Guidance Counsellors on COVID-19 Experiences: Distance Education Successes and Challenges

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Abstract

This qualitative exploration documented the lived experiences of 12 guidance counsellors in Philippine public and private universities. During the height of the COVID-19 pandemic (2020–2022), school closures forced counsellors to adapt to new modalities. Through online semi-structured interviews, counsellors shared how they delivered their services via distance/virtual means. Thematic analysis elicited findings on the successes and challenges reported. For successes, new learnings, wider reach of services through online platforms, involvement of faculty members in referrals, and mental health education were highlighted. Meanwhile, challenges included students discontinuing counselling, the stigma associated with seeking mental health support, and lack of manpower. The counsellors provided recommendations for improvement of services moving forward.

Keywords

Guidance counsellors, Higher education, Mental health, Distance education, Student services

Introduction

After prolonged periods of remote educational services due to the COVID-19 pandemic, and with reports of mental health conditions among students (Chen & Lucock, 2022; Salimi et al., 2023), higher education institutions (HEIs) are hard-pressed to provide quality education and support services in various modalities. Among the most crucial services is counselling, which helps students with mental ill-health or struggles cope with their conditions amid the rigor of school life.

The pandemic affected the mental health of students (Lalu, 2020), who experienced more anxiety, depression, and distress (Chen & Lucock, 2022; Elharake et al., 2023; Limberg et al., 2022). The World Health Organization (2022) defines mental health as "a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community" (para. 1). Mental health conditions, which include disorders and psychosocial disabilities, were exacerbated due to the shift to distance and/or remote learning, social isolation due to quarantine, and problematic family dynamics (Horita et al., 2022).

In Global South countries like the Philippines, however, mental health tends to take a back seat (Nishio et al., 2020) to poverty, injustice, and unemployment (Tuason & Arellano-Carandang, 2013). Access to professional counselling services is impeded by lack of finances and even cultural stigma (Martinez et al., 2020). The tight-knit nature of families steeped in religiosity also prompts Filipinos to first seek guidance from religious leaders, family members, and friends (Tuason & Arellano-Carandang, 2013; Tuliao, 2014). They seek help from professionals usually when the condition is at its worst. In addition, the limited number of professionals and the lack of services outside of urban areas act as barriers (Tuliao, 2014). It is not surprising, then, that the *Mental Health Act (Republic Act 11036)* was passed only in 2018, requiring schools to institutionalise mental health-promoting policies and programs.

In the case of Filipinos, the guidance counsellor is often the first mental health professional a student meets. As the *Guidance and Counseling Act of 2004 (Republic Act 9258)* defines:

Guidance and Counseling is a profession that involves the use of an integrated approach to the development of a well-functioning individual primarily by helping him/her [develop their] potentials to the fullest and plan [sic] him/her to utilize his/her potentials to the fullest and plan his/her future in accordance with his/her abilities, interests and needs. (Section 3, para. a)

In Philippine HEIs, guidance counsellors provide testing and assessment services, career counselling, and academic counselling (Commission on Higher Education, 2013) and help learners with personal struggles and behavioural issues (Tuason & Arellano-Carandang, 2013). In relation to mental health conditions, they can provide initial screening and counselling but rely on psychologists and psychiatrists to continue the students' treatment. In Philippine HEIs, where many do not have in-house psychologists and psychiatrists, stakeholders seek the help of counsellors for struggling students.

During the pandemic, the government imposed strict mobility restrictions to slow the spread of the virus. This prompted the shift to remote delivery of services. The transition led to a sharp economic downturn, forcing the government to relax restrictions gradually in late 2020. However, HEIs experienced over 28 months (from March 2020 to July 2022) of distance delivery of services, which have continued despite the gradual return to onsite operations (Aljazeera, 2022). In early 2021, the country's Commission on Higher Education and the Department of Health emphasised the need for access to counselling services to increase mental resilience. With students and counsellors at home, the importance of internet and other communications technologies was made apparent. However, this proved to be a struggle for a country plagued by low-quality connectivity and resource limitations.

Mental health in educational institutions

The mental health of students, especially those in college settings, had already received increased attention from scholars pre-pandemic (Broglia et al., 2018; Chen & Lucock, 2022). Hunt and Eisenberg (2010) regard time in college as "the only time in many people's lives when a single integrated setting encompasses" career, social, health, and other support services (p. 3). The increase in numbers of students suffering from mental health conditions, such as depression and anxiety (Chen & Lucock, 2022; Farrer et al., 2013), has been documented across cultures. This has demanded the active participation of universities in ensuring access to quality services and treatment (Hyun et al., 2006; Lehr & Kaplan, 2013; Zivin et al., 2009) to help students achieve better outcomes, such as improved socioeconomic status (Hunt & Eisenberg, 2010), in later life (Cuijpers et al., 2016; Zivin et al., 2009).

Hunt and Eisenberg (2010) argue that a public health approach to mental health is important but must consider focusing not just on treatment but also on promotion of mental health. Relatedly, Broglia et al. (2018) emphasise the need for programs to equip students with skills to manage their mental well-being. Eisenberg et al. (2011) note a broad diversity in student help-seeking behaviours and call for evidence-based interventions that address this diversity. Nishio et al. (2020) acknowledge guidance counsellors as primarily helping students in their daily life, based on a survey of ASEAN schools.

Counselling services are increasingly needed (Naidoo & Cartwright, 2022), with students even accessing such outside regular school hours (Broglia et al., 2018) and even seeking help from non-professionals (Eisenberg et al., 2011; Goldstein et al., 2023). As a result of school closures in 2020, counsellors were confronted with the need for strategies and interventions to address these pressing concerns.

Internet-enabled interventions are not new. Van Straten et al. (2008), Eisenberg et al. (2011), and Farrer et al. (2013) investigated technology-based mental health aids used by students, who interacted via email with a therapist/counsellor (Farrer et al., 2013). Technology-enabled interventions have shown promise for treating depression (Gladstone et al., 2021), anxiety (Farrer et al., 2013), and reducing barriers associated with in-person counselling (Naidoo & Cartwright, 2022).

The need to shift to online counselling necessitated learning how to utilise these new technologies. Studies reveal the challenges confronted by the counsellors, such as increased workload (Akgul et al., 2021), problems in access to devices and internet connectivity (Greenidge et al., 2023), and the lack of clear-cut policies on virtual counselling. Nevertheless, despite the difficulties, counsellors recognise the advantages of technology-based counselling in supporting students (Greenidge et al., 2023; Limberg et al., 2022).

As such, a study documenting the experiences of guidance counsellors may provide important insights into this mode of service delivery. Climate change impacts pose threats to the continuity of health services. Thus, understanding the protocols implemented by guidance counsellors during onsite service interruptions can contribute to the development of more resilient mental health care systems. Akgül and Ergin (2022) investigated school counsellors' resilience and digital self-efficacy, relating these to attitudes toward counselling, emphasising the need to study the counsellors themselves.

This paper probes deeper into guidance counsellors' reported experiences of service delivery. The findings, localised to the Philippine context, may help provide a glimpse into Filipino psychology. The study heeds Enriquez's 1976 call for a localised understanding that departs from the western orientation brought by the country's colonial past and the foreign training received by pioneering Filipino mental health professionals (Tuason & Arellano-Carandang, 2013).

Research questions:

- 1. How did guidance counsellors provide counselling services to students with mental health conditions during the COVID-19 pandemic?
- 2. What are the self-reported successes and challenges of guidance counsellors in counselling students with mental health conditions during the COVID-19 pandemic?

Methodology

This exploratory qualitative examination (Alejandria et al., 2023) documents the lived experiences of guidance counsellors employed in Philippine universities during the COVID-19 pandemic. It documents narratives of counsellors from three private and three state-funded universities, working with students from multiple socioeconomic backgrounds. All institutions reported having students who were diagnosed with, or manifested symptoms of, depression, anxiety, suicidal ideation, self-harm, and/or stress. The counsellors' clientele was mainly in the undergraduate levels, aged 18–24 years old.

Twelve higher education counsellors (eight females and four males) shared their narratives. Six counsellors came from state-funded universities, while the other six came from private universities. Though most counsellors interviewed were government-registered, there were several—especially in the provincial areas (e.g., guidance designates)—who were yet to be registered. Nevertheless, the latter performed duties expected of counsellors. The participants had an average of 11.28 years of experience and all belonged to the counselling/guidance/testing unit. Several handled classes on top of their guidance counsellor duties, while some were also psychometricians. For anonymity, the counsellors were given pseudonyms and their institutions' names have not been disclosed.

Guided by phenomenology's emphasis on the essence of lived experience, online semi-structured interviews uncovered their views on mental health and its importance, how they delivered services during the COVID-19 pandemic, their struggles and successes, and how they viewed teachers' roles in student mental health. Participants answered in a mixture of English and local languages; these were translated into English.

Thematic analysis was used to identify the common lived experiences of participants. MAXQDA 2020 aided the researchers in processing the data. Guided by Braun and Clarke (2023), the researchers familiarised themselves with the narratives and performed the first round of coding to generate themes. Transcripts were reviewed to confirm support for the generated themes, which are named and explained in the succeeding section.

Data were from a two-year study funded by the Philippine Department of Science and Technology, Special Projects Division and Philippine Council for Health Research and Development. Ethics clearance was obtained from the University of Santo Tomas College of Rehabilitation Sciences Ethics Review Committee (Protocol FE 2020-016). All participants voluntarily participated through e-signing an informed consent form and were guaranteed rights to privacy, anonymity, and withdrawal.

Results

Providing counselling services during the COVID-19 pandemic

All participants recounted the usual services they delivered, mostly onsite, and how these were transitioned to virtual delivery. For instance, the regular orientation services for learners, especially new students, transitioned from auditoria to video conferencing platforms.

Social media platforms were reported to be helpful. Antonette, head of the guidance centre, said: "[Information is] available in our Guidance Center FB Page, Instagram, so they get updated [regarding the] services they can avail". Meanwhile, Ana highlighted that social media also facilitated two-way communication through messaging.

Connecting with counsellors was facilitated by online appointment/referral forms. Departing from the need for referrals from faculty members and administrators, students were virtually set an appointment directly, according to CJ (from Southwest Luzon).

Guidance counsellors found it helpful to have diagnostic tools for various conditions in their arsenal. Completed forms and intake interviews among first-year students helped provide indicators of possible at-risk students. Antonette disclosed: "through their answers, we see who should be prioritised for counselling".

In-depth interviews conducted through video conferencing platforms allowed the guidance counsellors to probe into students' conditions and validate assessment results. Interviews are crucial, especially for students with suicidal ideation. Gab recounted: "Through sharing of stories, I find out the extent of the student's plans to commit suicide. Often, the family is the cause ... so I make sure the family becomes aware".

Challenges encountered by counsellors

Screening and interviews were not necessarily easy, as counsellors contended with constraints posed by **distance from students**, defined as the absence of in-person interactions. This lessens the information received to assess students' well-being. Froi explained:

Before, we can detect symptoms through the behaviour, like the emotions on their faces. But, now during the pandemic ... one difficulty we have is determining what they really feel, what their emotions really are, because counselling is in a virtual setup.

Coleen recalled her students mentioning the limitations of purely online interactions, which they said prevented them from being able to express their feelings fully.

Distance also affected the identification of students undergoing crises, so counsellors were heavily dependent on referrals. Gab indicated the value of fellow students referring their peers, while Jolly emphasised the importance of faculty members coordinating with counsellors. CJ stressed the importance of faculty members, "who have regularly [sic] and direct contact with students". The information from teachers provided more insights that could be used to assess the students and identify the best counselling intervention.

For those who did get referred, progress in case management was not necessarily easy. Mobility restrictions prevented classroom visits and consultations in the guidance counsellor's office. Unreliable internet connectivity was also a serious barrier, especially in the southern Philippines. Even with students signing up through the online forms, in-depth interviews proved difficult due to technology limitations, with sessions being interrupted and even discontinued altogether due to poor connection.

Another challenge was **aversion of students to counselling services**. For instance, students referred without their prior knowledge would usually have negative reactions. Nina noted that the prior notice was important "to avoid shock". In CJ's practice, calling for the parents of students with suicidal ideation required the affirmative consent of the student. However, several institutions' standard practice was to involve parents in high-risk situations to ensure monitoring at home. In this way, parents became regularly and heavily involved in caring for the child, with the counsellor sharing the burden of care.

Accessing guidance services was also hindered by the stigma surrounding mental health conditions. As Denise stated:

We are still at the stage where we need to explain the concept of mental health well due to the negative impression people have. They tend to feel ashamed or embarrassed. Only when they experience a mental health concern or problem that they cannot explain will they see its significance.

Stigma, however, is not just a matter of how one perceives mental health but also about how others perceive the patient. May provided keen insight into the influence of stigma about mental health conditions on help-seeking behaviour. "We have the contact number of a psychiatrist in [Town A] because there are some clients who do not want to be referred [to a psychiatrist] in [Town B] [to avoid scandal]". Town A is 88.5 kilometres (54.99 miles) away from Town B. Cogan et al. (2023) call for awareness of the diverse understanding of mental health conditions to help students dealing with stigma.

Aversion was not just felt by students but, to some extent, by counsellors themselves. They felt fatigued from dealing with students while also managing their own personal and professional concerns. Both CJ and Gab admitted the difficulty in handling students with mental health conditions. For CJ: "We absorb the negative energy from the students. What students really want is for someone to listen to them. This is our role as counsellors". Denise expressed her challenge dealing with "needy students": "It is tiring to handle needy students. That causes me burnout".

The foregoing finding on counsellors juggling other tasks points to the third challenge: **resource constraints**. Such a challenge begins with insufficient manpower, which affects the monitoring of students. Antonette reflected on their centre's experience: "We cannot talk to all students during the

intake interviews no matter how much we try due to the ratio of counsellors to students. Then, on top of that, we perform a lot of tasks".

In a southern Philippines institution, there was no registered guidance counsellor in the centre. Meanwhile, guidance assistants in an eastern Philippines private university delivered services while also studying for the licensure exams. For Gab, a counsellor to 1,400–1,600 students, the struggle was put succinctly: "I was really alone in dealing with these, and I also handle seven subjects and am the Gender and Development Coordinator". In the eastern Philippines, some students needed to wait for an appointment with a Manila-based psychiatrist to avail of services, further prolonging treatment.

Not all counsellors who participated were solely devoting their time to counselling work. Counsellors who also had to teach full-time and perform other administrative functions aired the strain of juggling these responsibilities. For Gab, this meant losing time for himself: "I thought I was losing enthusiasm for everything. I lost my passion, and I felt like I no longer wanted to go to work".

Another resource limitation noted was the lack of specialised tools to detect the nuances of students' cases. A counsellor from Luzon shared:

We still lack appropriate psychological assessment tools to measure [because] we are geared more toward normal development, so [our] personality tests would just be mainly on the 16 Personality Test and the like. So we're lacking [tools on how to] measure the level of depression, those with ADHD.

The resource issue also extended to the students and their families who needed to fund the treatment. Antonette shared:

What I mean is [they are challenged] on how to sustain that kind of service coming from clinics already, institutions, or hospitals. The mere buying of medicine to manage their situation is already heavy for them. For some parents or the family, when the recommendation is medication or referral to a psychiatrist, they are aversive possibly because of the financial burden.

The issue of **knowledge deficit on mental health** was also a problem. CJ expressed alarm regarding how a lack of mental health awareness made some students think that having symptoms was normal: "They thought it was okay to not get regular sleep, to always cry". Antonette shared how clinical terms were used loosely by students: "depression is a basic word among them already. Clinical terms have become a common jargon or term". This narrative trivialised a clinical condition and prevented help-seeking.

Counsellors reported that the guidance centre was stigmatised as an unsafe space where the treatment was punitive. Jolly shared their desire to counter the incorrect notion: "That's our advocacy-safe space. It's where you can be yourself regardless of what mistakes you made". The negative impression was something that CJ attributed to misinformation: "They are misinformed because when the term 'guidance office' is mentioned, there is immediately a negative connotation". This was because guidance counsellors were always involved in the investigations surrounding students who did not perform well academically or were the subject of disciplinary

proceedings. Gab confirmed this: "When they were in high school, guidance counsellors were more involved with discipline. That's why we need to re-orient them and include mental health awareness".

Successes during the pandemic

The pandemic experience was not without success. Intensified **links with stakeholders** was an important success. For Maribel, a counsellor from the Philippine capital, linking with students was a result of a practice that emerged during the pandemic: the Online *Kumustahan* (derived from the Filipino word "kumusta", which is an equivalent of "how are you?"). Maribel recalled how the practice was not just limited to counselling sessions but was also recommended as a best practice for faculty members. The *kumustahan*, a staple in Filipino interactions among friends, provides an opportunity to share stories and even struggles in a safe and open space, in contrast to the more formal clinical settings.

For CJ, whose locality was battered by a typhoon before the interview, technology allowed him to check on students. Provided technology was available and the students were responsive, CJ even considered the virtual setup easier.

Another link enhanced during the pandemic was the collaboration with faculty members. According to Antonette:

[They] initially talk to their students about the problems, and we train them with basic active listening skills. This way, it's not just purely referrals. If students are more comfortable with the teacher, then the teacher can be the first one students talk to.

Maribel's university, likewise, performed a parallel intervention for faculty members, through a series of basic helping skills webinars.

Involving the family also extended to students with special needs and those with migrant parents. In Nina's institution, there were counselling programs for students with special needs. Students were invited with their parents and guardians, as well as teachers, to receive tips on how to best handle the child's concerns.

Meanwhile, counsellors looked at the **initiative of students to avail of services** as a positive sign that mental health stigma was slowly being addressed. When students themselves asked for counselling, guidance counsellors counted this as a sign of increased confidence in their services. Gab also noted how important it was for classmates to inform the counsellor about the possible needs of their peers: "I am glad that there are students who say 'Sir, please help [name]'. You really see how friends help and care, and they become a form of social support". The act of self-referral or "walk-in" was also noted to gradually increase by Coleen, a counsellor in the eastern Philippines. Often, students would come to the centre discussing academic-related issues but would eventually divulge underlying problems related to family and relationships. Coleen recalled how students approached her and expressed how they "want me to help them understand themselves better".

The rise in mental health conditions also trained the spotlight on guidance counsellors, who were asked what could be done to help students. This opened the door for them to provide **guidance to stakeholders** through mental health education and greater involvement in policy formulation.

In Maribel's institution, the Counselling and Career Center rolled out a series of webinars on "basic helping skills" for faculty members prior to the start of term. Antonette recalled rolling out webinars for stakeholders, including parents:

We also highlight the ... partnership with parents [through the program] Kaagabay. So we have been giving talks to parents to improve their parenting, [showing them] better ways of understanding their children. They can share their experiences also with their own children. I think it's a collective effort. I think the society has a role to [play in] that, the entire institution has a role to play.

Counsellors also served as mentors to both students and teachers when providing practical tips on handling an issue. Denise directly communicated with teachers: "I really reach out to teachers of students with special cases and give tips on how to handle a given situation, like during anxiety attacks or when the student shakes uncontrollably". This practice was also found in the northern Philippines, where advice for those with attention deficit hyperactivity disorder and visual impairments was given. Such understanding of a child's condition can lead to accommodations, such as allowing the child to walk and expend excess energy or use earphones to calm down. At other times, especially when students were reported to the guidance counsellor for misbehaviours, CJ provided feedback to the teachers and department head.

Mental health education initiatives now respond to the lack of awareness. Denise shared: "Many are not oriented properly regarding mental health, but when you do orient them, they can relate their lives and from there, questions spring forth".

Counsellors were also involved in their respective institutions' policy-making bodies, especially during the pandemic when services and policies had to be adjusted to the "new normal". Antonette and her counsellors "take the initiative to let the administrators know that this is how we can probably address the needs of our students, and we communicate this through a report".

Counsellors received additional education with the increased availability of studies regarding mental health. This also allowed counsellors to seek permission from authors to use online tests and even enhance the same. Antonette recalled finding an online personality test and, with permission from authors, they were able to adapt it to measure grit and ways of coping.

The heavy burden borne by counsellors was eased by **help from stakeholders**, including students, faculty members, and other healthcare professionals. For students, the rollout of peer facilitation had also been reported to be effective. In Maribel's university, the program for peer facilitators had been in place for over a decade and this was utilised once again during the pandemic. Meanwhile, in northern Luzon, Antonette described Project Sequioa. This was rolled out during the pandemic and involved "group leaders who were mentored by the guidance counsellors to provide emotional support to students through virtual *kwentuhan*". *Kwentuhan* (storytelling) is a tool for those involved to share updates and even seek support from the responses of people with whom they converse.

In acknowledging the limitations set by law on the practice of guidance and counselling, May stated: "We really have a number of students here who are experiencing mental health concerns, but [they are] not diagnosed. We just assess". This was echoed by Denise: "Only medical doctors can give medical diagnosis for people who are experiencing psychological problems. We can only provide pre-assessment". Thus, the availability of in-house or external mental health professionals was a big help. For example, in Nina's institution, there were in-house school psychologists and

child psychotherapists which facilitated the handling of cases. In Maribel's institution, a licensed psychologist also assisted in handling cases.

In the continuum of mental health care provided by several professionals, guidance counsellors considered themselves not just as the assessors who referred but as "therapeutic allies". May stated: "A counsellor is already a therapeutic ally, who conducts follow-ups, [and in turn] the student would feel good about their self-worth or in self". May continued by explaining that they could not work alone as counsellors: "It's not anymore monotherapy. It's really [a reality that] psychotherapy alone will not work".

According to Jolly, when they referred to psychiatrists, they ensured that the full case history was provided and that they remained ready to help counsel the child in between sessions with the psychiatrist. Ana added: "There are times when they would really request for [sic] counselling, most especially when they cannot contact their psychiatrist or their next session is still far off".

Though Gab observed that the focus of mental health promotion was psychologists, he reiterated that guidance counsellors played a significant role in advocacy: "I'm thankful [that counsellors are] more on prevention. [I observe that] they focus on psychologists, but I see that in the law, part of the program on mental health awareness are the counsellors". Such mental health promotion in schools through interventions is crucial (O'Reilly et al., 2018).

To ensure quality of service delivery, heads of guidance centres supervised their counsellors, in a practice termed by Antonette as "peer supervision ... an opportunity whereby the counsellors or school psychologist would share some of the challenges or difficulties that they encounter ... in their sessions". The sessions ended up becoming a support group for counsellors themselves. They were able to express their needs, worries, and apprehensions, as well as admit which parts of the job they were unable to perform excellently. In more recent times, the practice had also involved external experts, such as psychologists, who provided advice on how to improve case management. CJ expressed the value of support from fellow counsellors: "I really need training, but I frequently ask the help of my colleagues in the center because they're studying guidance and counselling and they're taking their master's degrees".

The most significant success that counsellors shared was the **increased trust in counselling services**, inferred from feedback from stakeholders. Rating scales administered by counsellors provided quantitative feedback which, according to Denise, was usually high in terms of student satisfaction. For Denise, her facilitation of group sessions elicited positive feedback, with students commenting how refreshing it was to visit the counsellor. This was a departure from the previous observation that students would only visit when it was time to secure the counsellor's clearance at the end of the year. For Gab, among the most gratifying moments for counsellors was when students overcame their concerns or issues and expressed gratitude: "When they overcome their problems, they'll say 'thank you for pakikinig', which is heartwarming because at least, you were able to save, able to help someone to return to normalcy again and to have a positive outlook in life". Trust is counted as very helpful by Holland (2015) in helping foster student—counsellor relationships.

Discussion

The data from the semi-structured interviews reveal the following challenges: *Distance* (physical) from the stakeholders, *Aversion* to counselling services, *Resource* limitation, and *Knowledge* deficit (DARK). They also reveal the following successes: *Links* forged/intensified with stakeholders, *Initiative* from students who seek help, *Guidance* given to stakeholders, *Help* received from other stakeholders, and *Trust* sowed among stakeholders (LIGHT).

The shift to distance modes of service delivery highlighted the importance of technology (Poh Li et al., 2013; Šapale et al., 2021) and magnified the urgency of ensuring its reliability. The connection enabled by technology provided avenues for counsellors to reach out to students, and technology-mediated communication should not be discounted. Huang et al. (2022) observe that constant communication—albeit technology-mediated—helps increase social connectedness and, ultimately, emotional well-being. The use of virtual means for peer support programs, as seen in the narratives of counsellors like Maribel, is recommended by Cogan et al. (2023). Goldstein et al. (2023) also confirm that adolescents have the tendency to prefer seeking help from informal sources (i.e., non-professionals such as family, friends, and community members) to make sense of their problems. This is presumably due to the perception that less stigma is associated with informal sources of help.

The counsellors' narratives around mental health stigma concerns, and their services in particular, found consonance with Huggins et al. (2016) and Miville and Constantine (2007), who explored students' negative outlook toward counselling services. While greater openness to mental health discussions is seeping into mainstream Philippine discourse, much still needs to be done. The regular orientations by counsellors must be reinforced with more mental health education initiatives to combat stigma. Among these is the reported mentorship provided by counsellors, also noted by Johnson et al. (2023) and Huang et al. (2022).

The themes also point to the need for sustained collaboration with other stakeholders, regardless of modality. The act of *pakikipag-kapwa-tao*, or interacting with people for the common good, can be fostered between the counsellors and the academic staff, working together as therapeutic allies to support students in need (Langley et al., 2010; Rehr & Nguyen, 2022). The high counsellor-to-student ratio finds consonance with Akgul et al.'s (2021) study. The practices of virtual *Kumustahan* and of teachers practicing active listening to students are helpful. They are also in line with Fogaca's (2021) finding that collaborative efforts in providing clinical counselling from a school counsellor and educational coaching from a faculty member positively influence college students' mental health.

Collaboration also addresses the problem of limitations set by law. Counsellors are only limited to assessing the problem and creating intervention plans and referral protocols to clinical practitioners. The practice of referring to other healthcare professionals is aligned with the *Guidance and Counseling Act of 2004 (Republic Act 9258)*, which sets the boundaries of guidance counsellors' practice. Counsellors noted that it was a big boost to the school's services and the learner's health-seeking behaviour to have professionals who provided services *pro bono*, in an act of *pakiki-isa* (solidarity). When counsellors collaborate with stakeholders in the continuum of care, this can help address the manpower resource limitations, as highlighted by Hechanova et al. (2022) who note an insufficient number of mental health professionals during the COVID-19 pandemic. Through stakeholder collaboration, counsellors can also find allies in addressing mental health concerns (Langley et al., 2010).

Conclusion

Though the COVID-19 pandemic caused massive disruption in educational services in the Philippines, the prolonged school shutdowns also resulted in innovations and adjustments in service delivery among guidance counsellors. Challenges largely centred on resource limitations, specifically manpower, to cope with the large volume of students and the increasing number of those with mental health concerns.

While these limitations still need to be addressed, counsellors have relied heavily on sharing the burden with other stakeholders. Of these, faculty members and parents have increased their capacity

to address students' concerns, and other healthcare professionals have received students in need of services outside the ambit of guidance counsellors.

Listening to the voices of guidance counsellors may enhance the quality of services provided, regardless of the context—pandemic or otherwise. It also provides counsellors with a framework for extraordinary situations in the future where the traditional delivery medium is not viable.

Recommendations

Future studies can investigate the lived experiences of the recipients of guidance counselling. While Alejandria et al.'s (2023) study documents the experiences of students from the National Capital Region, the voices of guidance counselling recipients from other areas are yet to be captured. The same is true for the voices of parents and faculty members with whom the guidance counsellors interact.

With onsite classes resuming only in late-2022, most students in the Philippines underwent more than two years of school shutdown. It will be beneficial to document their transition back to onsite learning, similar to Çelik et al.'s (2023) assessment of Turkish university students.

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