

ORIGINALRESEARCH

Implementation of the Health Promoting University: Lessons Learned from Two Countries in Southeast Asia

Implementación de una universidad promotora de salud: lecciones aprendidas en dos países del sudeste asiático

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Abstract

Creating a healthy campus is to having a healthy and productive academic environment. A campus is considered healthy if it meets several indicators, one of which is the promotion of mental health within the university community. A survey conducted across two campuses—one in Indonesia and one in the Philippines—revealed a high prevalence of emotional and mental health issues, including disorders related to psychosis, substance abuse, and PTSD. This high incidence underscores the need for further research to inform the development of a healthier campus environment. This study aims to examine the differences in the implementation of a healthy campus and the varying needs for such programs in the two countries. Using a descriptive analysis design, the study sampled academics from both campuses, selected through accidental sampling. An electronic questionnaire focused on healthy campus indicators was used as the primary instrument. The findings suggest that while the Indonesian campus is adequately implementing a healthy campus program, the Philippine campus shows a higher rate in one specific healthy campus indicator—zero-tolerance areas for problematic behavior. Even so, neither campus appears to have consistent policies or actions in place to sustain the healthy campus efforts. The study's findings have gained policy support from faculty leaders.

Keywords: Implementation, Healthy campus, Mental health, Indonesia, Philippines

Resumen

Un campus saludable implica contar con un ambiente académico sano y productivo, se considera saludable si cumple con varios indicadores, uno de los cuales es la promoción de la salud mental entre la comunidad universitaria. La realización de una encuesta en dos campus, uno en Indonesia y otro en Filipinas, reveló una alta prevalencia de problemas de salud mental y emocional, incluyendo trastornos relacionados con la psicosis, abuso de sustancias y TEPT. Esta alta incidencia subraya la necesidad de más investigaciones para fundamentar el desarrollo de un ambiente universitario más saludable. Este estudio busca examinar las diferencias de base para la implementación de un campus saludable y las variadas necesidades de dichos programas en dos países. Utilizando un diseño de análisis descriptivo, se muestreó a académicos de ambas universidades, seleccionados mediante muestreo accidental. Se utilizó un cuestionario electrónico enfocado sobre indicadores de campus saludable como instrumento principal. Los hallazgos sugieren que, si bien la universidad indonesia está implementando adecuadamente un programa de campus saludable, el caso filipino muestra una tasa más alta en un indicador específico de campus saludable: áreas de tolerancia cero para comportamientos problemáticos. En todo caso, ninguno de los campus parece tener políticas o acciones consistentes establecidas para el sostenimiento de los esfuerzos de campus saludable. Los hallazgos del estudio han obtenido el apoyo político de los líderes del profesorado.

Palabras clave: Implementación, campus saludable, salud mental, Indonesia, Filipinas.



Introduction

The concept of a Health Promoting University (HPU), as defined by the WHO framework, emphasizes that universities should be committed to the principles of health for all. Sustainable development within universities can greatly benefit not only their staff and students but also the surrounding communities and the broader society, as students and trainees eventually take on professional roles. The guidance provided in this document is grounded in the principles of health for all, sustainable development, the Ottawa Charter for Health Promotion, and insights from setting-based projects. Introducing concepts like the setting approach to health promotion and organizational development is only possible when health is understood in its broadest sense. Therefore, expanding the understanding of health among university leaders and academic disciplines is a crucial step in implementing and advancing comprehensive health-promoting university projects.¹

According to the Indonesian Ministry of Health, Indonesia is home to approximately 4,500 universities, which collectively manage around 7.5 million students and about 400 thousand lecturers. In 1998, the World Health Organization (WHO) introduced the concept of Health Promoting Universities, an initiative to foster health promotion within academic environments through a socio-ecological approach. The Healthy Campus Program was adopted to implement disease prevention and control within campus settings. Universities serve as centers for educating the younger generations. The Healthy Campus initiative revolves around three key pillars that universities can adopt: 1) Building Pro-Health Policies: For example, vehicle parking areas can be located further away to promote walking; 2) Providing Comprehensive Health Service Facilities: These services should not only address illness complaints, but also focus on early detection, by doing such things as measuring weight, waist circumference, and blood pressure,

among other things; 3) Promoting Behavioral Changes: This involves encouraging healthier behaviors among students, lecturers, and staff at the university. Currently, the Healthy Campus Program is in its trial stage. It is being implemented at four universities: the University of Indonesia, Andalas University, 11 Maret State University, and the PP Dikti Muhammadiyah Assembly.²

One study conducted at the UNNES campus found that the presence of Posbindu PTM and routine counseling had a positive impact on academics with risk factors. These interventions allowed for better monitoring of their health conditions and empowered them to independently adopt a healthy lifestyle, thereby preventing and controlling PTM risk factors earlier.³⁻⁵

The *Healthy University* concept fosters physical, mental, and social well-being within academic communities. It must be integrated into social medicine to enhance its impact, which examines how social, economic, and environmental factors influence health. This perspective highlights universities as social determinants of health, shaping behaviors, healthcare access, and overall well-being through individual and systemic initiatives. As a public health discipline, *social medicine* addresses health inequities by focusing on cultural, income, and housing factors. Strengthening the *Healthy University* framework within this field requires policies and strategies that promote equity, inclusivity, and long-term health outcomes in academic settings^{6,7}.

A stronger *Healthy University* framework within social medicine requires a well-chosen theoretical foundation, as various psychology, sociology, anthropology, and economic theories can guide public health interventions. Selecting a theory suited to the target population, behavior, and context enhances effectiveness. Additionally, qualitative research is crucial in developing conceptual models through systematic thematic analysis. A social medicine approach further strengthens this framework by examining the

social, economic, and political factors influencing disease burden and healthcare effectiveness, providing a broader understanding of the challenges in promoting health within academic communities.⁸⁻¹³

The Social Medicine sector at the University of Copenhagen develops and employs a wide variety of epidemiological, psychometric, demographic, and qualitative methods in population and patient-based cohort studies, as well as in intervention studies.⁶ Their research identifies potential action points for organized societal efforts, which limits further health deterioration, and contributes to the development of health promotion, prevention, and rehabilitation nationally and internationally.⁶

Method

This type of research is a mixed method, using quantitative analytics with descriptive research design and qualitative analysis with focus group discussions (FGD) to strengthen the results of quantitative data. This research was conducted in two places, at Ahmad Dahlan University (UAD) in Indonesia, and at the University of Saint Anthony (USANT) in the Philippines. The population of this study consisted of lecturers, students and education staff. Data collection used

accidental sampling, with 347 participants from UAD and 38 participants from USANT, all surveyed using an electronic questionnaire via Google Forms. The questionnaire, based on the Health Promoting University (HPU) standard from the Ministry of Health of the Republic of Indonesia, focused on healthy campus indicators and targeted academicians at both research locations. Following the survey, focus group discussions (FGDs) were conducted with stakeholders and faculty leaders. Descriptive analysis was used to provide an overview of the implementation of healthy campus initiatives at UAD and USANT, based on five indicators. These indicators were categorized as follows: a) None: 1; b) Exists, but needs improvement: 2; c) Sufficient: 3; d) Very good: 4. This study was approved by the UAD Ethics Committee (approval number: 012307121).

Results and Discussion

Based on the results of the research, the implementation of healthy campuses in Indonesia and the Philippines can be described in Table 1 below.

Table 1. Implementation of Healthy Campus in Indonesian and Philippine Campuses (%)

HEALTHY CAMPUS	None		Yes, but it needs improvement		Enough		Very Good	
	Philippines	Indonesia	Philippines	Indonesia	Philippines	Indonesia	Philippines	Indonesia
Policy, governance and networking								
Socialization of Healthy Campus Implementation, Vision, and Mission to campus community members	2.63	18.7	34.21	45.2	50	26.2	13.16	9.8
Making a Healthy Campus Development Work Plan	2.63	21	31.58	36.3	44.74	32.3	21.05	10.4
Commitment through a Decision Letter (SK) or Assignment Letter to Define the Structure of Healthy Campus Leadership, Including Faculty Representatives, Lecturers,	5.26	21.3	21.05	28.2	60.53	36	13.16	14.4

HEALTHY CAMPUS	None		Yes, but it needs improvement		Enough		Very Good	
Students, and Operational Support								
A Healthy Campus policy is integrated into the Work Plan and Campus operational policies	7.89	17.6	26.32	34	47.37	34.3	18.42	14.1
Budget allocation is available to support Healthy Campus activities	10.53	19.3	26.32	35.7	57.89	30	5.26	15
Health material is included in the Curriculum/Co-Curriculum	5.26	16.1	42.11	28.8	47.37	32	5.26	23.1
Capacity building for the healthy campus team, agents of change, and volunteers in health promotion. (Consisting of students, lecturers, and other supporting elements)	5.26	17.3	26.32	34.9	55.26	33.4	13.16	14.4
Formation of social service groups, groups of elderly and retirees	13.16	35.4	26.32	27.4	52.63	25.4	7.89	11.8
Efforts to establish a network of partnerships between Healthy Campuses and provide guidance on surrounding campuses	2.63	21.9	36.84	32	47.37	30	13.16	16.1
Collaboration with local health department programs	0	12.7	28.95	35.7	50	30.8	21.05	20.7
Efforts to establish partnerships with communities around campus	0	13.5	31.58	32.6	55.26	34.6	13.16	19.3
Participation in Healthy Campus meetings at national and international levels	2.63	25.6	28.95	30.8	55.26	29.7	13.16	13.8
Published Media regarding health or health activities on campus								
External informative media	2.63	12.4	28.95	43.8	60.53	30.3	7.89	13.5
Campus bulletin/newspaper/social media	5.26	12.4	34.21	40.9	42.11	30.8	18.42	15.9
Annual report on campus health profile for campus leaders and regional health office heads	7.89	25.9	34.21	30	47.37	30.8	10.53	13.3
A healthy and sustainable physical work environment								
Safe buildings and infrastructure	5.26	0.6	18.42	28	44.74	40.6	31.58	30.8
Clean and green environment	0	1.2	21.05	32.9	47.37	37.8	31.58	28.2
Disability friendly facilities	18.42	3.7	26.32	31.4	47.37	35.2	7.89	29.7
Settings for saving electricity and water	23.68	8.9	21.05	28.8	44.74	41.2	10.53	21
Waste management and recycling	0	6.9	10.53	31.4	55.26	37.5	34.21	24.2
Facilities for pedestrians and bicycles	10.53	10.4	18.42	34.3	36.84	33.7	34.21	21.6
Availability of sports and recreation facilities (Examples: music rooms, dance rooms and other creative zones)	5.26	22.8	18.42	36.3	47.37	28.5	28.95	12.4
Implementation of Zero Tolerance Areas								

HEALTHY CAMPUS	None		Yes, but it needs improvement		Enough		Very Good	
No-Smoking Area	2.63	7.2	13.16	19.6	50	28.5	34.21	44.7
Alcohol Free Area	7.89	11.5	10.53	11.8	39.47	24.2	42.11	52.4
Drug Free Areas	10.53	11	7.89	12.1	36.84	23.9	44.74	53
No gambling area	10.53	13.5	5.26	9.8	36.84	23.9	47.37	52.7
Areas without violence, bullying, and sexual violence	5.26	14.1	15.79	15.9	52.63	35.4	26.32	34.6
Driving safety controls on the road, including the use of a helmet while driving	0	9.2	13.16	23.9	44.74	38.9	42.11	28
Health promotion and disease prevention strategies								
Implementation of health literacy programs	0	13	23.68	33.1	50	36.3	26.32	17.6
Implementation of mental health and stress management programs	0	20.2	34.21	32.6	47.37	32.3	18.42	15
Implementation of prevention and control of communicable diseases and non-communicable diseases	0	11.5	26.32	31.7	44.74	37.2	28.95	19.6
Application of social service activities	0	9.8	31.58	32.9	44.74	38	23.68	19.3
Application of physical activities	0	8.6	18.42	36	50	39.5	31.58	15.9
Application of a healthy diet	7.89	15.6	28.95	29.7	44.74	38.9	18.42	15.9
Application of reproductive health	5.26	18.2	23.68	27.1	50	35.4	21.05	19.3
Implementation of Occupational Safety and Health (K3)	7.89	8.6	23.68	31.1	47.37	37.5	21.05	22.8

Source: all charts were elaborated by the authors

Based on Table 1, the policy, governance, and networking indicators in the Philippines show a higher concentration in the 'sufficient' category, particularly in the commitment area. This includes a 60.53% rate for a decree (SK) or assignment letter defining the structure of the Healthy Campus leadership, involving faculty representatives, lecturers, students, and other operational support elements, as well as 57.68% for budget allocation to support Healthy Campus activities. In contrast, in Indonesia, the same indicator is more focused on establishing partnerships with the surrounding community (34.60%) and the formation of a decree or assignment letter for leadership structure (36%). Additionally, the media indicator in the Philippines, which reports on health or health-related activities, is largely dominated by external media at 60.53%. In Indonesia, 30.8% of health-

related content is published through campus bulletins, social media, and annual health profile reports.

Healthy campuses aim to create a sustainable and healthy physical work environment. In the Philippines, this has been achieved through a clean and green environment, disability-friendly facilities, and the availability of sports and recreation areas, all falling into the 'sufficient' category at 47.37%. Additionally, waste recycling management was rated 'fairly good' at 55.26%. In contrast, in Indonesia, the environment was rated 'fairly good' in categories such as safe buildings and infrastructure (40.6%) and measures for saving electricity and water (41.2%). The implementation of zero-tolerance areas shows significant differences between the Philippines and Indonesia.

Figure 1. Implementation of Healthy Campuses based on five indicators in the Philippines and Indonesia



In the Philippines, smoke-free zones (50%), areas free from violence, bullying, and sexual assault (52.63%), and road safety measures, including helmet use (44.74%), all fall under the 'sufficient' category. In Indonesia, however, these areas are rated 'very good,' particularly in the implementation of alcohol-free zones (52.4%), drug-free areas (53%), and gambling-free zones (52.7%).

The final indicator of a healthy campus is the health promotion strategy for disease prevention. This category aims to implement programs and activities that prevent disease in the campus environment. In the Philippines, health literacy programs, physical activities, and reproductive health programs all fall under the 'sufficient' category, each with a 50% implementation rate. In Indonesia, while the figures are slightly different, they remain in the same category. Indonesian campuses are more focused on social service programs (38%), physical activity initiatives (39.5%), and promoting healthy eating habits (38.9%). Overall, both Indonesia and the Philippines show substantial activities in the 'sufficient' category for developing healthy campuses. However, campuses in the Philippines have a higher percentage of implementation compared to those in Indonesia.

The results in Figure 1 show that each of the five healthy campus indicators yields different outcomes. For policy, governance, and networking, the Philippine campus falls into a

higher category (65.79%), while Indonesia is ranked lower (53.60%). Similarly, when assessing media coverage of health and health-related activities on campus, the Philippines again performs better, with a rating of 63.16%, compared to Indonesia at 55.04%

However, for the indicator of a healthy and sustainable physical work environment, both the Philippines (71.05%) and Indonesia (60.23%) fall into the 'suitable' category. Similarly, in the indicator for the implementation of zero-tolerance areas, both countries are categorized as 'good,' with the Philippines at 84.21% and Indonesia at 73.49%. Finally, regarding the health promotion strategy for disease prevention, the Philippines shows a strong strategy in this area (71.05%), while Indonesia also ranks in the 'good' category (55.04%), though with results that differ significantly from those in the Philippines.

Based on these findings, where the implementation of healthy campus initiatives is more effective in the Philippines than in Indonesia, the study continued with a Focus Group Discussion (FGD) involving faculty leaders at one of the Indonesian campuses. The discussion included the Dean, Vice Dean, heads of study programs, secretaries, and faculty office heads. The aim was to gather input for mental health programs targeted at students. The results of this limited discussion are summarized as follows:

Given the high incidence of mental disorders and the fact that students have reported the implementation of a healthy campus for mental health as inadequate, the following actions are necessary: 1) The implementation of a Memorandum of Understanding (MoU), as we already have a partner mental hospital ready to provide counseling and Information, Education, and Communication (IEC) services for academics in need. The hospital is also willing to come to campus if necessary. 2) The establishment of a mental health study center with a contemporary name ... and the appointment of faculty members whose expertise aligns with mental health, such as those specializing in health promotion or reproductive health (Dean of FKM).

Routine events for mental health need to be implemented, such as general assemblies, guest lectures, and seminars (Head of Public Health Master's Program).

There is also a need for academic guidance, where each academic advisor can pay attention to student concerns, especially those experiencing stress (Head of Faculty Office).

Based on the limited discussions with faculty leaders, the findings of this study have received support from faculty-level policymakers. This support is reflected in the establishment of a study center in partnership with a local mental hospital, as well as the implementation of initiatives aimed at improving education. These initiatives include personal academic guidance from lecturers to students, guest lectures, and general assemblies. The general assembly for new postgraduate students in the 2023/2024 academic year was held with the theme 'Mental and Spiritual Health in Efforts to Improve Academic and Non-Academic Achievements.'

Discussion

One of the key initiatives of a healthy campus is promoting mental health within the campus environment, which includes students, lecturers, and educational staff. Based on the prepared conceptual framework, seven health promotion strategies are implemented at the university: health literacy programs, mental health and stress management, social engagement and stimulation, physical activity and active mobility, improved eating patterns and balanced nutrition,

reproductive health education and behavior, and workplace health.¹⁴

This study reveals differences between campuses in Indonesia and the Philippines. Cultural and institutional differences between campuses may contribute to these variations. While some universities in Indonesia have initiated healthy campus programs, they have not been fully implemented. For example, UAD has a policy in the form of a Decree (SK) and established cooperation networks for creating a healthy campus. However, the program has not been widely implemented across all Indonesian campuses. In contrast, the Philippines has made significant progress, with a commitment in the form of an assignment letter and budget allocation to support healthy campus activities. This discrepancy may be due to the geographic dispersion of Indonesian campuses, which makes policy implementation more time-consuming compared to the more centralized nature of campuses in the Philippines.

Based on the research findings, both the Indonesian campus and USANT in the Philippines use external media—both electronic and non-electronic mass media—to publish health-related activities, such as community service or research, through platforms like newspapers and local websites. This approach supports the implementation of a healthy campus environment. However, health activities have not been widely featured in the campus health profile's annual report, as such a report has yet to be made available.

A healthy and sustainable physical work environment is essential for supporting a healthy campus. The study reveals differences between the Indonesian and Philippine campuses in this regard. At the Indonesian campus, the environment includes safe buildings and infrastructure, along with measures to conserve electricity and water. For instance, after each lecture or laboratory session, lights and other electronic devices, such as air conditioners and projectors, are turned off before the next class begins. This practice contributes to energy conservation and efficient water use. In contrast, the Philippine campus excels in waste management and recycling,

outperforming the Indonesian campus in these areas.

The Indonesian campus, which upholds the principles of Islam and Muhammadiyah, strongly supports the implementation of Zero Tolerance Areas. These areas, which prohibit smoking, alcohol, drugs, gambling, violence, and bullying, as well as promote road safety, align with the healthy campus indicators. Additionally, the campus has established a sexual violence task force to prevent such incidents within the academic community. Islam's stance against alcohol, gambling, and drugs further reinforces these efforts. Similarly, the Philippine campus also enforces policies to eliminate violence, bullying, and sexual violence, and has designated smoking-free areas.

Regarding health promotion and disease prevention, both campuses have implemented physical activity programs and healthy eating initiatives, which are considered sufficient. Research from other locations indicates that students' consumption of dates, vegetables, and fruits, as well as their adherence to balanced eating patterns, remains relatively low.¹⁵ Additionally, research conducted in China has shown that an energy-restricted diet can have significant health implications, which require attention. Therefore, dietary guidelines and nutritional education are essential for students who restrict their food intake. There is also a need for the formulation of policies related to dietary health in the future. However, adherence to healthy food choices remains low. In contrast, the Environmental Health Policy Development Plan and sports promotion initiatives show a high level of compliance.^{8,9}

Research conducted at the Faculty of Medicine, Public Health, and Nursing, Universitas Gadjah Mada (FKKMK UGM), in support of the Health Promotion University (HPU) initiative, has focused on media campaigns under the slogan *SAntap buah dan sayur setiap hari, LAkukan aktivitas fisik secara rutin, and Menjaga kesehatan mental* (SALAM) media, which promote daily fruit and vegetable consumption, regular physical activity, and the maintenance of mental health. This campaign requires the development of consistent messaging, integrated with policies,

environmental improvements, and broader cooperation. However, internal coordination challenges remain, largely influenced by the organizational culture within the Faculty of Medicine, Public Health, and Nursing Universitas Gadjah Mada (FKKMK UGM) environment.¹⁸ The implementation of a healthy campus initiative related to mental health also requires a robust support service system to address students' needs and improve the overall quality of mental health care.¹⁹

The Healthy Campus Program aims to mobilize the education sector to play an active role in achieving a healthy Indonesia by directly engaging in promotive and preventive efforts within the university environment. Through this program, universities will implement policies that prioritize health, fostering a healthy, fit, and productive campus community.²⁰

The Healthy Campus Program aims to mobilize the education sector to actively contribute to achieving a healthy Indonesia by engaging directly in promotive and preventive efforts within the university environment. Through this program, universities will implement policies that prioritize health, fostering a healthy, fit, and productive campus community. Key indicators will be used to measure progress in these areas.²⁰ Previous literature has shown that the implementation of the healthy university concept varies due to cultural and contextual differences between institutions. Key areas identified in the review include smoking, alcohol and drug abuse control, mental health, sexual health, physical activity, and healthy eating/diet habits, all of which fall under health promotion. The Health Promoting University (HPU) concept serves as a strong foundation that can be adapted and promoted across universities worldwide, regardless of differing charter guidelines, including the Ottawa Charter and the Okanagan Charter.²¹

Field results from Indonesian campuses indicate that while healthy campus regulations are in place, there are no programs or direct implementations related to healthy campuses. Other studies suggest that, in terms of input, sufficient resources are available, but the methods are not yet fully developed. Regarding the process, program

planning has not been prepared, and in terms of output, although the healthy campus program has been initiated, it remains minimal. Finally, the impact of the healthy campus program is not yet evident, as it is not aligned with the program's output. In other words, a positive attitude among all campus communities is essential for successfully implementing a healthy campus.^{22,23} The Healthy Campus program is a systematic and comprehensive effort to make higher education a place that integrates health into daily activities, administrative management, and academic responsibilities.²⁰

Screening and monitoring initiatives for health promotion and disease prevention are summarized from a SWOT analysis perspective, taking into account emerging health needs and policy implications. Long-term sustainability can be achieved only through synergies and close collaboration with other university units and local health authorities. Post-Covid-19, efforts should focus on integrating physical and mental health services, raising awareness among university stakeholders, and engaging health policymakers.²⁴ Efforts to implement a healthy campus require a clear solution: regularly and consistently holding POSBINDU PTM sessions. POSBINDU PTM is essential for health screening and plays a key role in preventing non-communicable diseases. Universities should incorporate this initiative through initial health screenings for incoming students, as well as through routine programs like the Integrated Development Post (POSBINDU) on campus. The core activities of the healthy campus program include establishing POSBINDU, providing POSBINDU kits and consumables, and conducting early detection of risk factors for non-communicable diseases.^{3,23,26}

Research on implementing a *Healthy Campus* is crucial for shaping policies and improving the well-being of campus communities. A holistic health approach shifts the focus from purely clinical care to comprehensive well-being, integrating physical, mental, and social health to support student success. Many campuses struggle to meet the diverse needs of their populations due to limited resources and untailored objectives; research can help bridge these gaps by informing inclusive policies. Moreover, effective health

initiatives require systemic change rather than isolated efforts, embedding well-being into all campus policies and fostering a culture prioritizing health across disciplines^{27,28}.

Collaboration among stakeholders—including students, faculty, and administrators—is essential for mobilizing resources and implementing effective strategies. Additionally, evidence-based practices derived from research ensure the relevance and effectiveness of health initiatives, enhancing service quality and outcomes. With rising challenges, such as increased demand for mental health services and funding constraints, research is vital in guiding institutions toward innovative solutions.^{27,29–31} In summary, the urgency of research results lies in the potential to inform policies and practices that create healthier campus environments, ultimately enhancing the well-being of all campus residents.

The limitations of this study arise from the unequal distribution of data between the two research locations. This discrepancy affects the analysis results and the generalizability of the findings to other locations, potentially introducing bias in the interpretation of the data.

Based on the study's findings, it can be concluded that the implementation of healthy campuses in Indonesia and the Philippines is progressing well, though it has not yet reached optimal levels. Campuses in the Philippines show higher overall performance, particularly in the implementation of zero-tolerance areas, which is nevertheless rated very good in Indonesia as well. One key area for improvement is the lack of regular policies and actions to sustain a healthy campus. Both Indonesian and Philippine campuses can enhance their efforts by strengthening health promotion, socializing healthy campus initiatives, and implementing PTM Posbindu as part of the healthy campus strategy.

The findings of this study have received support from faculty leadership. Plans are in place to establish a study center in partnership with a local mental hospital and to implement educational initiatives, including academic guidance from lecturers, guest lectures, and general forums. As part of the admission process for new postgraduate

students in the 2023/2024 academic year, the general forum will focus on ‘Mental and Spiritual Health in Efforts to Improve Academic and Non-Academic Achievements.’

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