



Experiencing Mental Distress: Youth Mental Well-being in Western Visayas

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PRESENTATION OUTLINE

- Rationale
- Study Objectives
- Framework
- Data and Methods
- Results
- Interpretation
- Conclusion and Recommendations



Mental health is a youth development and SDG issue.



Youth suicide is a growing national crises

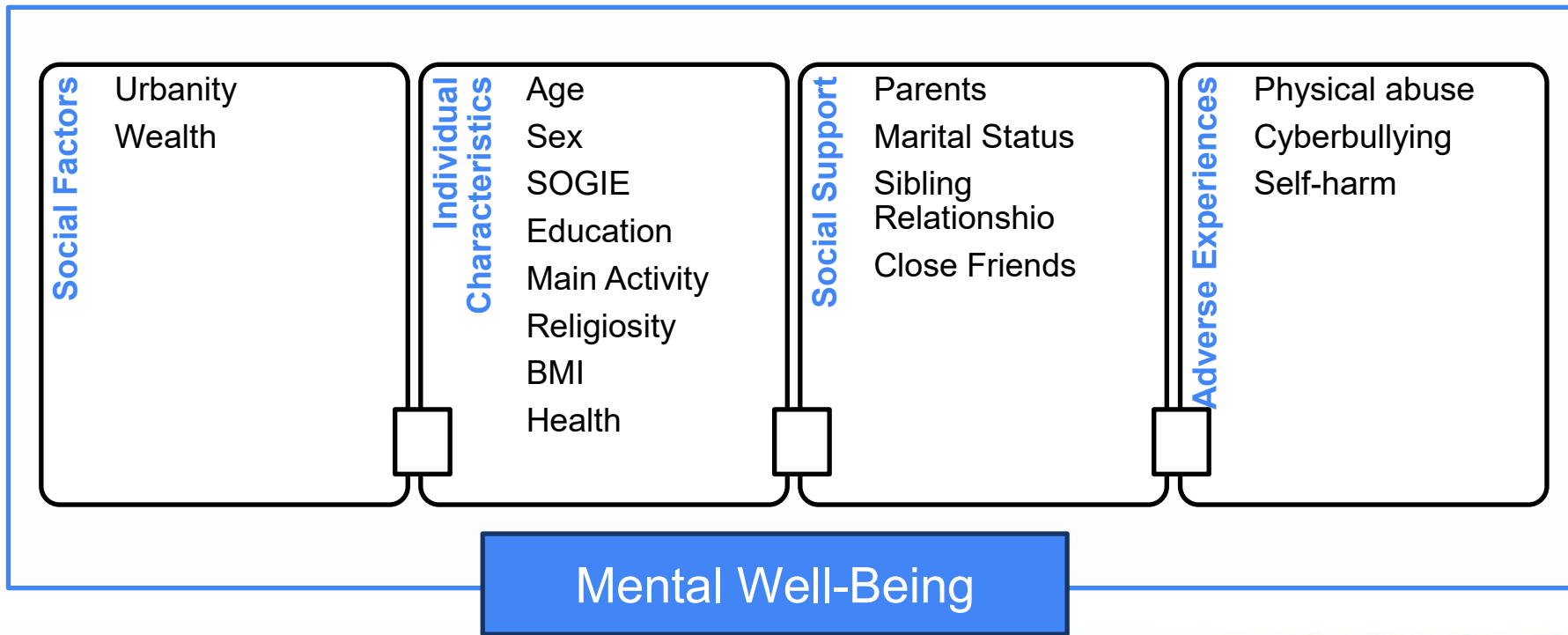
- 254 student suicides were reported by DepEd for SY 2023-2024 nationwide (Hachero, 2024)
- Rising cases of suicide among young people in WV, DSWD Regional SC for the Welfare of Children flagged alarming mental health issues in the region (Oldive, 2023)

There is a need to understand the mental well-being of youth in Western Visayas to provide inclusive policies and programs.

1. Describe the mental well-being of the youth (15 – 24 years old) in WV
2. Analyze the social, environmental, and individual factors that influence their mental well-being
3. Recommend policy and program responses based on the findings

The Social Determinants Framework

How social conditions and identity-related factors shape mental distress among youth





2021 Young Adult Fertility and Sexuality Survey 5 (UPPI) Western Visayas Data (N=789)

MENTAL WELL-BEING

- **Mental distress was measured using the CESD-11**
 - An abbreviated version of the Center for Epidemiologic Studies Depression Scale (Radloff, 1977; Eaton et al., 2004) and tested for internal consistency and construct validity (Van Dam & Earleywine, 2011).
 - Items were rated on a 3-point scale (0 = rarely, 1 = sometimes, 2 = often), yielding total scores from 0 to 22, with higher scores indicating greater symptom severity.
- **Consistent with prior validation studies**, a CESD-11 score of 9 or greater was used as the cut-off to indicate clinically significant depressive symptoms among Filipino youth (Radloff, 1977; Eaton et al., 2004; Estrella & Estrella, 2020).
 - CES-D-11 ≥ 9 Moderate to High Mental Distress
 - CES-D-11 < 9 Low Mental Distress



VARIABLES		CATEGORIES
Outcome	Mental Distress	Low, Moderate to High
Social and Environmental Factors	Place of Residence	Rural, Urban
	Wealth Index	Poorest, Poor, Middle, Wealthy, Wealthiest
Individual Characteristics	Age	15-19, 20-24
	Sex	Female, Male
	SOGIE	Heteronormative, Non-heteronormative
	Education	Low, Grades 7-10, Grades 11 & 12, College or Higher
	Main Activity	Student, Working, Other
	Religiosity	Frequently attend, Occasionally attend, Do not attend
	BMI	Overweight, normal, underweight
	Self-rated Health	Above Average, Good Health, Unhealthy
Social Support	Parents	One or two parents dead, Both parents alive
	Spouse	Married, Not married
	Siblings	Do not get along with siblings, Get along with siblings
	Close Friends	No close friends, With close friends
Adverse Experiences	Experienced physical abuse	Yes, No
	Experienced Cyberbullying	Yes, No
	Suicide	Never thought of suicide, thought or/attempted suicide

- Bivariate analysis
- Test for multicollinearity
- Binary Logistic Regression with Mental Distress (Low vs. Moderate to High) as Outcome variable

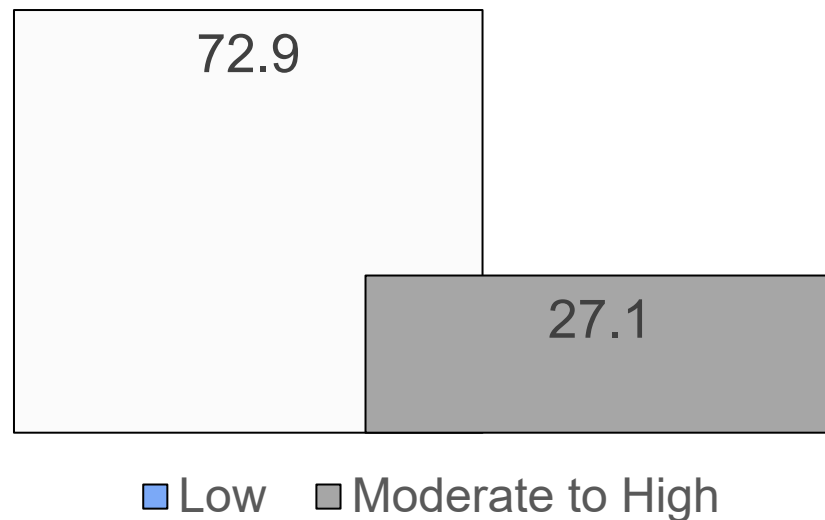
CES-D 11 cut-off of 9

The chosen cut-off score of 9 is a screening threshold, not a clinical diagnosis. It identifies probable cases of mental distress but cannot confirm depression or other mental health conditions.

Geographic Limitations

Provincial-level analysis is not feasible due to sample size constraints and survey design. Data are representative at national or regional levels only, which restricts localized policy recommendations.

DISTRIBUTION OF WV YOUTH BY MENTAL DISTRESS



N=789

Mean = 7.183

SD = 3.514

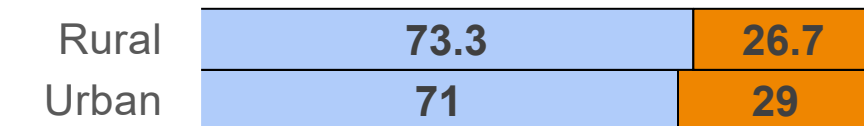
Range: 0 to 8

Low: CES-D-11 < 9

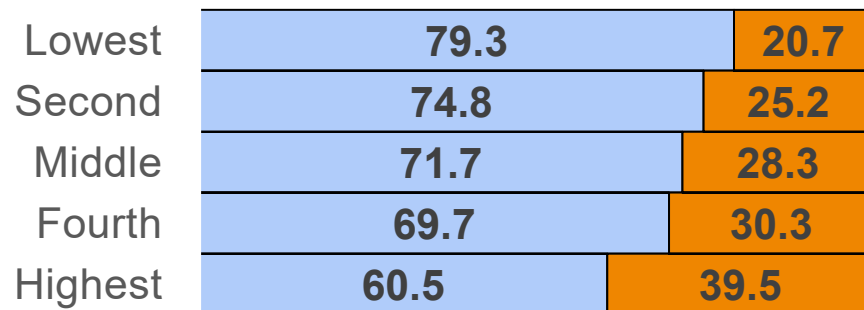
Moderate to High : CES-D-11 ≥ 9

Level of Mental distress by social & environmental factors

Place of Residence



Wealth*

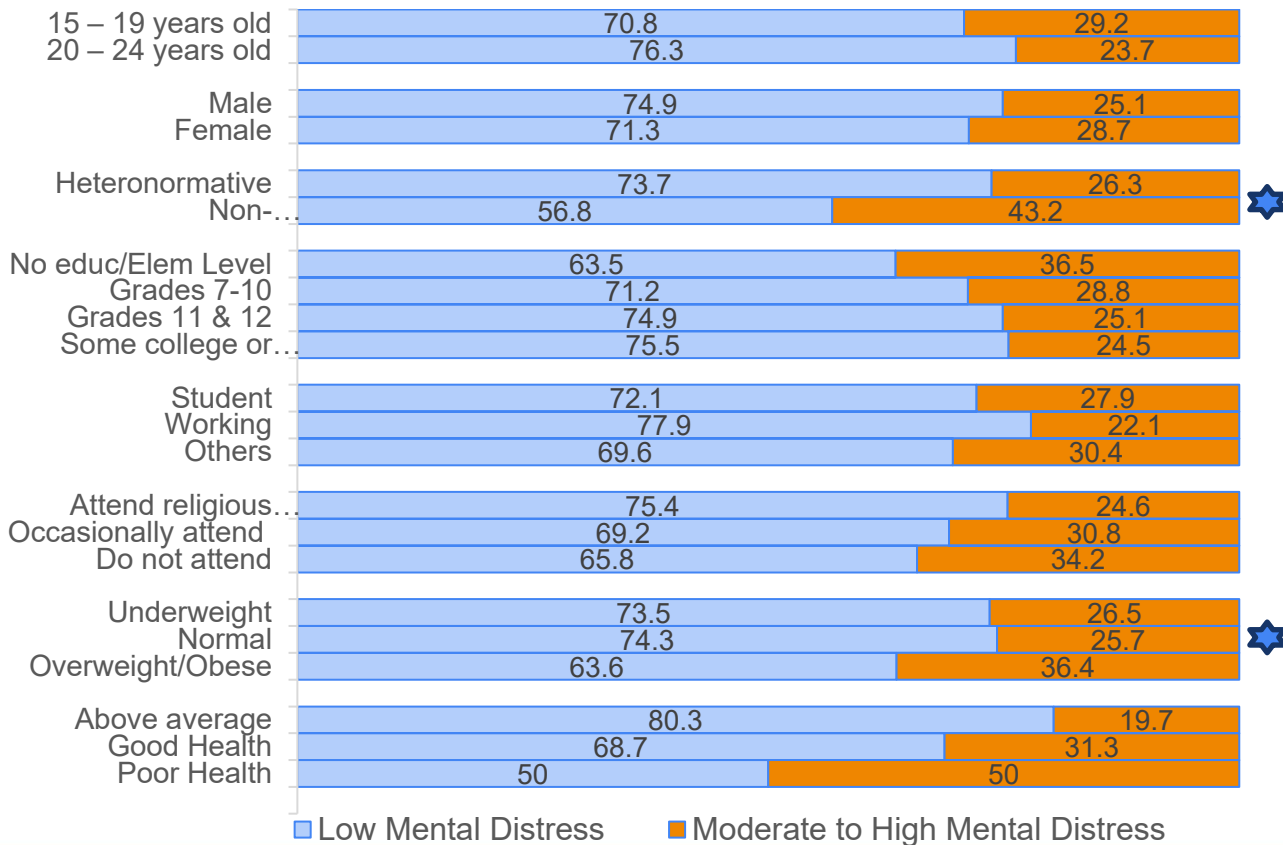


■ Low Mental Distress ■ Moderate to High Mental Distress

Mental distress is significantly associated with **wealth**.

Higher proportions of youth from high income families reported moderate to high levels of mental distress.

Level of mental distress by individual characteristics



Mental distress is significantly associated with:

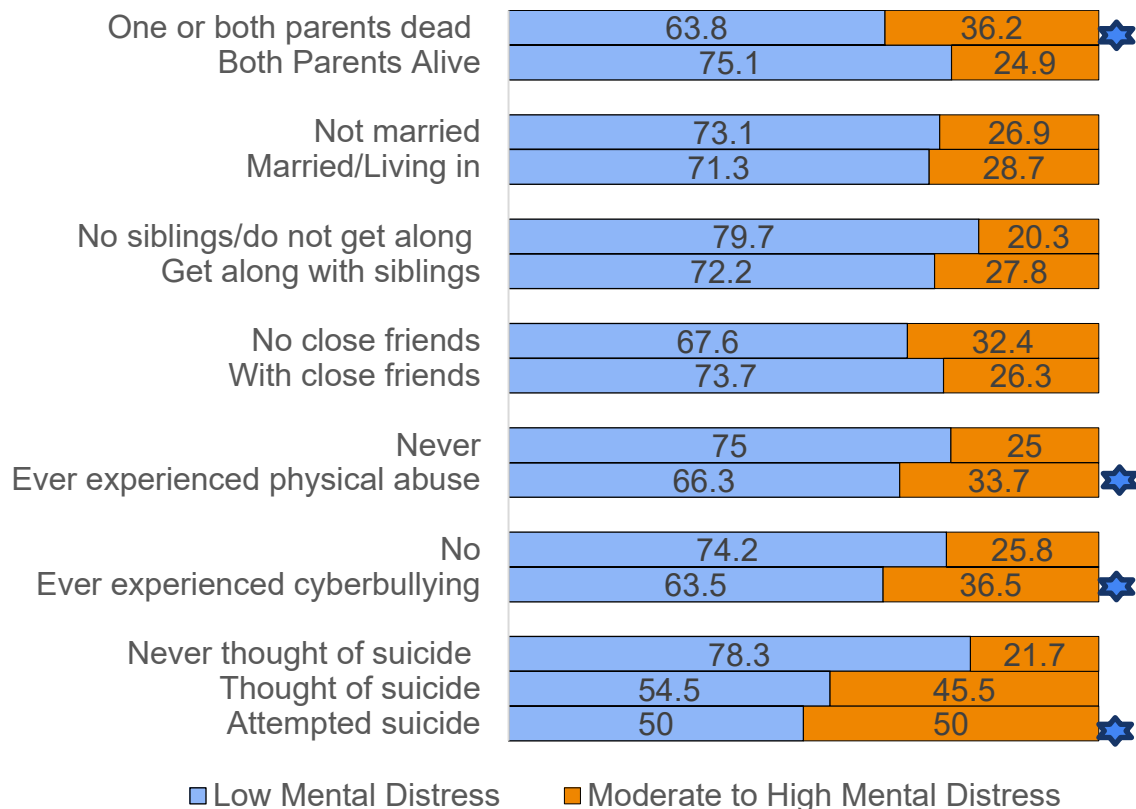
SOGIE

- **2 in 5 non-heteronormative youth reported moderate-high levels of mental distress (vs. 1 in 4 of heteronormative youth)**

Self-rated Health

- **50% of young people who reported to have poor health also reported to have elevated levels of mental distress**

Level of mental distress by social support and adverse experiences

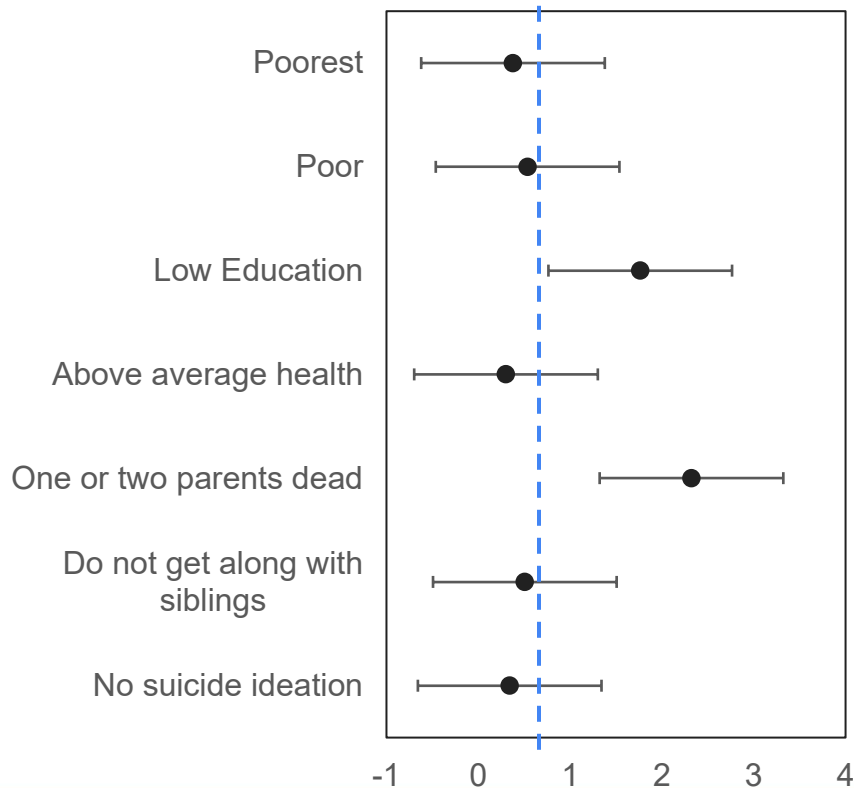


Mental distress is significantly associated with

- **Death of a parent**
- **High proportion of the youth who had adverse experiences reported elevated levels of mental distress relative to those who have no adverse experiences**
 - 1/3 of those who experienced physical abuse (vs ¼ of those who have not)
 - 1/3 of those who experienced cyberbullying (vs ¼ of those who have not)
 - ½ of those who attempted suicide, and almost ½ of those with suicide ideation

Regression analysis:

Odds of Experiencing Moderate-High Mental Distress



Social and environmental factors

- Youth in **poorest households** are about **66% less likely**, while those in **poor households** are **49% less likely** to experience moderate-high mental distress compared with the wealthiest group

Individual Characteristics

- Youth with **low educational attainment** are **2.3 times more likely** to experience moderate-high mental distress.
- Youth reporting **better health** are about **70% less likely** to experience moderate-high mental distress.

Social Support

- Youth who lost one or both parents are **76% more likely** to experience moderate-high mental distress.
- Youth who report not having a good relationship with siblings are **about 46% less likely** to experience moderate-high mental distress.

Adverse Experiences

- Youth **without suicide ideation** are about **62% less likely** to experience moderate-high mental distress compared with those who have had suicidal thoughts or attempts.

About 27% of youth (15–24 years old) in Western Visayas experience moderate to severe mental distress – distress is **not a marginal issue but a youth mainstream concern**

Social and Environmental Factors

- Youth from wealthier households report higher distress compared to poorer peers. **Possibly due** to academic pressure, urban stressors, or differences in expectations/reporting.

Individual Characteristics

- Education appears to provide protective resources—social support, coping skills, and opportunities.
- Poor health doubles the likelihood of distress, underscoring the mind–body connection.

Social Support

- **Parental loss** and family disruption reduce emotional and social support and significantly increase youth vulnerability.
- Youth who report **not having a good relationship with siblings** show lower distress—a counterintuitive finding that may reflect complex family dynamics or disclosure patterns.

Adverse Experiences

- **Suicidal thoughts or attempts** are the strongest markers of distress (nearly half report moderate–high distress). This aligns with global evidence that suicide ideation is a critical indicator of severe psychological vulnerability.



Where do we go from here?

Integrated Youth Mental Health Programs and Policies

- Establish school- and community-based mental health services that combine counseling, peer support, and referral systems.
- Ensure accessibility for both urban and rural youth.
- Develop LGBTQ+ inclusive mental health services, recognizing the disproportionate distress among non-heteronormative youth.
- Train service providers on gender sensitivity and intersectionality.

Violence Prevention and Safe Spaces

- Strengthen anti-bullying and anti-violence policies in schools and online platforms.
- Create safe reporting mechanisms for youth experiencing abuse or cyberbullying.

Support for Bereaved and Vulnerable Youth

- Provide psychosocial support programs for youth who have lost parents or experienced family disruption.
- Train teachers and community workers to identify and support grieving adolescents.

Education and Good Health as a Protective Resources

- Expand scholarship and retention programs to keep vulnerable youth in school.
- Integrate mental health literacy into curricula to build coping skills and resilience.
- Link mental health initiatives with physical health programs (nutrition, exercise, preventive care).
- Promote holistic well-being through school and community campaigns.

Suicide Prevention

- Establish early warning systems in schools and communities to identify youth at risk.
- Provide crisis intervention hotlines and peer-led support groups.

Youth mental distress in Western Visayas is shaped by **structural inequalities** (education, wealth), **family disruptions**, **identity-based vulnerabilities**, and **violence exposure**. Policies must move beyond individual-level interventions to address these social determinants of health, ensuring that mental health support is inclusive, preventive, and community-based.



Thank you very much.



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