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Students' Mental Health Literacy in One State University as Basis for Strategic Action Areas

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Abstract - *This study determined the level of students' mental health literacy as basis for strategic action areas. It employed sequential explanatory design that incorporates two phases. In selecting the respondent, the researcher used stratified proportional sampling on the first phase and purposive sampling on the second phase. The study involved 380 students for the quantitative phase and 10 for the qualitative phase who came from the different campuses of one state university in Southern Luzon area. The researcher utilized a standardized assessment tool known as Mental Health Literacy for Students (MHL-S) and in-depth interview guide. Correlation was used to assess the quantitative data and thematic analysis using grounded theory for the qualitative data. Most of the respondents were female, who were in their senior years in college and with knowledge about the relevance of mental health. Results showed that respondents' mental health literacy was high although they have average ability not to be affected by stereotypes and erroneous beliefs. The students' mental health literacy was significantly different when grouped according to sex which suggests that gender norms may affect its development. The university should consider the students' mental aptitude in establishing the importance of mental health literacy. It is recommended that the university should have strategic action areas that may develop students' mental health literacy to become an upright and productive citizen.*

Keywords: *mental health aptitude, mental health literacy, strategic action areas*

INTRODUCTION

Mental health is evident on how one person behaves, decide and problem solve. It shows the ability as well to manage stress, interact to others, and make decisions. One's mental health is affected by problems which is evident on the person's behavior and mindset that will hinder in attaining quality of life (QoL). Behavioral factors contribute to mental health concerns which are brought by the genes or concerned with the heredity; negative life experiences which involves threatening events and history of family also covers the mental health issues of the individual. Mental health problems are common and needed to be given attention. Individuals who experiences mental health problems can live normally once given proper treatment and intervention.

The relevance of this research can be seen on the objectives of Philippines Mental Health Act in 2018 especially the last objective which states that there should be an integration of strategies to different institutions to promote mental health [1]. The output of this study is the first step to attain the said objective. In order to attain the necessary data to develop a strategic action area as an output, the researcher used the key action areas provided by the Framework for Promoting Student Well-being in Universities in 2016 as guide [2].

A systematic process of examining the state and current condition of the clients is necessary to assess the readiness of one State University in strategically incorporating the action areas that develops the mental health literacy of the students to its academic system, It determined the way services currently are and the way services it can or should be in improved and fill the gap in services towards effective attainment of objectives. For this study, the researcher used Mental Health Literacy for Students (MHL-S) [3].

In accordance to the World Health Organization (WHO), unhealthy mental condition is a silent killer and it's about time to set aside barrier, to get over the stigma and be informed about Mental health not any minute longer. A study reveals 7 Filipinos commit suicide daily and 1 in 5 Filipino adults also suffer from a form of mental disorder (PSA, 2018) [4]. In the recent data of Philippine Statistics Authority (PSA) out of 100,000 Filipinos 88 cases of related mental health illnesses has been recorded. It is said that by 2020 mental illness specifically depression will be the most

common illness in the world and the second leading cause of death. Due to these following reasons, it is necessary to consider the strategic integration of psychological services and mental health literacy in the Higher Education Institution (HEI) for it is where young professionals are being honed to be just and upright citizens who are productive and involved in building the nation and adhere to the societal demands and needs.

In order to help the university, provide high sustainable mental health literacy among its student clientele, the researcher proposed strategic action areas. It is comprised of services and activities that may be implemented that can aid in the promotion of student mental health and wellbeing. For each action, priority services and activities, and possible measures of progress that can be adapted by the university were determined. Agenda for improvements is set to be included in the strategic action areas.

OBJECTIVES OF THE STUDY

In general, the study aimed to propose a strategic mental health promotion at one State University. Specifically, it intended to (1) determine the demographic profile of the respondents; (2) assess the mental health literacy of the respondents; (3) test the significant difference among the students' assessed mental health literacy when grouped according to their demographic profile; and (4) propose a strategic action area to develop the students' mental health literacy.

MATERIALS AND METHODS
Research Design

This research employed mixed method by means of the sequential explanatory design. The researcher chose specific respondents for the quantitative and qualitative part. The results of the two phases were associated. The quantitative results were supplemented by the thematic analysis grounded by theory [5]. This research design enables the researcher to administer the needs assessment which involves the responses of the students that was necessary in the formation of a strategic action areas for mental health literacy. It was logical in nature where it established an understanding which becomes the foundation of the recommended output through the particular gathered data. These collected data were analyzed and discussed thoroughly. This approach was appropriate to social sciences, for it is a systematized and firsthand analysis of data was evident via statistical measures, thematic analysis and precise procedures.

Participants

The random sampling technique used in this study was the stratified proportional sampling for the quantitative part and purposive sampling for the qualitative part as high level of mental health literacy is considered. The total population of the respondents were gathered from the various campuses of University. The sample size for the quantitative part is 380 students while for the quantitative part is 10. Nonetheless, this study only gathered diverse responses from the participating sample size of respondent gathered from the bona fide student enrolled in the First Semester of the AY 2018-2019.

Measures

Mental health literacy for students (MHL-S). These two standardized assessment tools were rating scales, developed to assess the level of the mental health literacy of the students and level of employability skills. This first scale measures the respondents' Knowledge of Mental Health Problems; Erroneous Beliefs/ Stereotypes; First Aid Skills and Help Seeking Behavior; and Self-help Strategies [3].

In-depth interview. As an additional tool, it is done to substantiate and validate the statistical results. Guide questions were made which were aligned with the factors composing the mental health of the students.

Procedure

The initial step for data collection is to read various references, manuals, researches, articles on and offline that is relevant in the construction of the survey questionnaires and guide questions. For the quantitative part, the researcher came up with a copy of questionnaire, and validated and run for reliability testing; and eventually set dates for distribution. While for the qualitative part, the researcher was able to make the set of questions for the in-depth interviews.

Next step is the distribution of the questionnaire and scheduling for the interview. The researcher made a request letter to the university administrators asking for approval for the data collection. The third step is the retrieval of the survey questionnaires from the respondents and transcribing of the responses.

The fourth step is encoding, calculating through statistical measures, and theming of the responses through the help of several experts in qualitative analysis. The last step is presentation, interpretation, making conclusions and recommendations towards the attainment of the research objectives.

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Data Analysis

Weighted and composite mean were calculated in the study that determine the respondents' level of mental health literacy. Likewise, analysis of variance with post hoc test using Scheffe method was used to compute the significant difference of responses on the importance of level of mental health literacy when grouped according to respondents' profile [6].

In the students' mental health literacy the scales for the weighted mean are $4.50 - 5.00$ as strongly agree; $3.50 - 4.49$ as agree; $2.50 - 3.49$ as neutral; $1.50 - 2.49$ as disagree; and $1.00 - 1.49$ as strongly disagree While for the composite mean the scales are $4.50 - 5.00$ as very high; $3.50 - 4.49$ as high; $2.50 - 3.49$ as average; $1.50 - 2.49$ as low; and $1.00 - 1.49$ as very low.

And lastly, the qualitative part used the thematic grounded theory approach to give an explanation or theory behind the events. This approach uses interviews and current documents to construct a theory based on the data. It gone through a sequence of open and axial coding procedures to recognize themes and build the theory. In here responses were coded and grouped by themes. The themes emerged from the transcript were validated by the key informants themselves.

Ethical Considerations

This study abides the ethical guidelines in conducting research, voluntary participation of the respondents in the study was observed. Respondents contributed once they approved the participation. They were also completely informed regarding the processes of the study and any possible risks.

Discretion and privacy of respondents is regarded first and foremost. Therefore, no personal identification was asked from them. Labels were used in analysing and summarizing the data collected. Acknowledgement of works of related to previous study was done through APA referencing system. Finally, adherence to Data Privacy Act of the Philippines (2012) was also made [7].

RESULTS AND DISCUSSION

Table 1 shows the demographic profile of the respondents. It is seen that most of them were female. Students who were 19 years old constitutes the highest number of participants. It is seen from their birth order and number of siblings that most of them were only child or belonging to sixth and above. However, in years in college most of the students were from in their fourth year in college.

Table 1. Students' Demographic Profile

Demographic Profile	Frequency
Sex	
Male	171
Female	209
Age	
16 yrs. and below	48
17 yrs. Old	85
18 yrs. Old	55
19 yrs. Old	139
20 yrs. Old	17
21 yrs. old and above	36
Birth Order	
First	26
Second	69
Third	68
Fourth	48
Fifth	27
Others	142
Number of Siblings	
First	26
Second	69
Third	68
Fourth	48
Fifth	27
Others	142
Years in College	
First Year	61
Second Year	45
Third Year	84
Fourth Year	125
Fifth Year	65

The relevance of considering demographic profile in assessing mental health literacy is supported by mental health atlas provided by WHO in 2011. Philippines is a country with an approximate area of 300 thousand square kilometers (UNO, 2008). The population is 93,616,853 and the sex ratio (men per hundred women) is 101 (UNO, 2009). The proportion of the population under the age of 18 years is 40% and the proportion above age 60 is 4% (UNO, 2009). The literacy rate is 94% for men and 96% for women (UN Statistics, 2008) [8]. As evident from the data presented, it suggests that considering the demographic of the respondents is important in the development of a recommended strategic action areas.

Table 2 shows the results of assessment of the Mental Health Literacy of University Students in terms of Knowledge of Mental Health Problems showing that the respondents agreed to all the indicators. The highest assessed indicator by the respondents in the said factor is their literacy to *know the changes in brain function*

50

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that may lead to the onset of mental disorders with a weighted mean of 4.38. On the contrary, the lowest assessed indicator is to *know the symptom's length is one of the important criteria for the diagnosis of a mental health* with a weighted mean of 3.67. It can be reflected from the results that the students' literacy is sufficient in terms of their knowledge of the cause of mental health problem; however, they have limited idea of diagnosing it in terms of symptoms length as criteria.

Table 2. Mental Health Literacy for Students (Knowledge of Mental Health Problems)

	Indicators	WM	VI
1.	A person with schizophrenia may see and hear things that nobody else sees and hears.	4.20	Agree
2.	Drug addiction may cause mental disorders.	3.96	Agree
3.	Changes in brain function may lead to the onset of mental disorders.	4.38	Agree
4.	Highly stressful situations may cause mental disorders.	4.10	Agree
5.	People with schizophrenia usually have delusions (e.g., they may believe they are constantly being followed and observed).	4.09	Agree
6.	Alcohol use may cause mental disorders.	3.98	Agree
7.	The symptom's length is one of the important criteria for the diagnosis of a mental health.	3.67	Agree
8.	One of the symptoms of depression is thee loss of interest or pleasure in most things.	4.04	Agree
9.	A person with anxiety disorder may panic in situations that she/he fears	4.21	Agree
10.	A person with depression feels very miserable.	4.19	Agree
11.	A person with schizophrenia may see and hear things that nobody else sees and hears.	4.20	Agree
	Composite Mean	**4.09**	**High**

The total composite mean of the Mental Health Literacy in terms of Knowledge of Mental health problems was 4.09, verbally interpreted as high literacy. For the past years, there has been a growing number of students with severe mental health disabilities in college. In a 2014 national survey of postsecondary counseling centers, 52% of their clients had severe psychological issues, which was an increase from 44% in 2013. 26% of their clients took psychiatric medication, up from 20% in 2003 and 9% in 1994 [9]. Because mental health problems are invisible, its issues often do not receive much attention. It can be difficult for a student to explain how he/she is affected/ disturbed by a mental health issue. It is important to ensure that students who may be at risk are provided with mental health disability resources and knowledge about accommodation they may need to succeed in school.

Unfortunately, most college students facing mental health problems do not receive proper treatment. The relevance to provide school psychological services is supported by 2011 study at the University of Washington [8]. It was found that, among students with apparent mental health problems, approximately one in three received mental health treatment in the previous year. Reasons for not seeking treatment included thinking that problems will get better by themselves, stress is normal in college, and there is no time to seek treatment. Without sufficient treatment, young adults going through a mental health issue are more likely to receive lower grade point average, drop out of college, or be unemployed than those without a mental health challenge.

Table 3. Mental Health Literacy for Students (Erroneous Beliefs/ Stereotypes)

	Indicators	WM	VI
1.	Depression is not a true mental disorder.	2.87	Neutral
2.	People with mental disorders belong to low-income families.	2.56	Neutral
3.	Only adults have mental disorders.	2.33	Disagree
4.	Mental disorders don't affect people's behaviors	2.47	Disagree
5.	The sooner mental disorders are identified and treated, the better.	3.66	Agree
6.	Mental disorders don't affect people's feelings.	2.54	Neutral
7.	If someone close to me had a mental disorder, I would listen to her/him without judging or criticizing.	3.89	Agree
8.	If someone close to me had a mental disorder, I could not be of any assistance.	2.73	Neutral
	Composite Mean	**2.88**	**Average**

Table 3 show the results of assessment of the Mental Health Literacy of University Students in terms of Erroneous Beliefs/ Stereotypes. The respondents assessed all the indicators provided in the assessment as neutral in most criteria. The literacy of the students *to help someone close to them by listening to their concerns without judging or criticizing* has a weighted

51

mean of 3.89 and was the highest among all the indicators. Conversely, the lowest assessed indicator by the respondents in the said factor is their *belief that only adults have mental disorders* with a weighted mean of 3.74. Based from the results, it can be seen that some students have erroneous beliefs and stereotypes about mental health problems, and some have the awareness which is essential in the promotion of the said concern.

Verbally interpreted as high literacy, the total composite mean of the Mental Health Literacy in terms of Role Clarity was 3.79. Erroneous belief or Stereotypes on some major mental illness create many barriers. Most of the people who suffer mental illness face unfair treatment when renting homes, applying for jobs, and accessing mental health services. People enduring a certain mental illness and other mental health problems are among the most stigmatized, discriminated, marginalized, disadvantaged and vulnerable members of the society. It is the reason why there is a need among Universities, Colleges and other Academic Institutions. To have a mental health literacy program and promote it to its catered student clients.

The erroneous and stereotypes create stigma leading to. Two main types of stigma of mental health problems, social stigma and self-stigma. Social stigma, also called public stigma, refers to stereotyping those with mental health problems negatively. This stigma presents seeing those individuals as an individual but instead define and mark them out as a different one. It is also often associated with discrimination. An example would be a person suffering a mental health problem have the tendency to avoid others even those who are the closest.

A 2011 survey found out that almost nine out of ten mental health service users in England had experienced discrimination [10]. Same here in the Philippines, this situation is also observable. The consequences of discrimination are unemployment and social isolation and it can stigmatize a person further. The second type which is self-stigma occurs when a person internalizes negative stereotypes resulting to low self-esteem, shame and hopelessness. Both types of stigma prevent to seek help for their mental health problem fearing that they might be embarrassed, shunned or rejected. This is the reason why there should be an intense mental health promotion.

Table 4 shows the results of assessment of the level of Mental Health Literacy of students in terms of First Aid Skills and Help Seeking Behavior show that the respondents agree on all the indicators. The indicator with regards to the respondents' ability to *seek help*

whenever he/she has mental disorder gained the lowest weighted mean of 3.92. Contrariwise, the highest indicator of the students' literacy is to *seek help from a psychologists or related practitioners if he/she has mental disorder* with a weighted mean of 4.17. It can be seen from the data that the students have idea in seeking help for mental health problems. This will lead to initial treatment that will help them to cope up with it.

Table 4. Mental Health Literacy for Students (First Aid Skills and Help Seeking Behavior)

Indicators	WM	VI
1. If I had a mental disorder, I would seek friends' help.	3.92	Agree
2. If someone close to me had a mental disorder, I would encourage her/him to look for a psychologist.	4.15	Agree
3. If had a mental disorder I would seek a psychologist's help.	4.17	Agree
4. If someone close to me had a mental disorder, I would encourage her/him to see a psychiatrist.	4.07	Agree
5. If I had a mental disorder, I would seek a psychologist's help.	4.13	Agree
6. If I had mental disorder, I would seek my relatives' help.	3.96	Agree
Composite Mean	**4.06**	**High**

The computed total composite mean tend of Mental Health Literacy in terms of First Aid Skills and help Seeking Behavior was 4.06, verbally interpreted as high literacy. The basic objectives of Psychological First Aid are to introduce it in a non-intrusive and compassionate manner, improve immediate and ongoing safety, and provide physical and emotional comfort. Also, to help in calming and orienting emotionally overwhelmed or distraught individual. While, the concept of help-seeking behavior has gained mass popularity in the recent years serving as an important vehicle for exploring and understanding patient delay nowadays which also prompt action across a variety of health conditions. These terms are used interchangeably which is commonly described as part of both illness behavior and health behavior. To strengthen these two is relatively important for the success of mental health promotion.

The same with other student from other Universities or Colleges, some of the students of University are able to seek help whenever they experience mental health problems. It is supported by the study of Firmante in 2017 which covers the psychological help-seeking

intentions among Filipino College Students across three common problem. In here the discovery of people's dynamics of psychological help-seeking intentions have been implicated. The decision to seek help and make use of psychological services is relevant towards treatment. It examines the theory of planned behavior (TPB) that helps to understand the psychological help-seeking intentions among Filipino college students. It is necessary in treating (3) common problem areas such as: anxiety or depression, career choice concerns, and alcohol or drug use [11].

Table 5. Mental Health Literacy for Students (Self-help Strategies)

	Indicators	WM	VI
1.	Doing something enjoyable contributes to good mental health.	4.42	Agree
2.	A balanced diet contributes to good mental health.	4.25	Agree
3.	Physical exercise contributes to ggod menatl health.	4.29	Agree
4.	Sleeping well contributes to good menatl health.	4.33	Agree
	Composite Mean	**4.32**	**High**

Table 5 shows that the results of Self-help Strategies assessment of the Mental Health Literacy of University Students shows that the respondents agrees on all the indicators provided in the assessment. The highest assessed indicator by the respondents in the said factor is their ability to *do something enjoyable that can contribute to a good mental health* with a weighted mean of 4.42. On the contrary, the literacy of the students to have a *balanced diet which contributes to good mental health* that has a weighted mean of 4.25, as assessed by the respondents was the lowest among all the indicators. In terms of giving oneself a break over stressful situations the students of University have shown good self-help strategies that are important to manage mental health related issues and cope up with difficult times.

It is seen in the total composite mean of the Mental Health Literacy in terms of Self-help Strategies that the students have high literacy with a numerical value of 4.32. Many college students spend countless of late night hours studying for exams, balancing school, social life and submitting papers at the final deadline. Although college is one of the best experiences for students, many struggle with prioritizing their time to incorporate self- care. While academics are extremely important, don't forget to create time to take self-care. Practicing self-care can prevent burn out, physical

illness and stress. The result implies the need for Self-help strategies for students to be guided towards self-caring and prevent mental health problems.

It is said that in order for an individual to successfully manage their mental health problems they should develop resilience. It can be seen from the results of the study that self-help strategies are important according to Lapeña, Tarroja, Tirazona, and Fernando [12]. Self-care is also relevant in the development of resilience. The human ability to adapt in the face of tragedy, trauma, adversity, hardship, and ongoing significant life stressors is related to resilience. It is essential to take care of oneself. Just an individual would tend to an acute physical injury by seeking support, alleviating symptoms of pain, and taking steps to ensure recovery, the same is true for an emotional or psychological challenge or obstacle. And, just as the human body is often ingenious in the way it can mend itself, so too the mind and heart that can be incredibly resilient. Building and engaging resilience include physical self-care, emotional self-care, social self-care, and spiritual self-care.

It can be seen from figure 1 that mental health literacy is important because it serves as the basis for mental health aptitude. Mental health aptitude institutes the inherent ability or skills in learning or performing physical or mental endeavors. In here mental health literacy and aptitude can be the basis of strategic action area that is proposed to be implemented in the university. Moreover, the status of the mental health services provided by the university is assessed into two different factors. First is the problems of mental health promotion. Mental health is associated to how it is promoted. While, the second factor which mental health capacity building pertains to the ability of the institution to provide mental health services. If the university is able to mediate the problems of mental health promotion and improve the mental health capacity building, then the students will attain high mental health literacy.

Furthermore, as seen from the status of mental health services of the participating university the following problems were difficulty determining signs and symptoms of mental illness; difficulty knowing the mental health practitioners for consultation; lack of knowledge to mental health service; and lack of confidence to administer mental health aid. Nevertheless, it is also seen that the has a mental health capacity building such as knowledge of self-care and social support; knowledge of mental illness effects; ability to focus and control one's mental status; training

for mental health preparedness; and promotion mental health education and advocacy.
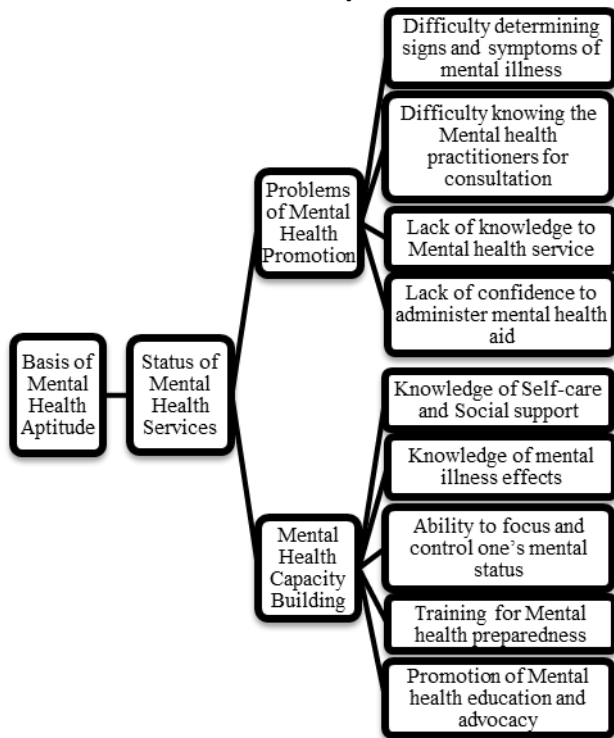

Figure 1. Framework of Students' Mental Health Literacy

Table 6. Differences among the assessed level of Mental Health Literacy when grouped according to profile

Profile Variables	F-value	p-value	VI
Sex	6.499	0.011	Significant
Age	1.765	0.185	Not Significant
Birth Order	1.182	0.317	Not Significant
Number of Siblings	1.300	0.263	Not Significant
Years in College	2.220	0.052	Not Significant

Legend: Significant at p-value < 0.05

The result from table 6 shows that the Mental Health Literacy of the respondents were only significant to sex which means that male and female student' knowledge of mental health problems, erroneous beliefs/ stereotypes, psychological first aid skills and help-seeking behavior, and self-help strategies were different, although it is also evident that both have high mental health literacy. The variation might be contributed by the existing gender related norms. It can be inferred from the results that the respondents are able to develop their mental Health Literacy within the course of their stay in the academic institution. It only suggests that the integration of mental health promotion in the school system is vital in order to increase the awareness. In addition, if the students are able to develop such literacy they would also be able to prevent and help in the intervention of such problems.

The present study is supported by the 2016 Framework for Promoting Student Mental Wellbeing in Universities [2]. It suggests that there is a strong and expanding evidence base indicating that students are a 'very high risk population' for psychological distress and mental disorders, and that the prevalence and severity of mental health difficulties is rowing across student populations. The research focuses on the question for administrators and educators given that a significant proportion of student will experience mental health difficulties during their time at University. To develop a 'whole-of-university' approach that will assist institutions is the aim of this framework. It provides key action areas for promoting student mental health and well-being together with institutional enablers for achieving those actions. The following health promoting areas aim to foster engaging curricula and learning experiences; cultivate supportive social, physical and digital environments; strengthen community awareness and actions; develop students' mental health knowledge and self-regulatory skills; and ensure access to effective services.

CONCLUSION AND RECOMMENDATION

The respondents' demographic profile shows that most of the respondents were female, who were in their senior years in college and with knowledge about the relevance of mental health. In addition, the level of students' mental health literacy is considered high. However, it is seen from that the level of students' ability not to be affected by stereotypes and erroneous belief is average. It can be inferred from the result that culture affects the mental health literacy of the students.

There is no significant difference on the level of mental health literacy when grouped according to their profile excluding the sex. It suggests that the level of mental health literacy of the students is affected by gender norms. Moreover, the importance of mental health literacy is seen as the basis of mental health aptitude. It suggests that the status of mental health services must be considered in establishing strategic action areas to promote mental health literacy.

Essentially, the result is a reliable source of information that can be basis for the improvement of services and activities provided by the university that

54

may ensure the development of high mental health literacy among the students. Constantly, this study shows the importance of mental health literacy because it serves as the basis of mental health aptitude. It indicates the relevance of having a strategic action area in the academic system and how it is related to attainment of quality of life.

On the other hand, the study is limited only to respondents coming from one state university. To have a thorough understanding on the importance, level and basis of mental health literacy of students, it is suggested to carry out a comparable study with assessment of different universities within the region. Furthermore, the researcher only used MHL-S to assess students' mental health literacy. There might be other factors and tools that could be used that might deliver other substantial results.

Finally, it is recommended that every academic institution should provide services and activities that can harness students' mental health literacy. Just because collegiate education is relevant towards employment preparation and attainment of quality of life, the action areas must be based from the students' mental health aptitude and there should be provision for the development of emotional intelligence. The university administrators and related mental health personnel may evaluate the proposed strategic action areas as it would promote mental health literacy. Future researchers with related pursuit may enhance the results of this research by exploring other areas towards a mental literate society.

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