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## **Depression, anxiety, and stress: Prevalence and narratives among Filipino pre-service teachers**

### **Depresión, ansiedad y estrés: Prevalencia y narrativas entre profesorado filipino en formación**

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**Abstract**

Given the increasing demands and pressures on future educators, understanding the mental health challenges and their implications for pre-service teachers is essential for developing effective support systems. This study investigates the prevalence and perceived impact of depression, anxiety, and stress (DAS) among pre-service teachers in the Philippines using a mixed-methods approach. Quantitative data were collected through the DASS-21 survey from 230 respondents, while qualitative information was obtained from in-depth interviews with 23 participants. The findings revealed that anxiety is the most prevalent mental health concern, and significant group differences were found in DAS. Two themes emerged from the in-depth interviews: (1) psychological and behavioral impacts of DAS, highlighting the mental, emotional, behavioral, social, and academic consequences experienced by pre-service teachers, and (2) coping and adaptation strategies, detailing how pre-service teachers manage and overcome challenges. The study offers suggestions highlighting the need for targeted interventions and support systems within teacher education programs to answer the mental health needs of pre-service teachers.

*Keywords:* mental health; pre-service teachers; psychological well-being; Philippines.

**Resumen**

Dado el creciente número de exigencias y presiones sobre los futuros educadores y educadoras, comprender los desafíos de salud mental y sus implicaciones para el profesorado en formación es esencial para desarrollar sistemas de apoyo efectivos. Este estudio investiga la prevalencia y el impacto percibido de la depresión, la ansiedad y el estrés (DAS) entre docentes en formación en Filipinas, utilizando un enfoque de métodos mixtos. Se recopilieron datos cuantitativos de 230 participantes a través de la encuesta DASS-21, mientras que la información cualitativa se obtuvo mediante entrevistas en profundidad a 23 participantes. Los resultados mostraron que la ansiedad es el problema de salud mental más frecuente, y se encontraron diferencias significativas entre los grupos en DAS. Del análisis de las entrevistas en profundidad surgieron dos temas: (1) impactos psicológicos y conductuales de DAS, que destacan las consecuencias mentales, emocionales, conductuales, sociales y académicas experimentadas por los y las docentes en formación, y (2) estrategias de afrontamiento y adaptación, que describen cómo estos docentes manejan y superan los desafíos. El estudio ofrece recomendaciones que subrayan la necesidad de intervenciones específicas y sistemas de apoyo dentro de los programas de formación docente para responder a las necesidades de salud mental del profesorado en formación.

*Palabras clave:* salud mental; profesorado en formación; bienestar psicológico; Filipinas.

One key responsibility of teacher training institutions is to equip future teachers not only with essential pedagogical skills but also prepare them mentally and emotionally for teaching. Educating is a challenging career that requires future educators to possess global competence – the ability to understand and navigate diverse cultural and educational contexts (Sinagatullin, 2019) – and resilience, which enables them to adapt to and recover from challenges in their personal lives and academic training (Beutel et al., 2019). For pre-service teachers, this preparation includes the academic rigors of teacher education programs, and the psychological demands associated with managing academic workload, teaching practicums, and social and institutional expectations of their future roles. Such challenges often profoundly affect their mental health and overall well-being (Zito et al., 2024). This study delves into the prevalence and impacts of DAS among Filipino pre-service teachers on their personal and academic lives.

Pre-service teachers are college students in teacher education programs (Ramirez, 2020) undergoing a transformative phase in their professional journey. They are not only students but also individuals being trained to shape the minds and futures of children through their education and preparation (Douglas & Nganga, 2023). Their mental and emotional well-being during this critical phase significantly impacts their academic performance, classroom management, and long-term success as educators (Madonna, 2024). The transition from student to professional teacher is often regarded as one of the most stressful stages in an educator's development, as pre-service teachers must balance rigorous academic expectations, field-based teaching experiences, and the psychological pressures inherent in this high-stakes period (Alahmad et al., 2021). Given the high demands of this stage, it is important to look into the mental health issues that pre-service teachers face, especially how DAS manifests and affects their preparedness for the profession.

Research highlights that DAS profoundly affects the personal and academic lives of pre-service teachers. Common stressors include financial strain (Richards et al., 2019), the pressures of teaching practicums (Larson et al., 2019), and the societal expectations (Körkkö et al., 2024) that these future educators face. Studies also highlight that negative emotional experiences, whether arising from organizational stressors, personal struggles, and contextual challenges, can severely impact the well-being of pre-service teachers, particularly during their teaching practicums (Yang, 2019). These emotional experiences can deprive them of a sound relationship with their students, and consequently, affect their performances in class (Han & Takkaç-Tulgar, 2019). In addition, excessive workload and improper institutional support have been rated as the major causes of stress among pre-service teachers (Körkkö et al., 2024). Changing theory to practice can be challenging, especially for pre-service teachers who face self-doubt and imposter syndrome (Heryatun & Septiana, 2020). Inadequate coping skills also worsen matters emotionally, and there is

a heightened potential for burnout before even practicing as a professional (Glass, 2022). Moreover, sociocultural issues, including being compelled to abide by traditional standards of teaching, increase the mental burden of the pre-service teachers (Zakaria et al., 2024). Studies also indicate that the lack of mental health services in teacher preparation programs may leave these individuals unprepared to cope with emotional challenges (Pandori-Chuckal, 2020). Therefore, knowing the prevalence and nature of DAS among pre-service teachers would prepare these pre-service teachers for the demands of the teaching profession.

While much of the existing literature on mental health in the teaching profession focuses on in-service teachers, who face high levels of stress, burnout, and job-related emotional challenges (Vargas Rubilar & Oros, 2021), there is a notable research gap when it comes to pre-service teachers. It is particularly glaring in the Philippine context, where only a handful of studies address how DAS affects pre-service teachers. Although much international research is useful in understanding the mental health issues surrounding the plight of pre-service teachers, these studies did not consider certain unique social, cultural, and Filipino educational dynamics. The studies on pre-service teachers in the Philippines have focused on specific emotional or psychological aspects, such as anxiety levels before licensure examinations (Frigillano et al., 2018) or stress in preparing for field studies (Bautista et al., 2024). Another study assessing the emotional state of pre-service teachers in Olongapo City found that participants experienced normal to moderate levels of depression, moderate to extreme degrees of anxiety, and normal to moderate levels of stress (Bautista et al., 2024). Another investigation highlighted that pre-service teachers often face personal conflicts, such as anxiety and a lack of social skills, which can impact their performance during field studies (Comia et al., 2024). Additionally, research on pre-service language teachers at Western Mindanao State University identified academic-related concerns as the main sources of stress, with no significant difference across genders (Somoso, 2022). However, comprehensive studies looking at the combined impacts of DAS on Filipino pre-service teachers concerning their academic and personal lives are quite few.

This study investigates the prevalence and impacts of DAS among Filipino pre-service teachers. Moreover, this study could inform more targeted interventions and support structures in teacher training programs to foster a more supportive learning environment for aspiring educators. To achieve this purpose, this paper answers the following research questions:

- a. What is the prevalence of depression, anxiety, and stress among pre-service teachers?

- b. Are the differences in the severity levels of depression, anxiety, and stress among pre-service teachers statistically significant?
- c. How do depression, anxiety, and stress affect the personal and professional lives of pre-service teachers?

## Theoretical underpinnings

This research is grounded in two theoretical frameworks that focus on the environmental and contextual factors impacting the well-being and capacity of pre-service teachers to navigate the challenges they face: *resilience theory* and *Bronfenbrenner's ecological systems theory*.

*Resilience theory* looks at how people deal with tough times and challenges. It highlights that adapting and bouncing back from stress helps a person's overall well-being (Craig, 2020). For pre-service teachers, resilience is a critical factor in managing the numerous pressures inherent in teacher training, including academic expectations, the demands of teaching practicums, and societal pressures (Vella & Pai, 2019). This study does not measure resilience directly, but it gives a basic understanding of how pre-service teachers handle the emotional and mental stress of their training. The experiences of these pre-service teachers can provide insights into how they show resilience manifested in how they use their strengths and coping mechanisms to adapt and overcome challenges in their educational journey.

In addition, *Bronfenbrenner's ecological systems theory* emphasizes how various ecological aspects, like family, school, and society, affect a person (Bronfenbrenner, 1977). In the context of DAS, ecological systems theory helps explain how environmental stressors at various levels (micro, meso, exo, and macro) contribute to the mental health challenges experienced by pre-service teachers. For instance, micro-level factors like family dynamics, school culture, and personal relationships intersect with meso-level factors such as social networks and community support, creating a complex web of influences on mental health. Although this study does not quantitatively measure each of these factors, the ecological systems theory provides a valuable lens for understanding how these interconnected environmental influences impact the prevalence and severity of DAS among Filipino pre-service teachers.

This study uses these theories to offer a comprehensive view of how pre-service teachers in the Philippines navigate the challenges of teacher training. These theories could provide a framework for developing targeted interventions in teacher training programs for a more supportive learning environment.

## Method

### Research design

This study employs a mixed-methods explanatory sequential design. In the first phase, quantitative data is collected and analyzed to determine the prevalence of DAS (Figure 1). A participant selection process is utilized to identify individuals for the qualitative phase. The second phase focuses on collecting and analyzing qualitative information through in-depth interviews to explore the impacts of DAS on pre-service teachers' personal and academic lives. During the interpretation phase, quantitative and qualitative results are integrated to offer a comprehensive and meaningful discussion of how DAS affects pre-service teachers' personal and academic lives.

**Figure 1**

*The research design*



### Participants

The quantitative phase of the study focused on pre-service teachers enrolled in teacher training programs, specifically the Bachelor of Secondary Education (BSED) and Bachelor of Technology and Livelihood Education (BTLED), at a Philippine state university. Due to logistical constraints and the accessibility of participants within these programs, purposive sampling was employed. Although statistical sampling was not utilized, the study aimed to explore the prevalence of DAS among pre-service teachers, with no intent to generalize findings across all teacher training programs. The study used the adopted DASS-21 questionnaire developed by Lovibond and Lovibond (1995) and administered to 230 pre-service teachers. Students under 18 or those unwilling to participate were excluded from the study, ensuring ethical compliance and voluntary participation.

Based on the quantitative results, 23 participants were strategically selected for in-depth interviews in the qualitative phase (Table 1). Participants were chosen for each mental health category based on the results from the DASS-21 survey. The inclusion criteria for the qualitative phase were: (a) being 18 years or older, (b) being a BSED or BTLED student, (c) scoring moderate to extremely severe levels in at least one mental health category, and (d) willingness to participate. The distribution of participants across mental health categories was as follows: three for depression, ten for anxiety, and ten for stress. We initially recruited

10 participants for each mental health category, but only three were willing to participate in the depression category.

**Table 1**

*Participant's demographics (n=23)*

Pseudonym	Mental Health Category	Degree Program	Gender	Age
P1	Depression	BSED	Female	22
P2	Depression	BSED	Female	24
P3	Depression	BSED	Female	20
P4	Anxiety	BSED	Female	20
P5	Anxiety	BSED	Female	19
P6	Anxiety	BSED	Female	19
P7	Anxiety	BTLED	Female	19
P8	Anxiety	BSED	Female	19
P9	Anxiety	BSED	Female	19
P10	Anxiety	BSED	Female	23
P11	Anxiety	BTLED	Female	22
P12	Anxiety	BSED	Female	20
P13	Anxiety	BSED	Female	21
P14	Stress	BSED	Female	19
P15	Stress	BSED	Female	22
P16	Stress	BSED	Male	22
P17	Stress	BSED	Female	24
P18	Stress	BTLED	Female	22
P19	Stress	BTLED	Female	21
P20	Stress	BTLED	Female	21
P21	Stress	BSED	Female	23
P22	Stress	BSED	Female	20
P23	Stress	BTLED	Male	21

## Instrument

The quantitative phase used a validated adopted DASS-21 questionnaire ( $\alpha=0.973$ ) by Lovibond and Lovibond (1995). This instrument comprises three scales with seven items categorized into relevant subscales. The scale for measuring depression evaluates feelings of sadness, hopelessness, low self-worth, self-criticism, disinterest or withdrawal, inability to feel pleasure, and lack of motivation. The scale for assessing anxiety measures physiological arousal, muscular tension, specific anxiety triggers, and personal feelings of unease. Meanwhile, the stress scale measures difficulty relaxing, nervous arousal, easily upset, irritability or over-reactiveness, and impatience.

The pre-service teachers evaluated each item using a 4-point Likert-type scale that ranged from 0 ("Not applicable to me at all") to 3 ("Highly applicable to me, or most of the time"). The DASS-21 results were categorized into standard, mild, moderate, severe, and extremely severe levels. For depression, mean scores of 0-9 indicated normal, 10-13 mild, 14-20 moderate, 21-27 severe, and 28+ extremely severe. For anxiety, mean scores of 0-7 indicated normal, 8-9 mild, 10-14 moderate, 15-19 severe, and 20+ extremely severe. For stress, mean scores of 0-14 indicated normal, 15-18 mild, 19-25 moderate, 26-33 severe, and 34+ extremely severe.

The qualitative phase employed in-depth interviews. The interview guide's questions include: (1) Can you describe a moment when you experienced depression, anxiety, or stress, and how would you describe yourself during that time? (2) How has this experience affected your academic performance? (3) How did you overcome this experience? Three experts in education and mental health reviewed the phrasing, clarity, and cultural relevance of these questions to ensure alignment with the research objectives.

## **Procedure**

We secured approval from the university research committee. We also secured authorization from department heads through a formal permission letter in the quantitative phase before commencing the study. Subsequently, participants received a copy of this letter and a detailed explanation of the study's objectives before providing informed consent. We made sure that their participation was voluntary.

Moreover, participants for the qualitative phase were purposefully selected based on their quantitative results. Participants were classified into mental health categories, and individuals meeting the inclusion criteria for each category were invited to an in-depth face-to-face interview in a private, secured, quiet, well-ventilated room to minimize distractions and ensure a comfortable environment. A guidance counselor was available on-call throughout the study should there be any emotional distress or potential harm experienced by the participants. Before each interview, we reiterated the study's objectives, obtained informed consent, and informed them that the interview would be voice-recorded. They were reminded of their right to discontinue the interview if they felt uncomfortable with the questions.

## **Data analysis**

The quantitative data from the survey were processed and subjected to descriptive and inferential statistics. Descriptive statistics included means, percentages, standard deviations, skewness, and kurtosis. For inferential analysis, Welch's ANOVA was employed to determine significant differences across the severity levels of DAS. All inferential tests were conducted



at a 95% confidence interval. The magnitude of the observed differences was quantified using omega squared ( $\omega^2$ ).

We adhered to Lincoln and Guba's (1985) principles of credibility, transferability, dependability, and confirmability in treating the qualitative information. Member checking was done to establish credibility, where participants can review and validate the interpretations of the information they shared. We ensured transferability in this study by clearly describing the context to the participants. This process allows readers to apply the steps we did in other settings. We also made audit trails to ensure dependability. All methodological and analytical decisions were recorded to trace records easily. All researchers collaborated during the transcription, coding, categorization, and thematic analysis to allow confirmability and minimize individual biases. The qualitative information was treated systematically using an inductive approach which allowed themes to emerge directly from the data without predetermined frameworks.

## Results

### Prevalence of depression, anxiety and stress

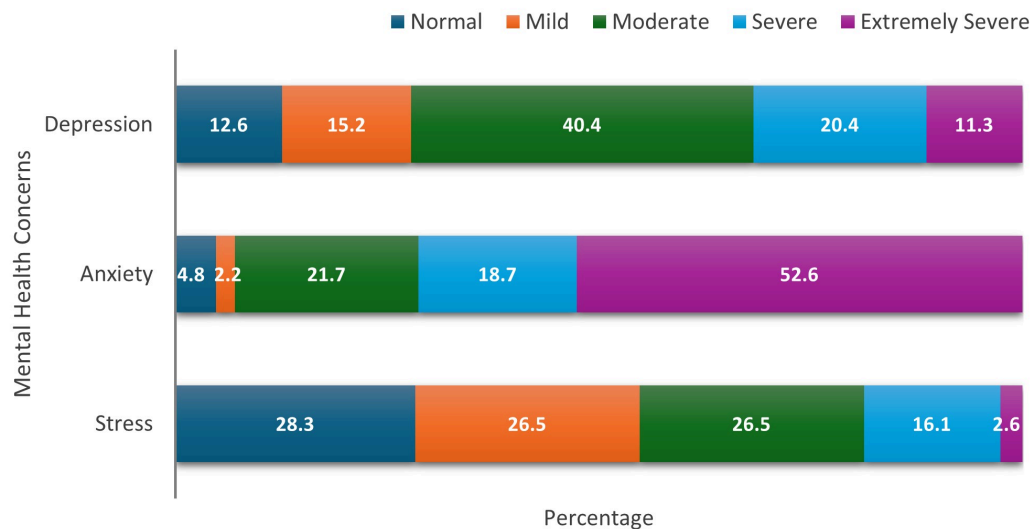
The data from 230 pre-service teachers reveal that anxiety is the prevalent mental health concern, with the highest mean score (19.54), followed by stress (18.83) and depression (17.6), all reflecting moderate levels of these issues (Table 2). The slight positive skewness in depression (0.26), anxiety (0.19), and stress (0.3) suggest that most participants experienced lower levels of these concerns, with fewer reporting extremely high scores. The near-normal kurtosis for depression (0.09) and stress (0.28) indicates distributions close to normal, while the flatter distribution for anxiety (-0.19) points to a wider range of experiences.

**Table 2**

*Descriptive statistics for DAS scores*

Mental health issue	N	Mean	Standard deviation	Skewness	Kurtosis
Depression	230	17.6	7.7	0.26	0.09
Anxiety	230	19.54	7.63	0.19	-0.19
Stress	230	18.83	6.83	0.3	0.28

Figure 2 illustrates the prevalence of DAS among pre-service teachers, expressed as percentages across five levels of severity: normal, mild, moderate, severe, and extremely severe.

**Figure 2***Prevalence of DAS among Filipino pre-service teachers*

The results show that 40.4% of pre-service teachers experience moderate depression, with a notable proportion also facing severe (20.4%) and extremely severe (11.3%) levels. Anxiety levels are particularly alarming, as over half (52.6%) of respondents report extremely severe anxiety, with moderate (21.7%) and severe (18.7%) levels also common, while only a small fraction experience normal (4.8%) or mild (2.2%) anxiety. Stress levels are more evenly distributed, with 28.3% reporting normal stress, followed by nearly equal percentages experiencing mild and moderate stress (26.5% each) and fewer facing severe (16.1%) or extremely severe stress (2.6%).

ANOVA was used to examine differences in the severity levels of DAS. However, Levene's test showed that the variances for DAS scores were unequal ( $p < .001$ ). To address this, Welch's ANOVA was used to ensure accurate and reliable results, as shown in Table 3. Significant group differences were found for all three variables. Depression had a high F-value of 630.92 ( $p < .001$ ) with a very large effect size ( $\omega^2 = 0.91$ ), indicating that over 90% of the variation in depression severity is due to group differences. Anxiety also showed significant differences, with an F-value of 500.03 ( $p < .001$ ) and an effect size of 0.77, meaning that group differences explain 77% of its variance. Stress had an F-value of 384.8 ( $p < .001$ ) and a large effect size ( $\omega^2 = 0.9$ ), showing that nearly 90% of its variance is due to group differences.

**Table 3***Significant difference in the severity levels of DAS using Welch's ANOVA*

Mental health issue	Sum of squares	df	Mean square	F	p	$\omega^2$
Depression	12339.59	4	3084.9	630.92	<.001	0.91
Anxiety	10318.52	4	2579.63	500.03	<.001	0.77
Stress	9592.27	4	2398.07	384.8	<.001	0.9

## Impacts of DAS

The qualitative data were summarized into two themes: (1) psychological and behavioral impact and (2) coping and adaptation. The significant statements related to the research objectives were presented with an identification by the participant's number.

### *Psychological and behavioral impact*

This theme captures the holistic effect of DAS on the student's internal thoughts and feelings, external behavior and interactions, and academic performance. This theme is subdivided into three subthemes.

**Mental and emotional impact.** Participants experienced psychological effects, including persistent crying, auditory hallucinations, and suicidal thoughts. Further, suicidal ideation still emerged as a significant concern. These manifestations affect them, as P10 shared:

There were moments when the weight of my problems became so overwhelming that I contemplated suicide, but I felt unable to share my struggles with anyone. (P10)

Conversely, P11 felt pervasive emptiness and lack of purpose, which the emotional toll of anxiety impacted motivation and engagement with life. P7's nightmares about death and fear of sleep further demonstrate the disruptive nature of anxiety on sleep patterns and overall well-being. Moreover, stress overwhelms emotionally and cognitively, making it difficult for students to focus and prioritize. Stress also manifests as emotional numbness and difficulty thinking clearly, racing thoughts and forgetfulness, and feelings of despair and emotional distress. Some students reported:

I was constantly thinking about my tasks, but I didn't know where to start. Sometimes, I would just let things go, hoping I could get to them later. (P19)

At that time, I felt very down and numb. I couldn't think clearly. (P21)

**Behavioral and social impact.** P1's loss of interest in previously enjoyed activities and increased irritability resulted in conflict and isolation. Meanwhile, P3 mentions significant

weight loss and alludes to feelings of shame or embarrassment stemming from a cheating incident.

One trigger for my depression was a cheating incident involving our entire section. We were summoned to the principal's office, which was my first. I lost a significant amount of weight and became very thin. (P3)

Consequently, DAS impacts the lives of these students as it leads to isolation and withdrawal, as individuals feel emotionally disconnected from others (P9), become secretive and unable to express themselves, and withdraw from social interactions (P11). Further, P10's fear of judgment exacerbates these feelings and prevents individuals from seeking help. P7's anxiety also strains relationships, which results in feelings of betrayal and increased irritability and conflicts. Moreover, P8 manifested anxiety during emotional outbursts, such as crying over trivial matters or arguing without cause, and even physical symptoms like unexplained crying.

Conversely, increased irritability and a preference for isolation may lead to social withdrawal and strained relationships (P20). Negative changes in behavior and self-care may also be due to withdrawal to their room and decreased appetite (P22). Lack of healthy coping mechanisms and social support exacerbates feelings of isolation and helplessness (P15). Meanwhile, familial expectations and responsibilities amplify stress, particularly in a cultural context where gender roles may be more traditional, as what P19 experienced as the eldest sibling responsible for household tasks.

**Academic impact.** P1's decline in academic performance despite being a previously high-achieving student manifests how DAS significantly affects academic life. P2 also reported a drop in grades compared to previous semesters. Hospitalization due to depression also caused P3's decline in academic performance upon returning to school and withdrawal from extracurricular activities, which demonstrates the extended effects of DAS beyond academic life.

In 2018, I was diagnosed with depression, which led me to stop attending school. I was hospitalized for two months and have no memory of that period. My academic performance suffered when I returned to school, and I wasn't as active as before. I stopped participating in dancing activities because I had difficulty walking properly. (P3)

Meanwhile, disillusionment and loss of interest in school (P4), substantial drop in grades (P6), and truancy and disinterest in studies (P11) all point to how anxiety can lead to decreased motivation and engagement with academics. Difficulty concentrating and understanding the material, despite needing to complete assignments, further highlights the cognitive impairment that anxiety causes (P10).

I felt completely lost, and it affected my weight and grades, which dropped from the 90s to the 80-85 range. My teachers noticed the change and even visited our home to inquire about my problems. (P6)

On the other hand, P14 and P20 both experienced a significant decline in grades due to stress-induced procrastination and prioritizing work over studies, respectively. Struggle with the online learning environment and overwhelming workload can also lead to emotional distress and low grades in some subjects (P18). Furthermore, extreme stress had led to withdrawal from school entirely (P17).

I experienced stress while studying at one of the best state universities in the region. It was due to homesickness, heavy workload, and pressure about where my life would be, leading me to stop schooling. (P17)

Nevertheless, there are also positive experiences. Despite stress-related delays, P21 managed to maintain decent grades. Further, P15 even found that stress was a motivator, driving them to excel academically.

### *Coping and adaptation*

**Coping mechanism and support.** Depression impacts the personal lives of preservice teachers. It helped them shape their coping mechanisms and made them rely on support systems. P1 found solace in writing a journal and the emotional support of her mother throughout the grieving process.

My mother was my only confidant, and while her presence was a comfort, it also prolonged my grieving process because we were very close to my father... I'm grateful for her unwavering support.(P1)

P2 emphasized the importance of acceptance and the encouragement of others in their journey to overcome depression, regain their spirit, and focus on goals. P3 believed that her recovery from depression came from converting to Christianity and the guidance of her pastor. This experience suggests that finding one's purpose and meaning plays a significant role in overcoming depression.

(...) accepting my situation and finding strength in the advice and encouragement of those around me helped me overcome my depression. I gradually regained my spirit and set my sights on my goal again. (P2)

P6 and P7 found solace and distraction in reading Wattpad stories and watching BTS videos, although P7 noted the potential for this coping mechanism to lead to sleep deprivation and physical symptoms. P9 emphasized the crucial role of social support, finding

comfort and humor in the company of classmates. P11 sought solace in the physical comfort of their pet and emotional release through crying.

I would often cry at night, hiding under my blanket and hugging my pet cat for comfort. That was my way of releasing pent-up emotions. (P11)

P10 relied on the advice and encouragement of others as a means of overcoming their anxiety. P18, P19, and P21 stressed the importance of getting support from family and friends and talking about their problems. P21 said that playing volleyball helped to distract and entertain them. This situation shows that physical activity can help reduce stress. Additionally, P15 and P17 found solace and stress relief through activities like watching movies and exploring new places. P18 and P19 also turned to prayer as a source of comfort and strength.

**Growth and resilience.** The statements from participants highlight the growth and resilience that emerged from experiencing DAS. P1 found solace and a renewed sense of purpose through prayer, emotional expression, and engagement in social activities, such as being elected as a Senator in the Supreme Student Council (SSC). This situation suggests that connecting with others and finding meaning in one's contributions is instrumental in recovering from depression.

Prayer, allowing myself to cry, and returning to in-person classes have been instrumental in my recovery. Being elected as a Senator in the SSC also helped me regain my self-worth and purpose. (P1)

P2 discovered that overcoming depression enhanced her personal growth and empowerment, as seen in how she was able to solve problems and how she developed inner strength. Further, P3 noticed a change in herself from trying to please others to focusing on her happiness after dealing with depression. P4's ability to change how they see their situation and find new purpose by starting a business demonstrates how positive self-talk and setting goals can help overcome anxiety. P5's experience of facing the fear of judgment and finding ways to handle social anxiety shows resilience and flexibility.

I managed to overcome this difficult period by constantly reminding myself that things would eventually improve and return to normal. Additionally, starting a small business selling "balut" [boiled duck eggs] helped me regain a sense of purpose and vitality. (P4)

I've learned to let those words go; they don't define me, and I refuse to let them affect my academic performance (...) I reminded myself that these people don't impact my life, so their opinions shouldn't matter. (P5)

P9, P16, and P23 believed that having faith in God helped them to overcome anxiety and find meaning in difficult times. They found strength in prayer to cope with their

challenges and felt that there was still hope. P23's perspective of seeing their experience as a challenge to overcome and their prayers for strength and wisdom demonstrates a proactive and resilient approach to dealing with stress.

## Discussion and implications

The quantitative and qualitative findings highlight DAS's unique and multidimensional impacts on Filipino pre-service teachers. This study looks at pre-service teachers because they have a unique position as students and future educators, making them different from other university students. Their mental health affects their academic performance and readiness to manage classrooms, foster supportive learning environments, and meet teaching career demands.

Anxiety emerged as the most prevalent mental health concern. Many participants reported feeling a lot of emotional pain, including thoughts of suicide, a sense of emptiness, and frequent nightmares. These results show that anxiety negatively impacts social interactions and contributes to emotional distress, as participants frequently reported isolation, withdrawal, and strained relationships. Such disruptions are particularly significant for pre-service teachers, as their ability to connect with others is critical in their future role as educators (Waghid & van Wyk, 2024).

Depression and stress also emerged as significant concerns. Many pre-service teachers reported moderate levels of depression and stress, with notable proportions experiencing severe or extremely severe levels. This is manifested in symptoms such as frequent crying, declining academic performance, feelings of emotional numbness, and stress within families due to traditional household duties. These experiences show that their mental health is affected by academic pressures, cultural expectations, and personal challenges (Kaur et al., 2021; Campos-Muñoz et al., 2024).

Despite these challenges, many participants displayed resilience and developed strong coping mechanisms. They shared various ways, including prayer, writing in journals, getting help from friends and family, and finding purpose through spirituality or personal successes. Despite the high prevalence and severity of DAS, these narratives suggest that, with appropriate support systems, pre-service teachers can transform their struggles into opportunities for growth (Howorun, 2021). The presence of moderate and severe levels of DAS across the population reinforces the urgency of structured interventions for resilience-building and mental health support.

The findings have important points for teacher training programs and policy development:



First, there is a need to provide specific support for pre-service teachers. Their experience with DAS was influenced by several factors, including their academic workload, personal circumstances, family situations, and cultural expectations. Universities should create mental health programs that address specific challenges these pre-service teachers face (Ressler et al., 2022). These interventions include ensuring access to professional guidance counselors and mental health providers, particularly in the Philippine context, where shortages of licensed professionals are common (Harrison et al., 2023; Sanchez-Maddela & Dela Cruz-Cada, 2024). University policy reforms should focus on improving staffing ratios and creating accessible and affordable mental health services for pre-service teachers (Hocson et al., 2024). Quantitative findings suggest that group differences influenced the severity of DAS. These findings suggest that other factors like socioeconomic status, family relationships, and school settings may play a role in differences influencing the severity of DAS. These findings also direct future research investigating these factors to create more tailored support strategies.

Second, families play an important role in the mental health of pre-service teachers. Filipino family dynamics, while often a source of support, can also contribute to mental health struggles through unresolved conflicts or abuse (Madrid et al., 2020). Educating families about mental health is essential to complement university efforts. Pre-service teachers dealing with family issues need specific support and careful monitoring to ensure their well-being.

Third, many pre-service teachers develop resilience and new coping mechanisms when facing mental health challenges. Despite the challenges posed by DAS, many pre-service teachers exhibit resilience and growth when provided with appropriate support. Universities should add resilience programs to teacher training, focusing on stress management, mindfulness, and a growth mindset (Singha, 2024). These initiatives improved the mental health of pre-service teachers and helped them deal with the emotional challenges of teaching (Birchinall et al., 2019). Workshops like time management training and peer support groups empower university students (Burke et al., 2019) and could be applied to pre-service teachers.

The study also reveals significant relationships among DAS variables, particularly between depression and stress, highlighting their interconnected nature. Future research should explore underlying demographic, academic, and environmental factors contributing to DAS and investigate these relationships further. Longitudinal studies are also suggested to track the progression of DAS over time. Also, studies that assess the effectiveness of resilience-building programs through different research designs to gain deeper insights into how DAS uniquely affects pre-service teachers and guide evidence-based mental health policies are suggested.



We acknowledge several limitations in the study. The study included only 230 respondents, which might limit how we generalize the findings. The study primarily focused on the prevalence of DAS and significant differences without considering other contributing factors that may affect the prevalence of DAS in the Philippine context. The scope was also limited to the impacts of DAS on the personal and academic lives of the pre-service teachers, leaving professional development and long-term career implications unexplored. Future studies could address these limitations by expanding the sample size, incorporating additional variables, and exploring a broader range of impacts on pre-service teachers.

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