

## MENTAL HEALTH LITERACY OF THE EMPLOYEES AND STUDENTS OF THE MARIANO MARCOS STATE UNIVERSITY

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### Abstract

There has been an increasing incidence and severity of mental health disorders among university employees and students, as supported by the increasing reports on suicidal tendencies in Philippine universities. One overlooked factor in addressing mental health issues is the importance of mental health literacy (MHL).

This study aimed to determine the MHL of MMSU employees and students. Also, to compare the MHL between students and employees and between teaching and non-teaching employees. Random sampling was done to select the respondents among the listed students, faculty, and staff of the university. The study utilized the Mental Health Literacy Scale tool adapted by Connor and Casey (2015) and Dias et al. (2018). Descriptive statistics analysis and t-tests were used to determine the MHL of participants.

The results showed that the respondents' MHL is sufficient for all variables. All variables comparing students' and employees' MHL were statistically insignificant except for their *knowledge of seeking mental health information*. There was also no significant statistical difference in all the variables between teaching and non-teaching employees except for their *ability to recognize a specific mental disorder*.

Ensuring complete MHL training and having adequate skills to respond appropriately to mental health problems may connect people to appropriate care in a university context.

**Keywords:** health-seeking, mental disorder, mental health literacy, self-treatment

### Introduction

The World Health Organization (WHO) defines mental health as a state of well-being wherein individuals realize their potential, cope with life's stresses, work productively, and contribute to their communities (WHO, 2022). Mental health care involves the examination, evaluation, rehabilitation, and

prevention of psychiatric, psychological, and emotional disorders. An integral aspect of addressing mental health challenges is mental health literacy (MHL), characterized by knowledge and beliefs aiding the recognition, management, or prevention of mental disorders (Jorm et al., 1997). MHL represents an individual's ability to identify signs of specific mental health disorders,

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seek appropriate professional help, access information on causes and interventions, and foster a positive attitude toward mental health.

In the Philippines, challenges in mental health care include overcrowded mental health facilities, limited availability of psychiatric drugs, and a lack of accessible services, especially in rural areas. A more pressing concern, however, is the prevalent discrimination against individuals with mental health disorders, reflecting poor Mental Health Literacy (MHL) among Filipinos. Moreover, the community often perceives those with mental health conditions as threats, leading to inappropriate health-seeking behaviors, skepticism about mental health care, and negative attitudes contributing to mistreatment and isolation (Lauber & Rössler, 2007).

Amidst these challenges, the higher education sector in the Philippines grapples with an increasing incidence of mental health issues among students. Data from Hunt and Eisenberg (2010) highlight the high prevalence of mental health problems among college students, with specific subgroups, such as male undergraduates and female undergraduates, being more vulnerable to suicide, major depression, and anxiety disorders, respectively.

In the academic setting, teachers and staff play crucial roles in preventing, identifying, and intervening in mental health difficulties among students (Whitley et al., 2012). However, their effectiveness is contingent on possessing adequate MHL skills.

On the other hand, non-teaching staff, including university employees, face mental health risks, such as anxiety and depression, due to various factors like occupational stress. A study by Naaz and Ahmad (2020)

found that non-teaching employees are more prone to occupational stress as they scored a higher “mean” than teaching employees. The present trend of results can be interpreted in the sense that non-teaching occupations are more likely to suffer from job stress and its countering stressors during the COVID-19 pandemic than other professional groups. Kumar et al. (2018) also found that employees' psychological and physical health significantly influences their work performance and productivity.

The surge in the incidence and severity of mental health disorders among faculty, non-teaching staff, and college students in Philippine universities is becoming increasingly alarming, accentuated by a concerning rise in reports of suicidal tendencies. Despite these distressing trends, the existing literature on the impact of mental health challenges within higher education institutions remains limited. One overlooked factor in addressing mental health issues is the importance of mental health literacy (MHL) in the day-to-day lives of people. MHL can help in correctly identifying individuals with mental health problems and ensure that those who have been appropriately identified will be referred to appropriate health professionals. Thus, ensuring complete MHL training and having adequate skills to respond appropriately to individuals with mental health problems may help in connecting people to appropriate care in a university context. To bridge this gap, this study focuses on the employees and students at Mariano Marcos State University (MMSU). Understanding MHL within this academic setting is crucial for implementing targeted interventions and support systems.

MHL can help in correctly identifying individuals with mental health problems and ensure that those who have been appropriately identified will be referred to

appropriate health professionals. Thus, ensuring complete MHL training and having adequate skills to respond appropriately to individuals with mental health problems may help in connecting people to appropriate care in a university context. This prompted the researchers to conduct a baseline study on determining MHL among the employees and students of Mariano Marcos State University (MMSU).

This study was conducted to compare the differences in MHL between students and employees and between teaching employees and non-teaching employees; to determine employees' MHL in terms of ability to recognize a specific mental disorder; knowledge of gender susceptibility of mental disorders; knowledge of self-treatments; knowledge of professional help available; knowledge on how to seek mental health information and attitudes that promote recognition and appropriate health-seeking. Moreover, it aimed to compare the MHL between students and employees and between teaching and non-teaching employees.

**Methodology**

This study employed a descriptive comparative quantitative research design to determine the MHL of participants and

compare the differences between the MHL of students and employees.

**Conceptual Framework**

Recognition, knowledge, and attitude are all key elements of MHL. This study investigated the MHL of employees and students of MMSU through a survey questionnaire. This study also compared the MHL between students and employees and between teaching and non-teaching employees. An increased MHL and an increased awareness of risk factors that predispose an individual to develop a mental health disorder will lead to improved mental health promotion and a healthier university. Determining the MHL of the MMSU constituents would allow the university to come up with various activities, interventions, and projects that will cover the needs of faculty, students, non-teaching staff, the community, and relevant stakeholders to promote a healthy university.

**Locale of the Study**

The participants of this study were faculty members, staff, and students of MMSU in the second semester of AY 2020-2021. All colleges of the different university campuses were included in the study. MMSU, as a premiere university in the



Figure 1. Conceptual framework

northern Philippines, was chosen due to its populous constituents, mainly students and employees.

### Population and Sampling

From the total number of officially enrolled respondents acquired from the Office of the University Registrar and the list of faculty and staff per college from the Human Resource Management Office, the researchers utilized a stratified random sampling technique per college as subgroups. The stratified sampling technique selects separate samples from population subgroups (Jarvis, 2010). The stratification increased the precision of the estimates of characteristics of the whole population. After stratification, proportionate random sampling was allocated at 10%, depending on the subgroup population. Using a fishbowl technique, Simple random sampling is utilized to identify a list of respondents. A total of 648 participants (80 teaching employees, 78 non-teaching employees, and 490 students) were included.

Participants are included based on these inclusion criteria:

1. Faculty hired to teach in the second semester of the 2020-2021 academic year.
2. Non-teaching staff with at least one year of experience at the university.

3. College students enrolled in the second semester of the 2020-2021 academic year.

### Research Instrument

The study utilized the Mental Health Literacy Scale (MHLS) tool and was adapted from O'Connor & Casey (2015) and Dias et al. (2018). The MHLS demonstrated good internal and test-retest reliability and good validity. The MHLS was significantly positively correlated with the GHSQ total scale,  $r(370) = .234$   $p < .001$ , the GHSQ formal scale,  $r(370) = .146$   $p < .005$ , and the informal scale,  $r(370) = .185$   $p < .001$ . The MHLS developed by O'Connor & Casey (2015) had a final Cronbach's alpha level of .873. The authors determined six domains as adequately assessed: internal consistency, reliability, measurement error, content validity, structural validity, and hypothesis testing. Criterion validity was not assessed due to the absence of an accepted gold standard for scale-based measurement of MHL (O'Connor & Casey, 2015).

The MHLS questionnaire comprised 35 items using the Likert scale format and with different subcategories. In scoring the MHLS, the total score is produced by summing all items, although reverse scoring is performed for specific items (Table 1). Questions with a 4-point scale are rated 1 (very unlikely/unhelpful) to 4 (very likely/helpful), and those

Table 1. Components and scoring for the MHLS

Sub-category	Items	Reverse scoring
Ability to recognize disorders	1-8	None
Knowledge of risk factors and causes	9-10	Item 10
Knowledge of self-treatment	11-12	Item 12
Knowledge of professional help available	13-15	Item 15
Knowledge of where to seek information	16-19	None
Attitudes that promote recognition or appropriate help-seeking behavior	20-35	Items 20-28

with a 5-point scale are rated 1 (strongly disagree/definitely unwilling) to 5 (strongly agree/definitely willing) (O'Connor & Casey, 2015).

Before pre-testing, revisions to items 9 and 10 were done, replacing the country of Australia with the province of Ilocos Norte for contextualization of the question to the locality. For the pre-testing, five (5) of each respondent subgroup (faculty, staff, and students) were invited to answer the survey questionnaire. Each participant was asked about their experience and perception in completing the tool (e.g., Were the items easy to understand? Were there any items that needed to be revised for better understanding?). Content validation was also conducted by selected experts in mental health at the university. Revisions were done based on the feedback given by the participants during pre-testing and the experts' post-content validation. Most of the feedback centered on the online questionnaire format because the respondents and validators commented it took too long to complete the questionnaire. The online questionnaire was reconstructed and utilized more user-interface-friendly features of Google™ forms, such as questions and section skipping based on the respondents' answers.

### **Research Procedure**

After approval from the University Research Ethics Review Board (URERB), request letters to conduct this study were forwarded to concerned colleges and offices. Once approved, informed consent was secured from the participants. The questionnaires were distributed to the participants, giving them approximately five (5) days to answer them. After retrieving questionnaires, data were tabulated, analyzed, and interpreted.

### **Statistical Treatment and Analysis of Data**

All data were encoded in Microsoft™ Excel 2018 and analyzed using SPSS™ version 20. Descriptive statistics analysis and t-tests were used to determine the MHL of participants. Frequency, percentage, mean, and standard deviation were used for MHL. An independent sample t-test was used to compare the differences between students and employees and between teaching and non-teaching employees. The alpha level of significance was set at 0.05.

## **Results and Discussion**

### **Socio-demographic Profile of MMSU Students and Employees**

Most of the student respondents were female (65.9%), single (99.8%), third-year students (42.04%), and were non-working (92.2%). Most were from the College of Industrial Technology (31.22%), followed by the College of Health Sciences (28.78%). Most participants were 20 years old, with a minimum age of 18 and a maximum age of 31 (Table 2).

Most employees were female, teaching (57.50%) and non-teaching (62.82%). Most teachers are single (55%), while most non-teachers are married (53.85%). Most teachers were from the College of Teacher Education (30.00%), while most non-teachers were from Administration (33.33%). Most teachers are master's degree holders (43.75%), while most non-teachers are bachelor's degree holders (73.08%). Both groups are around the same age (teaching – 36.71, non-teaching – 37.80 years) (Table 3).

### **Mental Health Literacy of MMSU Students and Employees**

The MHL of the respondents was obtained using the Mental Health Literacy Scale tool adapted by Connor & Casey

Table 2. Socio-demographic profiles of the students (N=490)

Socio-demographic profile		Students	
		Frequency <i>f</i>	Percent %
Sex	Male	167	34.08
	Female	323	65.92
	Total	490	100.00
Civil status	Single	489	99.80
	Married	1	0.20
	Total	490	100.00
Occupation	Working student	38	7.76
	Non-working student	452	92.24
	Total	490	100.00
College	CHS	141	28.78
	COM	13	2.65
	CAFSD	117	23.88
	CAS	34	6.94
	COE	28	5.71
	CIT	153	31.22
	CTE	3	0.61
	CASAT	1	0.20
	Total	490	100.00
Year Level	First-year	159	32.45
	Second-year	104	21.22
	Third-year	206	42.04
	Fourth-year	13	2.65
	Fifth-year	8	1.63
	Total	490	100.00
Age	Mean	20.15	
	Minimum	18	
	Maximum	31	

(2015) and Dias et al. (2018). The respondents were asked about their ability to recognize the different variables (Table 4).

**Ability to recognize a specific mental disorder.** The students obtained a mean score of 3.08, the teaching employees a score of 3.26, and the non-teaching employees a score of 2.98. Both the students and non-teaching employees have similar interpretations of their mean scores, which are described as *likely*, thus, that both groups

know about general mental health disorders but are uncertain about specific mental disorders such as social phobia, generalized anxiety disorder, major depressive disorder, personality disorders, dysthymia, agoraphobia, bipolar disorders, and drug dependence. Ines (2019) identified that most Filipino college students could identify symptoms of mental health conditions, albeit at a lower capacity than adolescents in Western countries. Loo et al. (2012), as stated in Ines (2019), also report that Asian

adolescents have a lower capacity to recognize the symptoms of mental health conditions.

Meanwhile, the teaching group obtained a higher mean score of 3.26 with a descriptive interpretation of *very likely*. This means that the majority of the teaching

employees were certain about their knowledge of specific mental disorders. Daniszewski (2013) found that, on average, teachers felt "somewhat" knowledgeable, aware, or comfortable with different aspects of student mental health, being most aware of the range of mental health issues. Also,

Table 3. Socio-demographic profiles of the employees ( $N=158$ )

Socio-demographic profile		Teaching		Non-teaching	
		Frequency <i>f</i>	Percent %	Frequency <i>f</i>	Percent %
Sex	Male	34	42.50	29	37.18
	Female	46	57.50	49	62.82
	Total	80	100.00	78	100.00
Civil status	Single	44	55.00	35	44.87
	Married	33	41.25	42	53.85
	Widowed	3	3.75	1	1.28
	Total	80	100.00	78	100.00
College	CHS	15	18.75	8	10.26
	COM	1	1.25	N/A	N/A
	CAFSD	9	11.25	N/A	N/A
	CAS	16	20.00	N/A	N/A
	COE	3	3.75	N/A	N/A
	CIT	2	2.50	N/A	N/A
	CTE	24	30.00	N/A	N/A
	CASAT	8	10.00	N/A	N/A
	Administration	2	2.50	26	33.33
	Research	N/A	N/A	17	21.79
	Extension	N/A	N/A	11	14.10
	Library	N/A	N/A	7	8.97
	H&W Center	N/A	N/A	5	6.41
	ITC Center	N/A	N/A	2	2.56
	Procurement	N/A	N/A	1	1.28
	Security Services			1	1.28
	Total	80	100.00	78	100.00
Education qualification	High school	0	0.00	2	2.56
	College	26	32.50	57	73.08
	Master	35	43.75	18	23.08
	Doctorate	19	23.75	1	1.28
	Total	80	100.00	78	100.00
Age	Mean	36.71		37.80	
	Minimum	22		23	
	Maximum	63		61	

Table 4. Mental health literacy of MMSU students, teaching and non-teaching employees (N=648)

MHL	Students			Teaching employees			Non-teaching employees		
	Mean $\bar{x}$	SD $\sigma$	Descriptive	Mean $\bar{x}$	SD $\sigma$	Descriptive	Mean $\bar{x}$	SD $\sigma$	Descriptive
Ability to recognize a specific mental disorder	3.08	0.11	Likely	3.26	0.11	Very likely	2.98	0.08	Likely
Knowledge of gender susceptibility to mental disorders	2.53	0.28	Likely	2.32	0.03	Unlikely	2.46	0.11	Unlikely
Knowledge of self-treatments	2.55	0.78	Helpful	2.67	1.02	Unhelpful	2.49	0.93	Helpful
Knowledge of professional help available	2.70	0.42	Likely	2.92	0.59	Likely	2.75	0.61	Likely
Knowledge of how to seek mental health information	3.68	0.04	Agree	3.90	0.13	Agree	3.88	0.06	Agree
Attitudes that promote recognition and appropriate health-seeking (Part 1)	3.63	0.40	Disagree	3.87	0.45	Disagree	3.42	0.46	Disagree
Attitudes that promote recognition and appropriate health-seeking (Part 2)	3.46	0.37	Probably willing	3.13	0.55	Neither willing nor unwilling	2.80	0.44	Neither willing nor unwilling



Almeida (2017) noted that many teachers could identify mental disorders that were presented to them through vignettes. However, this contradicts the findings of Herbert et al. (2004), as stated by Yamaguchi et al. (2018), who said that most teachers only have limited mental health knowledge. The contradicting bodies of knowledge indicate an inconsistency in terms of how knowledgeable teachers truly are when it comes to mental health.

**Knowledge of risk factors and causes.** A difference was observed between the students' and employees' responses. The mean score for teaching employees is 2.32, and for non-teaching employees, it is 2.46; both are interpreted as *unlikely*. Biomedical causes of mental illness, such as genetics, are mostly unrecognized by the public (Jorm, Korten, Jacomb, Christensen, Rodgers, & Pollitt, 1997). This trend could be why the responses from the employees were more in line with the findings of Herbert, Crittenden, & Dalrymple (2004), as stated in Yamaguchi et al. (2019), wherein teachers have a limited amount of mental health knowledge.

However, the students obtained a higher mean score of 2.53, which was interpreted as *likely*. This means that the students have some knowledge of susceptibility but are not fully certain of this knowledge, which falls in line with the findings of Ines (2019) since she found that most Filipino college students commonly attributed daily life problems as the cause of mental health conditions, indicating a partial understanding of mental health conditions and its causes.

**Knowledge of self-treatments.** A difference was observed between the responses of both students and non-teaching employees versus the teaching employees' responses. The students' mean score was 2.55, while it was 2.49 for non-teaching employees; both are interpreted as *helpful*.

Meanwhile, the mean score for teaching employees is 2.67, interpreted as *unhelpful*. Therefore, most of the students and non-teaching employees believe that a good quality of sleep and avoidance of anxiety-triggering activities are beneficial to those finding it difficult to manage their emotions. In contrast, the teaching employees contradict this notion.

Ines (2019) had mixed findings when it came to the students. She found out that while most students were able to identify proper self-treatment and first-aid for mental health conditions, a handful still had incorrect notions about self-treatment procedures and protocols.

**Knowledge of professional help available.** The students' mean score was 2.70, while teaching and non-teaching employees had mean scores of 2.92 and 2.75, respectively. All mean scores of the respondents have a descriptive interpretation of *likely*. This means that the respondents have some knowledge of professional help available. However, they are uncertain about it, especially in the context of mental health professionals being bound by confidentiality. They perceive that a mental health professional is allowed to break confidentiality, especially if someone has an immediate risk of harming oneself or others.

Martinez et al. (2020) stated that the propensity of Filipinos not to seek psychological help is a crucial barrier to achieving well-being and improved mental health, finding out that Filipinos across the world have general reluctance and unfavorable attitudes towards formal help-seeking despite high rates of psychological distress; and that they prefer seeking help from close family and friends. Almeida (2017) contradicts the findings of this study, stating that teachers lack adequate MHL and require training in mental health promotion. Ines

(2019) also opposes the findings, having identified a promising number of Filipino students with the initiative to seek help when they encountered mental health concerns but tended to seek help more from their family and friends rather than professionals in dealing with their problems.

**Knowledge of how to seek mental health information.** The students' mean score is 3.68, while teaching and non-teaching employees have mean scores of 3.90 and 3.88, respectively. All mean scores of the respondents have a descriptive interpretation of *agree*. This means the respondents are confident in seeking mental health information through proper channels and modalities and accessing professionals and resources.

The findings of Martinez et al. (2020) and Ines (2019) on the propensity of Filipinos not to seek psychological help are again considered. Financial constraints and inaccessibility of services were cited in their study as major factors for improper health-seeking, as well as immigration status, lack of health insurance, language difficulty, discrimination, and lack of acculturation to host culture for overseas Filipinos. They found that the respondents were hindered by personal and sociocultural factors (i.e., self and social stigma, sense of shame, adherence to Asian values, sense of resilience, and self-reliance).

**Attitudes that promote recognition and appropriate health-seeking.** This variable aims to know the respondents' perceptions and willingness to adopt different attitudes that promote recognition and appropriate health-seeking.

For the first part, the students had a mean score of 3.63, the teaching employees had a score of 3.87, and the non-teaching employees had a score of 3.42. All of their

mean scores corresponded to the descriptive interpretation of *disagree*. This means that the participants disagree with negative or false ideas surrounding mental health (i.e., people with a mental illness could snap out if they wanted, a mental illness is a sign of personal weakness, a mental illness is not a real medical illness, and people with a mental illness are dangerous). Therefore, most MMSU constituents are knowledgeable enough to dispel the fallacies surrounding mental health, especially the inappropriate attitudes and health-seeking behaviors being portrayed or exemplified in the questionnaire (i.e., It is best to avoid people with a mental illness so that you do not develop this problem; If I had a mental illness, I would not tell anyone; Seeing a mental health professional means you are not strong enough to manage your difficulties, If I had a mental illness, I would not seek help from a mental health professional; and I believe treatment for a mental illness, provided by a mental health professional, would not be effective).

The second part is about the participants' willingness to interact and socialize and allow individuals with mental illnesses to partake in social roles such as neighbors, politicians, or employees. Only the students had a mean score between 3.41 and 4.20, which translates to *probably willing*. This infers that the students, more so than the employees, are more open to the idea of allowing some individuals with mental illness to participate in all social roles and activities with some slight hesitance. According to the studies of Kessler et al. (2015) as well as Hunt & Eisenberg (2005), as mental issues became more detrimental to the student's general life, promoting mental health awareness to and amongst students became a necessity, thereby exposing them to mental health

issues and causing a heightened awareness and acceptance of individuals with mental health issues and proper mental health-seeking behavior.

Meanwhile, the opposite could be said about the teaching and non-teaching employees, who had a mean score of 3.13 and 2.80, respectively, translating to a descriptive rating of *neither willing nor unwilling*. This signifies a more neutral response by the MMSU employees, wherein they have not fully embraced the concept of mainstreaming individuals with mental health conditions, but neither are they dispelling the notion of its future possibility. Ashlyn (2017) reported that generation does have an impact on one's accuracy of mental health when comparing older adults to middle-aged and younger adults; however, age itself does not. It gives the appearance that with age comes a decrease in knowledge of mental health. Therefore, it could be because the generation of these respondents corresponded to a time when issues on mental health were not a concern and were mostly a silent issue.

The variable *Knowledge on how to seek mental health information* had a statistically significant difference ( $p = .004$ ) between

students and employees of MMSU (Table 5). Of the three respondent groups, teaching employees were most likely to have the greatest experience, knowledge, and resources needed in seeking appropriate sources or means of health information. Breuer (2016) stated that teachers usually base their decisions on student referrals on their psychological openness and indifference to stigma. The more open teachers were to mental health services, the more willing they were to refer students for services. She also mentioned that if teachers were educated and aware of their specific beliefs and attitudes, this may lead to more students being referred for mental health services.

The rest of the variables, such as ability to recognize a specific mental disorder ( $p = .403$ ), knowledge of risk factors and causes ( $p = .572$ ), knowledge of self-treatments ( $p = .972$ ), knowledge of professional help available ( $p = .763$ ), and attitudes that promote recognition and appropriate health-seeking part 1 ( $p = .952$ ) and part 2 ( $p = .053$ ) being insignificant statistically (Table 5) means that throughout most aspects of MHL, MMSU students and teaching employees are mostly equally literate.

Table 5. Comparison of the MHL of MMSU students and employees ( $N=648$ )

Mental Health Literacy	Students	Employees	<i>P</i>
	Mean $\bar{x}$	Mean $\bar{x}$	
Ability to recognize a specific mental disorder	3.08	3.18	.403
Knowledge of risk factors and causes	2.53	2.39	.572
Knowledge of self-treatments	2.55	2.58	.972
Knowledge of professional help available	2.70	2.84	.763
Knowledge of how to seek mental health information	3.68	3.89	.004*
Attitudes that promote recognition and appropriate health-seeking (Part 1)	3.63	3.64	.952
Attitudes that promote recognition and appropriate health-seeking (part 2)	3.46	2.96	.053

\* - statistically significant

The variable *ability to recognize a specific mental disorder* was the only statistically significant ( $p .000$ ) variable between teaching and non-teaching employees (Table 6). Chorcora and Swords (2021) concluded in their study that the majority of their respondents, who were teachers, were able to correctly recognize a cluster of symptoms in a child as either anxiety or depression and could distinguish between a child with an internalizing disorder and a child experiencing situational stress. Meanwhile, Splett et al. (2018) found in their study that teachers can accurately identify externalizing and internalizing problems in elementary-age children, especially if they are severe cases. Also, those same teachers could generally identify which children had the most and least severe levels of anxiety.

The rest of the variables such as knowledge on how to seek mental health information ( $p .839$ ), knowledge of risk factors and causes ( $p .232$ ), knowledge of self-treatments ( $p .871$ ), knowledge of professional help available ( $p .741$ ), and attitudes that promote recognition and appropriate health-seeking part 1 ( $p .057$ ) and part 2 ( $p .236$ ) being insignificant statistically (Table 6) means that throughout

most aspects of MHL, MMSU teaching and non-teaching employees are mostly equally literate.

### Conclusions and Recommendations

The analysis of mental health literacy encompassed various dimensions, including the ability to recognize specific mental disorders, knowledge of risk factors and causes, awareness of self-treatments, familiarity with professional help available, understanding how to seek mental health information, and attitudes promoting recognition and appropriate health-seeking behaviors. The findings reveal that both students and employees at MMSU exhibit a moderate level of MHL, with variations in specific aspects.

In terms of the ability to recognize specific mental disorders, teaching employees demonstrated a higher level of certainty in recognizing specific mental disorders compared to students and non-teaching employees. This suggests that the teaching staff may possess more in-depth knowledge in this aspect.

Moreover, in their knowledge of risk factors and causes, students exhibited a slightly higher mean score than employees,

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Attitudes that promote recognition and appropriate health-seeking (Part 1)	3.63	3.64	.952
Attitudes that promote recognition and appropriate	3.46	2.96	.053

\* - statistically significant

indicating a partial understanding of susceptibility to mental disorders. Both teaching and non-teaching employees showed lower levels of certainty, aligning with existing literature on limited mental health knowledge among teachers.

Likewise, students and non-teaching employees perceived self-treatments as helpful, emphasizing the importance of good sleep and avoidance of anxiety-triggering activities. In contrast, teaching employees expressed a contrary view, suggesting a potential gap in perspectives on effective self-treatment strategies.

All groups of respondents demonstrated some knowledge of professional help available but with uncertainty, especially regarding confidentiality issues. This aligns with broader cultural factors, such as Filipinos' general reluctance to seek formal psychological help and preferring support from family and friends.

Furthermore, students and employees exhibited high confidence in seeking mental health information through proper channels. This is a positive sign, given the challenges reported in Filipinos' help-seeking behaviors.

Regarding their attitudes in promoting recognition and health-seeking, overall, respondents disagreed with negative or false ideas surrounding mental health. However, there were nuanced differences in the willingness to socialize with individuals with mental illnesses. Students displayed more openness, while employees showed a more neutral stance.

Based on the above conclusions, it is highly recommended to heighten efforts in understanding the needs of individuals with mental health conditions as well as be open to adapting to modern approaches and beliefs on mental health and mental health-seeking behaviors. It is further recommended

to enhance responsiveness and initiative on MHL to improve knowledge, awareness, and attitudes on mental health conditions, to develop policies, projects, or materials that emphasize the enhancement of the MHL of the MMSU constituents, and to involve more respondents and the gathering of qualitative data through interviews and focus groups. Studies that would compare the MHL of MMSU constituents to the presence of mental health disorders and that would compare the MHL of MMSU constituents pre- and post-MHL enhancement are also recommended.

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