educational institutions that plan to improve their well-being policies and programs.

The case university followed a whole university approach to policymaking with five pillars: universal, inclusive, consultative process, holistic, and comprehensive. The following were the best practices. The leaders were mindful that a systems approach (universal) was needed to create a community and an environment where everyone is respected and supported (inclusive and consultative) and where mental health programs are comprehensive and integrated into holistic well-being. Figure 1 is the proposed model of this study as a contribution to the field. It may help education leaders embark on the complicated process of crafting policies, plans, and programs for mental health for all. This model prevents the reactive leadership that happens when a mental health emergency happens. The proposed model shows the stages of the policymaking process and the indicators for ensuring a whole university approach. The proposed framework can also be used for education leaders and key stakeholders who plan to collect data on current policies and programs in place and to check if the pieces of the mental health puzzle can be put together to ensure a systemic approach that will not leave anyone behind and to ensure mental health for all because there is no health without mental health.'

Challenges and Way Forward

The case university has made significant progress in implementing the Department of Labor and Employment's Department Order 208-20 by planning,

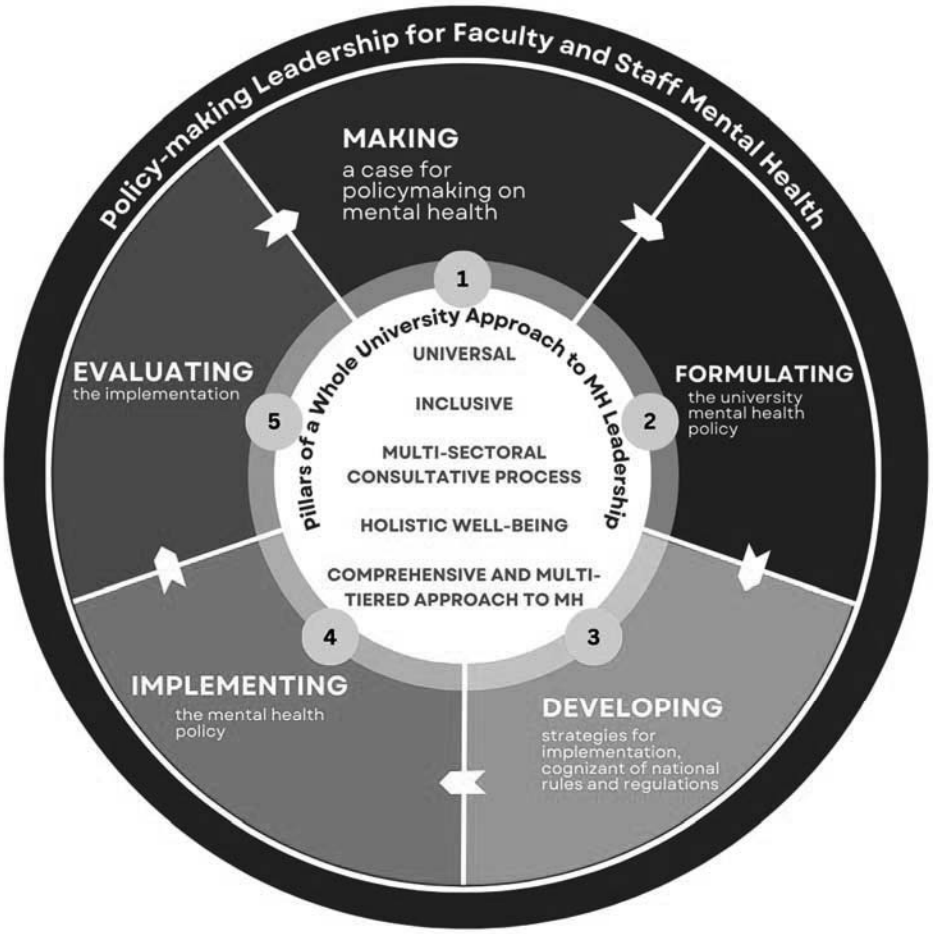

Figure 1. Proposed Policymaking Leadership Framework for Staff and Faculty Members' Mental Health

crafting, and implementing mental health policies for faculty members and staff. However, there are some challenges. First, the employee manual was published in 2012 and has not been updated. The leadership of the faculty association could be a model for the employee union leaders to ensure that the manual includes a policy on reasonable accommodation, non-discrimination, mental health leaves, confidentiality, a review of workload, capacity-building of managers, inclusion of mental health in the health insurance program, among others. Second, the publication of ISO 45003 entitled "Occupational health and safety management — Psychological health and safety at work — Guidelines for managing psychosocial risks" calls organizations to identify psychological hazards in the workplace such as the organizational structure, assignment of roles, organizational culture, management style, among others. Universities can refer to these psychological health and safety standards to minimize stress and burnout that lead to reduced productivity and increased absenteeism of employees. Finally, there is a need for health benefits for carers of faculty members and staff mental health. They do not have to spend money to consult psychologists when they badly need support. A truly universal and whole-university approach to mental health ensures that no one is left behind.

Conclusion

This study highlights the role of policymaking leadership practices in ensuring the mental health of faculty members and staff in higher education. The proposed leadership framework of a whole university approach to mental health (WUAMH) argues that the

process of analyzing mental health issues, developing the policy, developing strategies, implementing, and revising the policy should be informed by its five pillars: universal, inclusive, multi-tiered, holistic, and consultative. These pillars make the leadership practices through policymaking sustainable because of the shared ownership of the policy, and they address the workplace culture that may hinder or help the well-being of stakeholders.

Mental health used to be the responsibility of individuals; however, the awareness of mental health during the COVID-19 pandemic sheds light on the role of organizations in producing a culture that promotes mental health and prevents psychological risks by creating structures, crafting and implementing policies and programs to ensure the well-being of employees. Further studies may focus on other policymaking leadership practices of other universities. In addition, the quality assurance bodies may review their standards to ensure that higher education institutions invest in the key resources of their organization-faculty members and staff.

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