

**SOCIAL  
INNOVATION  
IN HEALTH  
INITIATIVE**



# UNIVERSITY OF THE PHILIPPINES DILIMAN PSYCHOSOCIAL SERVICES

**CONTINENT**

Asia

**COUNTRY**

Philippines

**HEALTH FOCUS**

Mental Health

**AREAS OF INTEREST**

Community Engagement, Community Well-Being, Cultural Transformation

**HEALTH SYSTEM FOCUS**

Primary Health Care, Service Delivery

# UNIVERSITY OF THE PHILIPPINES DILIMAN PSYCHOSOCIAL SERVICES (UPD PSYCSERV)

The University of the Philippines (UP) Diliman Psychosocial Services, or more commonly known as UPD PsycServ, is a pioneering in-house university mental health and wellbeing programme that caters to the needs of both the employees and students of UP Diliman

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This case study forms part of the Social Innovation in Health Initiative Case Collection. This case study manuscript was prepared by the SIHI Philippines Hub and representatives from UP Diliman PsycServ. Research was done in 2024. This account reflects the stage of social innovation at that time, with updates from 2025 and 2026.

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#### SUGGESTED CITATION:

Fajardo, M.S., Ulitin, A.R. (2026). *University of the Philippines Diliman Psychosocial Service (PsycServ)*. [Online]. World Health Organization & UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases, Geneva: Social Innovation in Health Initiative, Available at [www.socialinnovationinhealth.org](http://www.socialinnovationinhealth.org)

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# ABBREVIATIONS

<b>ADHD</b>	Attention Deficit Hyperactivity Disorder
<b>DRRM</b>	Disaster Risk Reduction and Management
<b>DOH</b>	Department of Health
<b>GCARSIH</b>	Gelia Castillo Award for Social Innovation in Health
<b>HRDO</b>	Human Resource Development Office
<b>MHPSS</b>	Mental Health and Psychosocial Support
<b>PFA</b>	Psychological First Aid
<b>UP</b>	University of the Philippines
<b>UPD</b>	University of the Philippines Diliman Campus
<b>UPD PsycServ</b>	University of the Philippines Diliman Psychosocial Services

# CASE INTRODUCTION

The University of the Philippines Diliman Psychosocial Services (UPD PsycServ), established in 2017 by Dr. Violeta V. Bautista, founding Director, and Drs. Divine Love Salvador and Anna Cristina Tuazon, founding clinical supervisors, under the aegis of then UPD Chancellor Michael L. Tan, paved the way for campus-wide cultural transformation in mental health and well-being. The innovation showcases the Ginhawa (a Filipino word for relief) Framework, which shifts the institutional mindset from pathology-centred care to a more holistic model of prevention, early intervention, and shared responsibility.

Initially established as a special project of the UPD Office of the Chancellor, UPD PsycServ has since been developed into a full-fledged programme of the university currently led by Dr. Divine Love Salvador and consisting of around 35 employees at its peak. It serves as a model of social innovation in health, where the processes and policies are co-developed with the community to ensure widespread ownership and adoption.

Faced with the challenge of increasing mental health issues among students and exacerbated by the lockdown restrictions brought about by the COVID-19 pandemic, UPD PsycServ launched five key activities:

1. Frontline care: teletherapy and in-person psychotherapy
2. Policy standards: Campus-wide mental health guidelines
3. Capacity-building: Training for volunteers, personnel, and UPD staff
4. Research and Evaluation: Monitoring utilisation and outcomes
5. Advocacy and partnerships: Collaborations across campus and external agencies

These efforts aim to foster a supportive university environment that recognises and addresses the mental health needs of students, faculty, and staff.

UPD PsycServ's implementation showcases innovative elements such as

extended engagement with individuals needing mental health support, the development and adoption of comprehensive mental health policies, and the integration of the wider university community into mental health programmes. The programme's adaptability was particularly evident during the COVID-19 pandemic, transitioning swiftly to online platforms to continue providing essential services.

Building on these implementation successes, the programme's impact is reflected in its reach, with approximately 1,000 students accessing psychotherapy services annually, and its role in promoting mental health awareness and well-being within the university community. Outside the university, it serves as a technical consultant to other institutions seeking to replicate its success, thereby contributing to broader health system improvements and cultural transformation towards a more inclusive and effective approach to mental health care.

# 1. INNOVATION PROFILE AT A GLANCE

## Organisation details

Organisation name	UP Diliman Psychosocial Services (UPD PsycServ)
Founding year	2017
Founder name	Dr. Violeta V. Bautista
Founder nationality	Filipino
Current head of organisation	Dr. Divine Love A. Salvador
Organisational structure	Special Project under the Office of the Chancellor of the University of the Philippines Diliman
Main value proposition	<ul style="list-style-type: none"> <li>• Providing mental health and psychosocial support (MHPSS) consultations and accommodation services to teachers, staff, and students.</li> <li>• Engaging in research collaborations to foster innovative practices in the field of mental health.</li> <li>• Advocating for mental health awareness and well-being inside and outside the university.</li> <li>• Operating as a university-based, not-for-profit organization focused on MHPSS</li> </ul>
Organisational stage	Credible Stage
Size	35 employees
Main income streams	Direct University funding, research, and project grants
Annual expenditure	No data available

## Operational Details

Country/countries of operation	Philippines
Local scope	University of the Philippines Diliman Campus, Quezon City
Type of beneficiaries	Students, UPD Faculty, Non-teaching UPD Staff, and external stakeholders
Number of beneficiaries (annually)	Approximately 1,000 students seen for psychotherapy services
Cost per client	No data available. It is of note though that services provided by the innovation are free of charge
Local engagement	Engaged with different units and departments within UP Diliman, Pambansang Samahan sa Sikolohiyang Pilipino (National Association for Filipino Psychology), other local universities, and national government agencies (Department of Health and National Disaster Risk Reduction and Management Office)

## Scale and Transferability

Innovative Elements	<ul style="list-style-type: none"> <li>• Ginhawa Principle: A paradigm shift from reacting to mental illness, shifting to nurturing mental health environments.</li> <li>• Extended Engagement: Up to eight sessions per student per semester, surpassing typical offerings.</li> <li>• Policy and Process Standards: Developed structured processes in service delivery, and adapted quickly to teleconsultation during COVID-19</li> </ul>
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Scaling considerations	UPD PsycServ collaborates with local professional societies, universities, and policymakers, sharing expertise and guidelines for teletherapy and workshops, with scaling of internal health services dependent on budget approvals.
Sustainability considerations	<ul style="list-style-type: none"> <li>• Financial sustainability through advocacy and potential institutionalisation within the UP network.</li> <li>• Expansion into the private sector to diversify income streams.</li> <li>• Adaptability in transitioning to digital platforms during COVID-19, ensuring continuity of services.</li> <li>• Manpower sustainability is maintained through continuous training, learning, and feedback sessions within the team</li> </ul>
Health system lessons	<ul style="list-style-type: none"> <li>• Cultural transformation needs a sustained and intentional strategy, as demonstrated by UPD PsycServ's social innovation in health.</li> <li>• Building and maintaining a wide network across varying community sectors is needed for swift innovation acceptance and integration.</li> <li>• Community engagement and adaptability are key to ensuring services that can evolve with community needs and can adjust to challenges like the COVID-19 pandemic.</li> </ul>

## 2. CHALLENGES

Mental health and psychological services in the Philippines have garnered increased interest from health professionals and the public. The country is third in the Western Pacific Region with the highest rates of mental disorders. Estimates even suggest that approximately 3.6 million Filipinos (around 3% of the country's population) suffer from at least one kind of mental, neurological, or substance use disorder. Moreover, the 2021 Young Adult Fertility and Sexuality Study (YAFS5) observed that suicide attempts were 2.6 times higher during the COVID-19 pandemic compared to prior surveys. This growing burden is particularly evident among adolescents and young adults, highlighting mental health as a critical concern within educational institutions such as universities, where the youth spend most of their time.

In 2017, due to the rising rates of suicides, especially among the youth, calls were made by politicians for the swift passage of a comprehensive mental health bill.

These efforts culminated in the passage of the Mental Health Act in 2019. The act envisions protecting and promoting the rights of persons with mental health conditions, developing a comprehensive and integrated mental health system, and creating a national mental health programme and council. Despite its enactment, however, inadequate implementation in the Philippines remains. The historically chronic underinvestment in this field leads to the stifling of the development and research of innovative health service delivery programmes for mental health, training and hiring of mental health professionals, and pooled procurement of essential mental health medication.

On campus, a series of student suicides at the University of the Philippines Diliman (UPD) revealed gaps in existing guidance and counselling services. At that time, the university only covered guidance and counselling services for university students, staff and faculty. This office mostly focuses on career counselling and guidance. Students experiencing symptoms of mental distress were often

referred to external private psychologists for further evaluation, resulting in additional financial and logistical barriers, particularly for students from lower-income backgrounds. These limitations meant that students with mental health needs often faced fragmented and delayed care, leaving many without timely or adequate support. This gap in services highlighted the pressing need for an institutional system that could provide accessible, comprehensive mental health care within the university.

As one of the founders recalled:

*“We saw an increase in complex psychological problems of students that are being brought to us in our private clinics... I saw that the problems exceed the competencies of the guidance counsellors ”(KII2)*

Compounding these barriers were the prevailing perspectives of campus faculty, which largely viewed mental health through a rudimentary, reactive, and individualistic lens. Mental health is seen only as an absence of mental illness, and promotion of awareness mainly focuses on specific conditions such as depression and anxiety, and suicide prevention.

Recognising the systemic and institutional shortcomings, Dr. Violeta V. Bautista, together with her co-faculty members, Dr. Divine Love A. Salvador and Dr. Anna Cristina A. Tuazon, decided to form a special project and create the UP Diliman Psychosocial Services (UPD PsycServ). They aimed to establish an in-house, university-level programme that directly addressed the rising mental health needs of students, expanded support beyond traditional guidance counseling, and introduced a more proactive, holistic model of care within the academic setting. Not long after the programme’s formation, the onset of the COVID-19 pandemic added greater complexity to an already strained mental health scenario. The community isolation brought about

by the direct and indirect effects of the COVID-19 pandemic further worsened the mental health crisis in the Philippines. Students grappled with fear and anxiety over contracting the virus, the uncertainty of in-person classes, and decreased interaction with peers. This also extended to adults—one in four respondents of a study reported elevated levels of anxiety and depression during the early stages of the pandemic. These unprecedented circumstances further underscored the relevance and necessity of institutional mental health services such as the UPD PsycServ.

### 3. INTERVENTION

The University of the Philippines Diliman Psychosocial Services (UPD PsycServ) is the university’s initiative to foster mental well-being and address mental health issues within its community. Conceived by its founder in as early as 2008 as a mental health and wellness center, UPD PsycServ officially began serving the UPD community in 2017 as a special project under the Chancellor’s Office with around five part-time mental health and psychosocial support (MHPSS) personnel. The following year, the enactment of the mental health law (Republic Act 11036) reinforced the office’s commitment to advocacy and wellness.

UPD PsycServ follows the principles of the Ginhawa Framework. Ginhawa is a Filipino term meaning relief, mental health as a state of well-being and wholeness of self, rather than just an absence of mental illness. Aligned with this vision, UPD PsycServ integrates a cultural transformation approach throughout its interactions, by fostering sustained education, campus-wide advocacy, and a “pay-it-forward” ethic where previous service users are encouraged to contribute to community well-being initiatives. The programme mainly has six parts:

1. Direct frontline services (teletherapy, in-person therapy, and other psychosocial interventions),
2. Standards-setting of mental health systems, policies, and processes,
3. Learning and University-level capacity-building initiatives of mental health and psychosocial support (MHPSS),
4. Research on quality improvement of psychosocial services,
5. External partnerships and collaboration with other universities, and
6. Advocacy of mental health and wellbeing.

These components work together to continually update the country’s level of awareness, understanding, and implementation of mental health and psychosocial services.

Psychotherapy sessions are usually done using a form for sign-ups, students are

then contacted for further scheduling and evaluation. Students with more urgent concerns are triaged quickly and are referred to a psychologist at the soonest possible time. Beyond scheduled psychotherapy sessions, on-demand activities for psychological first aid (PFA) are prompted when mentally stressful events take place, such as natural calamities (e.g., fires, typhoons). Workshops, on the other hand, are usually pre-scheduled and community-initiated. Specific student organisations or faculty will approach the programme and request topics to address identified needs of their group.

Further details on operational processes, community engagement mechanisms, and adaptive strategies are elaborated in Section 4.3, Implementation.

## 4. IMPLEMENTATION

### 4.1 ORGANISATION AND PEOPLE

<b>Vision statement</b>	<b>The vision of UPD PsycServ is ginhawa—total wellbeing—for its client students, faculty, and staff by developing a caring university community.</b>
<b>Mission statement</b>	UPD PsycServ is guided by a six-component programme following Bautista’s (2005, 2011) Ginhawa Framework, which views mental health as a state of “ginhawa,” i.e., wholeness and well-being, rather than just the absence of mental illness. The six components are: <ul style="list-style-type: none"> <li>• Direct client services (psychotherapy/growth workshops/crisis interventions);</li> <li>• Developing mental health systems/policies/procedures;</li> <li>• Training community stakeholders (teachers/staff/students) on providing mental health and psychosocial support (MHPSS);</li> <li>• MHPSS consultations and accommodation services;</li> <li>• Research collaborations towards innovative practice;</li> <li>• Advocacy</li> </ul>
<b>Legal status</b>	University-based mental health and psychosocial support services (not-for-profit)

UPD PsycServ is institutionally embedded within the University of the Philippines Diliman (UPD), structured as a dedicated office delivering MHPSS services for the campus community. Dr. Violeta Bautista, together with her co-faculty Dr. Divine Love Salvador and Dr. Anna Cristina Tuazon, founded UPD PsycServ and formed the executive team. Clinical supervisors monitor, guide, and match patients with MHPSS specialists to ensure that the specialists have the required experience to address the patients' different psychosocial concerns. They currently have a staff of 35 employees within the programme.

The foundations of UPD PsycServ Programme stretch far back in 2008 as an attempt to establish a wellness center in one of UPD's biggest colleges. 2015 to 2017 saw PsycServ's core leadership team take charge of and enhance the services and capabilities of the UPD Office of Counseling and Guidance. Early efforts were met with challenges, including low uptake and limited institutional support driven by the lack of awareness and persistent mental health stigma. Following nearly a decade of consistent advocacy and capacity building within the UPD community, UPD PsycServ was formally institutionalised as a special project in 2017 by the university chancellor. In October 2017, PsycServ was formally established by the core team of Drs Bautista, Salvador, and Tuazon, supported by five part-time MHPSS specialists catering to the student population's need for professional psychosocial support. The programme gained prominence due to its responsiveness and digitisation during the COVID-19 pandemic lockdowns. The staff conducted online kamustahan (well-being catch-up) sessions, telepsychiatry, and other related mental wellness workshops to alleviate the loneliness and isolation caused by school shutdowns and mobility restrictions.

Beyond the campus community, other groups and stakeholders started to take notice of the value brought by UPD PsycServ in promoting mental health and well-being. Other universities regularly

sought guidance from the founder and staff in developing their own MHPSS programmes. Professional societies, national government agencies, and developmental partners engaged with the programme to gather inputs for policies surrounding mental health and wellness. During the pandemic, in response to the transition to an online format, Globe Telecom also partnered with the programme to provide free call credits to all the programme staff and their volunteers.

*“So to get things going, we worked with DOH, gave them everything, ikukwento namin ang research namin, ikukwento namin what needs to be done, we drafted things and we incorporated what they did and DOH opened doors for us. Okay. They would be at the forefront and then they would call us to talk. Then eventually DRRM adapted the guidelines.” (KII2)*

*[“So to get things going, we worked with the Department of Health (DOH), shared our research, what we found that needs to be done. We drafted materials and incorporated their inputs, and the DOH opened doors for us. They took the lead and invited us to speak at their events. Eventually, the Disaster Risk Reduction and Management (DRRM) unit also adapted the guidelines.”]*

## 4.2 BUSINESS MODEL

As the programme is within the UPD system, the UPD PsycServ office is heavily reliant on the annual pre-approved operational budget, which was significantly increased in 2020 under then Chancellor Fidel Nemenzo, enabling the hiring of much more MHPSS personnel. . Aside from this financial stream, they also engage in strategic partnerships with key academic units to source funding for the MHPSS staff. This arrangement specifies that the MHPSS staff will address the unit's concerns 70% of the time while dedicating 30% of their time to UPD PsycServ. To strengthen long-term sustainability, scale up services, and improve their finances, they are exploring the idea of offering services to partner universities or private individuals.

### 4.3 INNOVATION IN IMPLEMENTATION

Filipino culture is deeply anchored in social connectedness, where concepts of *kapwa* (shared identity), and *pakikipagkapwa* (the act of relating to the shared identity), form the foundation of interpersonal relationships. Relief, or *ginhawa*, is not merely individual comfort, but a state created through deep, meaningful interactions with others. Even amidst difficulties, Filipinos derive *ginhawa* through connection and support for each other (Cervantes, 2025).

The Ginhawa Framework is uniquely Filipino as it draws from these cultural values. It reframes mental health from the previous mechanistic, westernised, pathology-focused paradigm to one where it promotes the creation of a nurturing environment and healthy relationships for mental health and well-being. It recognises that people can become mentally resilient to unexpected events with the proper environment and support.

*“We have added that the person who has well-being associated with mental health should have the capacity to withstand extreme challenges and stressors in life... So we need to change our perspective on mental health kasi (because) the best approach to issues related to mental health is really preventive.”* (KII2)

#### Frontline services (teletherapy, in-person therapy, and other psychosocial interventions)

The most visible part of UPD PsycServ is its delivery of frontline services, including teletherapy, in-person counseling, and psychological interventions, which are tailored for students and academic staff. The programme sets itself apart from other university mental health initiatives as it offers up to eight psychotherapy sessions per semester, more than triple the usual number of interactions with a mental health professional. This approach

recognises that brief, referral-based models often fail to adequately address the evolving mental health needs of students, especially within resource-constrained environments.

*“We know that in some big universities abroad, for example, if they offer free counselling to their students, it will be something like (four) sessions and then they will activate the referral system.”* (KII3, Clinical Supervisor)

UPD PsycServ’s service model is structured around a pyramid of care, ensuring that interventions are matched to the level of need of identified stakeholders. At the base are universal services, such as campus-wide wellness programmes, psychoeducation, and social media campaigns, all helping to create a culture of openness around mental health. The intermediate tier addresses students with emerging or mild psychological distress, providing targeted group sessions and brief counseling by trained para-professionals. At the apex, specialised care is provided by licensed clinical psychologists and psychiatrists for students with more complex needs.

*“Meron kang pyramid of services, meron ka sa ilalim services for the general community, services for those with some problems, services for some kailangan ng special concerns and mental psychiatric conditions. So sa ilalim you could mobilize lay people, dito pwedeng mga mental health pero hindi pa doon sa mga difficult cases, dito kinakailangan mo na ng clinical psychologists at psychiatrists. So we did that, sa buong (whole) university ang (the) basic principle it takes a whole village to raise up a child, it takes a whole university community to produce healthy students.”-* (KII2)

*[“There is a pyramid of services: at its base are programmes aimed at the general campus community; the next tier provides support for those experiencing mild to moderate difficulties; and at the apex sit specialised interventions for*

*individuals with complex psychiatric needs. At the base level, lay volunteers may be mobilised; at the intermediate level, mental-health practitioners can manage cases that do not yet require the most intensive care; and at the top, clinical psychologists and psychiatrists are essential. We applied this framework university-wide. The underlying principle is that it takes a whole village to raise a child, it takes a whole university community to produce healthy students.”]*

This leveled approach operationalises the principle by embedding mental health promotion within everyday university life, not solely within clinical settings.

### **Standards-setting of mental health systems, policies, and processes**

To kickstart UPD PsycServ’s operations, the founder and staff developed and implemented structured systems, policies, and procedures for daily operations, training, staffing, and strategic planning of their frontline services. This entailed a thorough needs and policy analysis of their stakeholders.

When school shutdowns ensued at the height of the COVID-19 pandemic, the team was also quick to convert their in-person services to teleconsultation. This transition also facilitated the development of telepsychiatry protocols for mental health professionals during the pandemic.

*“You give your supporters reasons and resources para (so that) to speak for you well.” (KII2)*

*[“You give your supporters reasons and resources to speak for you well.”]*

Through its systems-building approach, the programme embeds institutional resilience, minimising service interruptions even in periods of high demand or unforeseen crises, such as the COVID-19 pandemic.

### **University capacity-building initiatives of mental health and psychosocial support (MHPSS)**

Beyond providing direct clinical services, UPD PsycServ is a catalyst for cultural transformation within the university. The group helps shift campus attitudes and norms around mental health. Central to this transformation is the programme’s sustained investment in capacity-building initiatives designed to foster a proactive and supportive environment for mental well-being. Recognising that everyday social interactions play a critical role in shaping mental health outcomes, UPD PsycServ extends its training programmes to the university workforce, including faculty members, dormitory managers, administrative personnel, and security staff. This approach ensures that mental health support is embedded in all facets of university life and not limited to clinical spaces.

These initiatives equip non-specialist members of the university community with skills in mental health awareness, psychological first aid (PFA), and referral pathways, fostering early detection and response to mental distress. This reflects UPD PsycServ’s core belief in shared responsibility for student well-being and aligns with the ginhawa principle of creating nurturing environments.

A key innovation in this area is the TIEUP (Total Inclusive EnvironmentUP students) programme, which focuses on promoting inclusion and accommodation of students with neurodivergence or disabilities, including conditions such as ADHD, autism, and other learning difficulties. TIE UP operationalises the university’s commitment to equity in education, ensuring that academic and social systems are sensitised to the diverse mental health and developmental needs of students.

Through these programmes, UPD PsycServ shifts mental health support

from a reactive, crisis-driven response to a preventive, community-driven system, where early identification and inclusive practices mitigate the escalation of mental health challenges.

### **Research on quality improvement of psychosocial services**

Research and evidence generation are the core pillars of UPD PsycServ's approach to strengthening mental health services. Drawing on their combined expertise in clinical practice, psychology, and education, UPD PsycServ continuously conducts internal research to assess and improve the quality, relevance, and efficiency of service delivery. This includes routine evaluation of programme processes, service utilisation trends, and client feedback, which inform ongoing adjustments to their care model.

Beyond internal assessments, UPD PsycServ engages in collaborative research partnerships with development organisations, academic institutions, and professional networks. These partnerships not only contribute to improving local service delivery but also generate valuable insights for the broader field of university-based mental health care. Continued engagement with research-funding bodies and awards mechanisms enables the team to keep up with evolving best practices, while also providing avenues for financial sustainability through grants and institutional support.

### **External partnerships and advocacy**

UPD PsycServ's influence extends beyond the university, underpinned by strong external partnerships and active engagement in national mental health advocacy. The programme's leadership is embedded within professional societies and maintains close collaboration with the DOH and other government bodies. Through these linkages, UPD PsycServ contributes to policy dialogue, service model replication, and the advancement

of mental health standards in the Philippines.

This external network also enables rapid scaling of services during crises. For instance, at the height of the COVID-19 pandemic, UPD PsycServ mobilised a network of former trainees and affiliated practitioners, activating more than 100 MHPSS specialists to respond to the surge in mental health cases and frontline worker burnout.

In parallel, UPD PsycServ leverages its social platforms and public engagements to promote mental health literacy and cultural transformation. The team actively produces infographics, webinars, and public campaigns, translating the principles of *ginhawa* and community well-being into accessible formats. As of 2026, their Facebook page alone has grown to a community of over 27,000 followers, reflecting their success in creating inclusive, engaging, and culturally resonant mental health advocacy.

### **Barriers and facilitators**

Several enabling factors and contextual challenges shaped the implementation of UPD PsycServ. Key facilitators include the strong, supportive institutional leadership within the university, proactive programme champions among the faculty, and adaptive operational models that enabled the flexible delivery of services, such as the transition to teletherapy during the COVID-19 pandemic. The culturally grounded *Ginhawa Framework* and the active engagement of non-specialist campus staff also fostered broad acceptance and sustained participation.

However, there were persistent barriers such as the limited financial resources beyond the university's internal budget; staffing constraints, particularly during peak periods; and difficulties in addressing stigma, institutional inertia,

and low mental health awareness within the student population. These barriers and facilitators informed the programme's iterative adaptations as described in the sections above.

## 5. OUTPUTS AND OUTCOMES

### 5.1 IMPACT ON HEALTHCARE DELIVERY

#### Policy Development

The development of guiding principles, university policies, and processes on MHPSS for UPD students has been instrumental in operationalising the Ginhawa Framework of Dr. Violeta Bautista. This was formalised through a series of consultations, surveys, and needs assessments among psychologists and the UPD community. The first document introduced the guiding principles aligned to the Ginhawa Framework, encapsulated in the acronym HEIGHTS—humane, evidence-based, inclusive, grounded, holistic, transformative, and synergistic. The second document established the university's overarching policies on mental health, detailing the approach to student admission, education, support programmes, resources, confidentiality, and referral policies. The third and last document focused on the detailed processes for MHPSS, providing clear instructions in engaging with students, assessing varying levels of risk and distress, and facilitating timely referrals to appropriate offices, thereby formalising a structured approach to mental health support within the university.

#### Provision of psychotherapy services

UPD PsycServ offers psychotherapy services free of charge, ensuring equitable access for all students and academic staff, especially those from low-income backgrounds who would otherwise face significant barriers.

*"We know therapy outside can be very expensive. Private clinics could charge PHP*

*2,500 to PHP 4,000 per session. Here at PsycServ, it's free. That's why we see a high volume of students applying, because even low-income students can access care without worrying about cost."* (KII2)

Between 2020 and 2022, the programme consistently attracted approximately a thousand annual sign-ups for its psychotherapy services, marking a significant increase from its inception in 2017. This growth is primarily due to enhanced funding and expanded staffing to meet the heightened demand for such services amid the pandemic. In addition, the effectiveness of the interventions has shown improvement, as evidenced by patient self-assessments. The average post-evaluation scores on the Ginhawa scale increased from 3.52 to 3.75, reflecting a 6.53% enhancement in perceived well-being.

Programme services remain free of charge for all UPD students, faculty, and staff. One of the strongest indicators of its impact is the absence of on-campus deaths by suicide since 2017.

*"And actually, every student that contacted PsycServ is still alive."* (KII3, Clinical Supervisor)

#### Community engagement

Beyond individual frontline services, UPD PsycServ strengthens the effectiveness and inclusivity of the university's mental health system by fostering a culture of wellness across the entire campus community. By equipping non-specialist personnel such as dorm managers, faculty, administrative staff, and student leaders with the skills to identify early signs of distress and provide early psychosocial support, the programme helps foster a proactive environment even before the manifestation of mental disorders.

In addition, the programme leveraged its Facebook page to connect with both university-affiliated and external groups, garnering more than 27,000 followers and achieving a page reach exceeding 1.7 million. During the COVID-19 pandemic,

the initiative opened MHPSS to the wider public, attracting around 2,000 sign-ups and receiving great feedback from users outside the university, with an average post-counseling evaluation score of 5.56 out of 6. In 2020, the COVID-19 pandemic response triggered a call for volunteers from the mental health network, which was supported by up to 120 MHPSS volunteers at its peak, in addition to the programme's regular operations. This volunteer effort was complemented by the handling of more than 4,000 direct messages and inquiries through the official Facebook page, with 47% originating from the UPD community and 53% from the public. The majority of these communications (85%) pertained to inquiries about therapy, counseling, psychiatric consultations, and referrals.

## 5.2 ORGANISATIONAL MILESTONES

The special project founded by Dr. Violeta Bautista established the first university-based psychological services office, setting precedents for mental health care within universities. Guided by a vision of creating a nurturing university and emphasising wellness, the founder developed guidelines, systems, and processes that have contributed to influencing sections of the mental health law. In 2017, UPD PsycServ was established as a special project under the Office of the Chancellor to increase the number of MHPSS specialists and develop guidelines on handling the mental health concerns of their community. The founders, recognised as industry leaders in mental health and well-being, also contributed to the formation of the mental health law, which was signed the following year.

The programme won the 2021 University of the Philippines Presidential Award, also known as Gawad Pangulo: Award for Excellence in Public Service, in recognition of its impact on the UPD community and the general public in 2020. Aside from the internal recognition, they were also granted the For the Youth,

By the Youth award as part of the Liwanag Awards by the Philippine Mental Health Association (PMHA) in 2020. Lastly, they also won second place at the Gelia Castillo Award for Social Innovation in Health (GCARSIH), hosted by the Department of Science and Technology-Philippine Council for Health Research and Development (DOST-PCHR) in the same year.

## 5.3 COMMUNITY PERCEPTIONS

Due to the sensitive nature of the students' conditions and the need for patient privacy, the authors did not directly engage with students who availed of the programme's psychotherapy services. Community perceptions were gathered through indirect feedback from participants and other stakeholders within the UPD community, including the UPD Human Resources Development Office (HRDO) and the varsity sports programme. Much of the feedback related to the multiple activities developed in collaboration with UPD PsycServ during the pandemic.

A defining feature of the programme's approach is its use of data-driven insights to trigger cultural transformation within the university. Through regular needs assessments, student well-being surveys, and feedback sessions, UPD PsycServ brought to light pressing mental health concerns and institutional barriers previously obscure to campus leadership. These insights served as a gateway to promote structural reforms and proactive well-being initiatives across the university's academic units.

*“After we did that needs assessment, we presented the results to faculty... they had that moment of reflection, ‘What can we do for our students?’ and after that, their college even established its own wellness center.” (K11)*

This participatory evidence-building model reshaped perceptions of mental

health. Previously, limited awareness resulted in the absence of a mental health strategy; however, this initial engagement marked a clear cultural shift toward shared accountability and system-wide responsiveness.

The university varsity programme appreciated the immense support given by UPD PsycServ, particularly during the onset of the pandemic lockdown. Before the COVID-19 pandemic, student-athletes learned to balance schedules in sports and academics. When lockdown measures were implemented, games and training activities were abruptly suspended to comply with social isolation policies. This resulted in the loss of a vital coping mechanism and social connection with teammates. It was estimated that around 10% of student-athletes experienced some form of mental illness or exhibited tendencies toward self-harm.

*“Out of our 600, (or) 700 student-athletes there was a small number like mga 10% who already expressed that they had tendencies and thoughts for self-harm.”* (KII7)

*["Out of our 600, (or) 700 student-athletes, there was a small number, around 10 percent, who had already expressed that they had tendencies and thoughts of self-harm."]*

The varsity administrative personnel and coaches recognised the problem and reached out to UPD PsycServ for assistance. This prompted a series of workshops on wellness and mental health, followed by the establishment of a referral pathway for accessing more specialised mental health interventions. Through the programme’s activities, the student-athletes gained deeper insight into themselves and their coping strategies during the pandemic. Overall, the university varsity system responded positively.

*“So those two things—knowing themselves better and also connecting with teammates. But overall, in terms of coping, we did a whole profile for them. I think around 70% there was a large part of it, the highest part was moderately surviving, not surviving but okay. And there was also a high percentage of people who were thriving at that time. And a small percentage of those who are languishing. So yun. Okay naman sila eventually... But generally, positive feedback on what PsycServ has been doing for the student-athletes”* (KII7)

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The UPD HRDO also recognises the valuable contribution of UPD PsycServ to mental well-being. The workshops have become forums for UPD staff to share suggestions for improvement with the administration.

*“Importante na a-air out ng employees and staff yung needs nila. So mas naging involved din yung community in a way na to really share ano yung mga gusto pa nilang ma improve sa university, ano pa yung pwedeng maitulong.”* (KII7)

*["It was important that the employees and staff could voice their needs. This process also led to greater community involvement, with participants sharing what aspects of the university they wished to see improve and how they could further contribute."]*

## 6. SUSTAINABILITY

As a programme housed inside the UPD campus, UPD PsycServ can ensure its financial sustainability through increased advocacy within the university network. Recognising its immense value to the student community, different student councils and organisations have petitioned for the programme to be institutionalised. Aside from its official integration in the university, the programme is looking to expand to the private sector to improve its income streams.

The programme's adaptability in response to dynamic environmental and organisational challenges was highlighted when the COVID-19 pandemic hit, during which they quickly transitioned from an in-person operation to therapy initiated and performed through video conferencing applications. This entailed digitising daily processes through online forms, social media presence, and online teletherapy.

Workforce sustainability, on the other hand, is ensured by continually organising and creating feedback sessions for MHPSS staff so that the team can learn from different mental health issues encountered in the programme. This creates a learning environment where senior members facilitate the processing and reflection of junior staff.

## 7. SCALING CONSIDERATIONS

Currently, UPD PsycServ serves as a technical consultant to the university's Psychology community in hopes of replicating their success in setting up university-level psychological services. They partner with local professional societies, other interested universities, and local policymakers to share their expertise and operational guidelines in delivering teletherapy and conducting workshops. It is also noted that the scaling up of the workforce depends on the

approved budget from the Chancellor's Office.

## 8. KEY LESSONS

### 8.1 FOSTERING MENTAL HEALTH INNOVATIONS THROUGH CULTURAL TRANSFORMATION

One key lesson from UPD PsycServ is that meaningful improvement in mental health services requires cultural transformation, not just service expansion. UPD PsycServ's approach invested heavily in building a culture of mental wellness that reaches beyond clinical care. Through the Ginhawa Framework, the programme created an environment where wellness is embedded across all levels of prevention. This includes proactive efforts to foster supportive spaces, equitable access to free counseling services, and sustained engagement for both students and staff. UPD PsycServ demonstrated that cultural transformation involves shifting how the university community understands mental health, thus reducing stigma, normalising help-seeking, and promoting shared responsibility for well-being across academic and administrative units. Another important element of this transformation was the programme's commitment to listening and adapting to the lived realities of the university population. By routinely conducting needs assessments and responding to feedback from students and staff, UPD PsycServ strengthened a culture of responsiveness. These mechanisms built trust within the community and ensured that services remained relevant and inclusive over time.

### 8.2 GRIT AND ADAPTABILITY IN BUILDING INSTITUTIONAL MENTAL HEALTH PROGRAMMES

UPD PsycServ also showed how grit and adaptability are critical when establishing institutional mental health programmes, especially within constrained environments. The team recognised that early resistance or limited engagement

often stemmed more from unfamiliarity not opposition. Anchored with their values in equity, they responded by maintaining consistent, empathetic engagement until cultural shifts began to take root. This patient-relationship-driven approach emphasised open dialogue, trust-building, and community ownership of mental health initiatives.

Adaptability also proved essential as UPD PsycServ responded to changing needs and unforeseen challenges, including the COVID-19 pandemic. The programme quickly adjusted its delivery model, expanded digital services, and maintained quality care during campus shutdowns. The ability to evolve with shifting contexts, while holding onto core principles of inclusivity and community-centred care, was essential in maintaining both service delivery and community trust.

The experience of UPD PsycServ shows that building effective, inclusive mental health systems requires long-term commitment, active engagement, and a willingness to adapt. Cultural transformation is possible when institutions foster consistent dialogue, listen to their communities, and remain responsive to changing contexts.

## 9. KEY INSIGHTS

The UPD PsycServ experience offers important insights for policymakers seeking to strengthen institutional mental health systems, particularly within the context of public universities and similar resource-constrained environments. These insights demonstrate how cultural transformation, proactive engagement, and adaptable structures can be integrated into sustainable mental health programming.

### 9.1 INSTITUTIONALISE MULTI-LEVEL MENTAL HEALTH CARE WITHIN PUBLIC SYSTEMS

UPD PsycServ shows that institutionalising a comprehensive mental health system within a university structure is both feasible and impactful. Policymakers can build similar multi-level systems by integrating mental health across various institutional layers. UPD PsycServ combines preventive programmes, accessible clinical services, inclusive policy development, and continuous staff capacity-building. A whole-of-system approach allows mental health to be treated not as an add-on service but as a core element of student and staff well-being.

### 9.2 USE CULTURALLY GROUNDED FRAMEWORKS TO REDUCE STIGMA AND PROMOTE ENGAGEMENT

Cultural alignment is indispensable for achieving high levels of participation and reducing stigma. UPD PsycServ's application of the Ginhawa Framework demonstrated how culturally rooted approaches increase community acceptance and foster sustainable engagement. Policymakers can support the adoption of mental health models that reflect local cultural values, thereby enhancing acceptability, reducing barriers to care, and creating safe environments for mental health conversations.

### 9.3 BUILD RESPONSIVE AND ADAPTIVE PROGRAMME STRUCTURES

Even when systems and processes are well-established, it does not insulate organisations from shifting sociopolitical environments. The case study also illustrates the importance of designing flexible programmes that can adjust to emerging needs and shifting contexts. UPD PsycServ's ability to pivot to

teletherapy and scale services during the COVID-19 pandemic highlights how adaptable systems maintain service continuity and community trust. Policymakers can encourage the creation of mental health systems that incorporate feedback mechanisms, adaptive protocols, and crisis-ready operational models.

#### **9.4 PROMOTE COMMUNITY OWNERSHIP THROUGH PARTICIPATORY GOVERNANCE**

Finally, UPD PsycServ highlights the value of community participation in shaping mental health services. The programme's use of needs assessments, stakeholder consultations, and inclusive training programmes fostered a sense of ownership among students, faculty, and staff. This participatory governance model ensured that services remained relevant, accessible, and responsive. Policymakers can institutionalise similar

mechanisms to create mental health programmes that evolve through dialogue and shared responsibility.

These insights show that policymakers can foster effective and inclusive mental health systems by embedding cultural alignment, investing in system adaptability, promoting community participation, and institutionalising multi-level care. The UPD PsycServ case provides a transferable example of how these elements can lead to sustainable, system-wide improvements in mental health care. Policymakers should also recognise that lasting improvements, particularly cultural transformation, require long-term commitment. The most meaningful shifts in attitudes, norms, and institutional practices often take years to fully materialise. This calls for sustained support, consistent policy attention, and patience when designing and implementing mental health reforms.

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