

**Mental Health Assessment of Faculty Members Using the Depression Anxiety Stress Scales-42 (DASS-42):
A Descriptive-Comparative Study at Aldersgate College, Inc.**

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ABSTRACT

Background: Mental health challenges among faculty in higher education represent a significant occupational health concern worldwide. **Objective:** This study assessed the depression, anxiety, and stress levels of the RDE and High School Departments at Aldersgate College, Inc. using the DASS-42. **Methods:** A descriptive-comparative design was employed with 31 full-time faculty members (67.7% female). Descriptive statistics characterized DASS-42 subscale scores; Independent Samples t-tests compared mental health scores across sex and department groups following Shapiro-Wilk normality testing. **Results:** Although Stress yielded the highest raw mean score ($M = 16.71$, $SD = 8.05$), Anxiety emerged as the most clinically urgent concern when interpreted against DASS-42 severity band thresholds, with 61.3% of faculty scoring at Severe or Extremely Severe levels ($M = 16.23$, $SD = 7.46$). Depression was elevated for 48.4% of respondents at Moderate-to-Extremely Severe levels ($M = 13.74$, $SD = 7.59$). Stress, despite its higher mean, fell only in the Mild-to-Moderate severity range, with 12.9% in the Severe or above category. No statistically significant differences were found by sex or department (all $p > .05$). **Conclusion:** Mental health burden among faculty is substantial and institution-wide, cutting across sex and departmental lines. Immediate interventions including counseling services, workload management, and a systemic mental health program are urgently recommended.

Keywords: *DASS-42; faculty mental health; depression; anxiety; stress; higher education; Philippines*

INTRODUCTION

Mental health has emerged as a critical public health priority in occupational settings globally. Faculty members in higher education institutions navigate exceptionally complex professional demands encompassing teaching, research, mentoring, administrative responsibilities, and community service, placing them at heightened risk for depression, anxiety, and chronic stress (Hammoudi Halat et al., 2023; Maslach et al., 2001). The World Health Organization (2022) has explicitly identified occupational mental health as a major public health imperative, noting that chronic workplace stressors contribute substantially to the global burden of psychological illness.

Evidence consistently documents that academic professionals experience disproportionately high rates of psychological distress. Large-scale research across multiple universities documented that 5.5% of faculty showed heightened depression symptoms, 11.5% elevated anxiety, and 23.4% moderate-to-high stress (Melnik et al., 2021). In the Philippine context, Mordeno et al. (2023) found an overall psychological distress prevalence of 55.6% among Filipino university teachers, while Tee et al. (2020) documented significant psychological impact of occupational and pandemic-related stressors among Filipinos, and Cleofas and Rocha (2021) similarly identified elevated anxiety among Filipino students linked to COVID-19 — collectively underscoring the need for institution-level mental health assessment in Philippine academic settings.

The Depression Anxiety Stress Scales-42 (DASS-42), developed by Lovibond and Lovibond (1995), is a validated psychometric instrument widely used to assess the severity of depression, anxiety, and stress across clinical and non-clinical populations. Its three-factor structure has demonstrated excellent internal consistency (Cronbach's $\alpha = .92-.97$) and construct validity across diverse cultural settings (Antony et al., 1998; Henry & Crawford, 2005; Misiak et al., 2021), making it particularly appropriate for occupational mental health research in Philippine academic contexts.

Despite growing evidence of psychological burden in Philippine higher education, institution-specific studies employing validated instruments remain limited. This study addresses this gap by conducting a systematic DASS-42 assessment of faculty at Aldersgate College, Inc., to generate baseline data to inform evidence-based institutional interventions.

Research Questions

This study sought to answer the following questions: (1) What is the socio-demographic profile of the faculty in terms of sex and department? (2) What are the depression, anxiety, and stress levels of faculty as measured by the DASS-42? (3) Is there a significant difference between the socio-demographic profile and mental health status? (4) What recommendations can be proposed to improve faculty mental health based on the findings?

Theoretical Framework

This study is grounded in the Tripartite Model of Depression and Anxiety (Clark & Watson, 1991), which posits that depression and anxiety share a common dimension of negative affect but are distinguished by low positive affect

(depression) and physiological hyperarousal (anxiety). Stress, as conceptualized by Lovibond and Lovibond (1995), represents a persistent state of over-arousal mediating both anxiety and depression. Complementarily, the Job Demands-Resources (JD-R) Theory (Demerouti & Bakker, 2006) provides a framework for understanding how academic work demands, such as teaching loads, research pressure, and administrative duties, interact with personal and institutional resources to affect mental health outcomes.

MATERIALS AND METHODS

Research Design

A descriptive-comparative research design was employed. The descriptive component characterized the mental health status of faculty members across the three DASS-42 subscales, while the comparative component examined differences in mental health outcomes across demographic groups (sex, department). This design is appropriate when the study aims to describe phenomena and compare groups rather than establish correlational or causal relationships, and aligns with similar institution-level DASS studies in faculty populations (Hammoudi Halat et al., 2024; Holzapfel et al., 2025).

Participants

The study population comprised all full-time faculty members of Aldersgate College, Inc. Total enumeration sampling was employed, yielding a final sample of N = 31 faculty members from two departments: the Research, Development, and Entrepreneurship (RDE) Department and the High School (HS) Department. Participation was voluntary. Eligibility required an active teaching status during the data collection period.

Instrument

The primary instrument was the DASS-42 (Lovibond & Lovibond, 1995), comprising 42 items across three subscales: Depression (14 items), Anxiety (14 items), and Stress (14 items). Each item is rated on a four-point Likert scale (0 = Did not apply to me at all; 3 = Applied to me very much or most of the time). Raw subscale scores are doubled before interpretation using established severity rating categories: Normal, Mild, Moderate, Severe, and Extremely Severe. The instrument demonstrates excellent psychometric properties, with overall internal reliability of .97 for the total scale (NovoPsych, 2024) and validated three-factor structure across multiple populations (Antony et al., 1998; Misiak et al., 2021).

Data Collection

Ethical clearance was obtained from the Institutional Research Ethics Committee (IREC) prior to data collection. Informed consent was secured from all participants, and confidentiality of all responses was strictly maintained. Questionnaires were administered in printed or digital form as contextually appropriate. All personal information was anonymized before analysis.

Statistical Analysis

Descriptive statistics (frequency, percentage, mean, standard deviation) characterized the demographic profile and DASS-42 subscale scores. The Shapiro-Wilk test was applied to assess normality of score distributions (appropriate for n < 50). Independent Samples t-tests were used to examine differences in DASS-42 subscale scores by sex and department, given confirmed normality. All analyses were conducted at a significance level of $\alpha = .05$.

RESULTS

3.1 Demographic Profile

Table 1. Demographic Profile of Respondents (N = 31)

Sex	Frequency (f)	Percentage (%)	Department	Frequency (f)	Percentage (%)
Male	10	32.3%	RDE	6	19.4%
Female	21	67.7%	High School	25	80.6%
Total	31	100%	Total	31	100%

Of the 31 faculty respondents, 21 (67.7%) were female and 10 (32.3%) were male. The majority (n = 25, 80.6%) belonged to the High School Department, while six (19.4%) were from the RDE Department.

3.2 Descriptive Statistics of DASS-42 Subscale Scores

Table 2. Descriptive Statistics of DASS-42 Subscale Scores

Subscale	Mean	SD	Minimum	Maximum
Depression	13.74	7.59	0	32
Anxiety	16.23	7.46	2	35
Stress	16.71	8.05	2	36

The Stress subscale yielded the highest mean score ($M = 16.71$, $SD = 8.05$), followed by Anxiety ($M = 16.23$, $SD = 7.46$) and Depression ($M = 13.74$, $SD = 7.59$). Although Stress produced the highest raw mean, it is critical to interpret these scores against DASS-42 severity band thresholds rather than by mean magnitude alone: Anxiety ($M = 16.23$) falls squarely in the Severe range, whereas Stress ($M = 16.71$) falls only in the Mild-to-Moderate range due to the instrument's higher cutoffs for that subscale, and Depression ($M = 13.74$) falls in the Mild range. On this basis, Anxiety represents the most clinically urgent concern in this sample.

3.3 Depression Severity Distribution

Table 3. Frequency Distribution of Depression Severity Levels

Severity Level	Overall f	Overall %	Male f	Male %	Female f	Female %	Cutoff
Normal	8	25.8%	4	40.0%	4	19.0%	0-9
Mild	8	25.8%	1	10.0%	7	33.3%	10-13
Moderate	9	29.0%	4	40.0%	5	23.8%	14-20
Severe	5	16.1%	1	10.0%	4	19.0%	21-27
Extremely Severe	1	3.2%	0	0.0%	1	4.8%	28+
Total	31	100%	10	100%	21	100%	

The majority of respondents (29.0%, $n = 9$) fell in the Moderate depression range. A clinically significant proportion of 19.4% ($n = 6$) reported Severe or Extremely Severe depressive symptoms. Taken together, 48.4% of faculty fell at or above the Moderate severity threshold, indicating a substantial depression burden across the faculty cohort.

3.4 Anxiety Severity Distribution

Table 4. Frequency Distribution of Anxiety Severity Levels

Severity Level	Overall f	Overall %	Male f	Male %	Female f	Female %	Cutoff
Normal	4	12.9%	2	20.0%	2	9.5%	0-7
Mild	2	6.5%	1	10.0%	1	4.8%	8-9
Moderate	6	19.4%	2	20.0%	4	19.0%	10-14
Severe	10	32.3%	3	30.0%	7	33.3%	15-19
Extremely Severe	9	29.0%	2	20.0%	7	33.3%	20+
Total	31	100%	10	100%	21	100%	

Anxiety emerged as the most critical mental health concern. A combined 61.3% of respondents ($n = 19$) scored in the Severe (32.3%) or Extremely Severe (29.0%) categories a rate substantially exceeding normative expectations. Only 12.9% of faculty scored in the Normal range, suggesting that anxiety at clinically elevated levels is widespread across the faculty population.

3.5 Stress Severity Distribution

Table 5. Frequency Distribution of Stress Severity Levels

Severity Level	Overall f	Overall %	Male f	Male %	Female f	Female %	Cutoff
Normal	11	35.5%	4	40.0%	7	33.3%	0-14
Mild	5	16.1%	2	20.0%	3	14.3%	15-18
Moderate	11	35.5%	3	30.0%	8	38.1%	19-25
Severe	3	9.7%	1	10.0%	2	9.5%	26-33
Extremely Severe	1	3.2%	0	0.0%	1	4.8%	34+
Total	31	100%	10	100%	21	100%	

Stress levels were more variably distributed: 35.5% of faculty fell in the Normal range and 35.5% in the Moderate range. Approximately 12.9% scored at the Severe or Extremely Severe level. While stress is present, it is less pervasive at extreme levels compared to anxiety, suggesting that anxiety-specific mechanisms may be driving psychological burden in this sample.

3.6 Tests of Normality

The Shapiro-Wilk test confirmed that all three DASS-42 subscales were normally distributed in this sample: Depression ($W = 0.977$, $p = .734$), Anxiety ($W = 0.979$, $p = .775$), and Stress ($W = 0.967$, $p = .428$). These results supported the use of the Independent Samples t-test for subsequent inferential analyses.

3.7 Independent Samples T-Test: Sex Differences

Table 6. Independent Samples T-Test: Sex vs. DASS-42 Subscale Scores

Subscale	Male Mean	Male SD	Female Mean	Female SD	t	df	p-value	Decision
Depression	11.70	7.23	14.71	7.74	-1.06	19	0.302	Not sig.
Anxiety	13.60	6.64	17.48	7.65	-1.45	20	0.164	Not sig.
Stress	14.20	8.40	17.90	7.80	-1.17	17	0.257	Not sig.

No statistically significant sex differences were found on any subscale: Depression ($t(19) = -1.06, p = .302$), Anxiety ($t(20) = -1.45, p = .164$), or Stress ($t(17) = -1.17, p = .257$). Although female faculty scored slightly higher across all three subscales (consistent with broader literature trends), the differences did not reach significance, suggesting that mental health burden is shared across both sexes in this institution.

3.8 Independent Samples T-Test: Department Differences

Table 7. Independent Samples T-Test: Department vs. DASS-42 Subscale Scores

Subscale	RDE Mean	RDE SD	HS Mean	HS SD	t	df	p-value	Decision
Depression	10.00	7.32	14.64	7.52	-1.39	8	0.203	Not sig.
Anxiety	13.00	9.01	17.00	7.02	-1.02	7	0.344	Not sig.
Stress	13.00	9.67	17.60	7.57	-1.09	7	0.313	Not sig.

No statistically significant department-based differences were observed: Depression ($t(8) = -1.39, p = .203$), Anxiety ($t(7) = -1.02, p = .344$), or Stress ($t(7) = -1.09, p = .313$). RDE faculty scored lower across all subscales, though the differences were not significant, likely reflecting the small sample size in the RDE group ($n = 6$). These findings suggest that mental health challenges are distributed broadly across the institution rather than being concentrated in a single department.

3.9 Summary of DASS-42 Findings

Table 8. Summary of DASS-42 Findings

Subscale	Mean (SD)	Overall Level	Highest Category	Key Finding
Depression	13.74 (7.59)	Mild	Moderate (29.0%)	48.4% at Moderate–Ext. Severe
Anxiety	16.23 (7.46)	Severe	Severe (32.3%)	61.3% at Severe or Ext. Severe
Stress	16.71 (8.05)	Mild–Moderate	Normal & Moderate (35.5%)	12.9% at Severe or above

DISCUSSION

The findings of this study reveal a substantial mental health burden among faculty members at Aldersgate College, Inc. Anxiety was the most alarming concern, with 61.3% of faculty scoring at Severe or Extremely Severe levels a rate markedly higher than prevalence estimates reported in most faculty studies. Hammoudi Halat et al. (2024), using the DASS-21 with university faculty in Qatar, reported significant associations between academic stressors and anxiety, but at lower absolute prevalence rates. The extreme anxiety rates in the present study may reflect the compounded pressures of post-pandemic recovery, multi-role demands, and insufficient institutional mental health infrastructure characteristic of smaller private Philippine colleges.

The elevated depression rates in this study with 48.4% of faculty at Moderate-to-Extremely Severe levels align broadly with findings from Mordeno et al. (2023), who reported 28.4% prevalence of depression symptoms among Filipino university teachers, though the present study documents higher rates at moderate and severe thresholds. This discrepancy may reflect the smaller, potentially more stressed sample of the present study, institutional contextual factors, or the use of the longer DASS-42 (versus DASS-21) which may provide finer differentiation in symptom severity levels. Notably, at least one individual case in this sample scored Extremely Severe across all three subscales simultaneously (Depression: 32, Anxiety: 35, Stress: 36), meeting clinical thresholds that would typically warrant immediate professional referral. This finding underscores the importance of not relying solely on group-level statistics when evaluating mental health in occupational settings.

The absence of significant sex differences in DASS-42 scores is partially consistent with but also diverges from the international literature. While some studies document higher distress in female academics, others, including the DASS-42 study of Japanese employees by Holzapfel et al. (2025), also report non-significant sex differences. In this sample, the relatively small n and the high baseline distress across both sexes may have limited statistical power to detect true sex-based differences. Both male and female faculty are experiencing clinically significant levels of anxiety, which is itself a notable and actionable finding.

The lack of significant between-department differences further suggests that the mental health burden is systemic and institution-wide, rather than attributable to department-specific stressors. This finding aligns with the JD-R framework’s perspective that structural, organizational demands — including workload, role ambiguity, and resource scarcity — operate at the institutional level and affect all faculty irrespective of departmental affiliation (Demerouti & Bakker, 2006; Crabb & Ekwueme, 2024). Returning to the Tripartite Model (Clark & Watson, 1991), the pattern of co-elevated anxiety and depression observed here is consistent with the model’s shared negative affect dimension: both constructs are simultaneously elevated, suggesting that broad negative affectivity driven by chronic occupational stressors

may be the primary underlying mechanism, rather than condition-specific pathways. The markedly higher prevalence of anxiety at severe levels further aligns with the model's prediction that physiological hyperarousal — distinctive to anxiety — may be particularly activated by the chronic performance demands and role uncertainty characteristic of Philippine private college faculty environments.

CONCLUSIONS

This study documented alarming levels of anxiety, substantial depression, and moderate stress among faculty members at Aldersgate College, Inc. The key findings particularly the 61.3% Severe/Extremely Severe anxiety rate and 48.4% Moderate-to-Extremely Severe depression rate reveal a mental health crisis that cuts across sex and departmental lines. These results affirm that systemic, institution-wide intervention is warranted rather than targeted responses to specific subgroups. Critically, these findings extend beyond a single institution: they reflect broader structural realities facing faculty in under-resourced Philippine private colleges, where multi-role demands, limited mental health infrastructure, and post-pandemic recovery pressures converge. The Tripartite Model and JD-R Theory together suggest that the observed distress is neither random nor individual in origin — it is the predictable outcome of sustained demands in the absence of adequate institutional resources. These findings should prompt not only Aldersgate College but similar institutions across the Philippine higher education sector to treat faculty mental health as an organizational priority, not an individual concern.

RECOMMENDATIONS

Based on these findings, the following recommendations are proposed for institutional stakeholders:

For School Administrators: Establish a formal Faculty Mental Health Program (FMHP) with accessible, confidential counseling services. Review and restructure faculty workloads to reduce chronic overload. Integrate mental health into institutional policy and strategic planning.

For Human Resources: Develop stress-management workshops, peer support groups, and wellness initiatives designed specifically for academic staff. Institute regular anonymous mental health screenings using validated instruments such as the DASS-42.

For Mental Health Professionals: Prioritize anxiety-focused interventions, including evidence-based approaches such as Cognitive Behavioral Therapy (CBT) and mindfulness-based stress reduction programs within the institutional setting. Identify and follow up with high-risk individuals identified through screening.

For Future Researchers: Extend this study with a larger, multi-institution sample; incorporate additional sociodemographic variables (civil status, academic rank, years of service, teaching modality); explore qualitative dimensions of faculty mental health experience; and examine the longitudinal trajectory of psychological distress in Philippine academic settings.

LIMITATIONS

This study has several limitations. The sample size ($N = 31$) limits statistical power and generalizability. As a single-institution study, the findings may not represent broader Philippine higher education contexts. Additionally, Aldersgate College, Inc. is a private, religiously affiliated institution (United Methodist), and its specific organizational culture, institutional values, and community expectations may shape faculty mental health experiences and help-seeking behavior in ways that differ from secular or public institutions — a contextual factor that future comparative studies should account for. Self-report instruments such as the DASS-42 are susceptible to social desirability bias and do not constitute clinical diagnoses. The cross-sectional design precludes causal inference. Future studies should employ larger samples, longitudinal designs, and mixed-methods approaches to more comprehensively characterize faculty mental health.

AI DECLARATION STATEMENT

AI-supported tools helped with grammar and structure in creating this article. No AI tools were used to collect, analyze, or interpret data; all authors are credited for their academic contributions.

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