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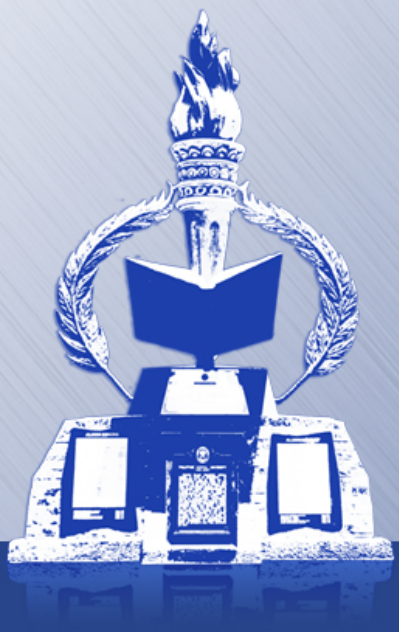
Teachers' Mental Health Knowledge, Beliefs, and Attitudes: Basis for Teachers' Mental Health Program

Ivy Rose B. Gravidez
Philippine Normal University



TEACHERS' MENTAL HEALTH KNOWLEDGE, BELIEFS, AND ATTITUDES: BASIS FOR TEACHERS' MENTAL HEALTH PROGRAM

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In Partial Fulfilment of the Requirements

for the Degree of Master of Arts in Education

with specialization in Guidance and Counseling

IVY ROSE B. GRAVIDEZ

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Contact No.: 0916-687-9193
E-mail Address: **ivyyenggravidez@gmail.com**

APPROVAL SHEET

This thesis entitled "**TEACHERS' MENTAL HEALTH KNOWLEDGE, BELIEFS, AND ATTITUDES: BASIS FOR TEACHERS' MENTAL HEALTH PROGRAM"** prepared and submitted by **IVY ROSE B. GRAVIDEZ** in partial fulfillment of the requirements for the degree of **Master of Arts in Education with Specialization in Guidance and Counseling**, is hereby recommended for approval and acceptance.

TERESITA T. RUNGDUIN, Ph.D
Adviser

Approved in partial fulfillment of the requirements for the degree **Master of Arts in Education** by the Oral Examination Committee.

ARLYNE C. MARASIGAN, Ph.D.
Chairperson

EDNA LUZ ABULON, Ph. D.
Member

EVELYN BAGAPORO, Ph. D.
Member

BETTINA PHILOMINA SEDILLA, Ph. D.
Member

Accepted in partial fulfillment of the requirements for the degree **Master of Arts in Education**.

23 November 2021
Date

ANTRIMAN V. ORLEANS, Ph. D.
Dean,
College of Graduate Studies and
Teacher Education Research

ABSTRACT

Name:	**Ivy Rose B. Gravidez**
Title of the Study:	**TEACHERS' MENTAL HEALTH KNOWLEDGE, BELIEFS, AND ATTITUDES: BASIS FOR TEACHERS' MENTAL HEALTH PROGRAM**
Key Concepts:	Public school teachers, mental health literacy, help-seeking intention and attitude, erroneous beliefs and stereotypes, first-aid skills
Specialization:	Guidance and Counseling
Adviser:	Dr. Teresita T. Rungduin

In school setting, students' mental health is given emphasis whilst teachers' mental health is given little emphasis. This was the premise of this study to quantitatively examine the public-school teachers' mental health literacy (MHL), help-seeking attitude, and intention, and to create an research-based mental health program and framework. All participants (n=1213) answered the MHL questionnaire, mental help-seeking attitude and intention scales, and general help-seeking questionnaire. Results showed that teachers had high help-seeking attitude and intention, and personal-emotional problems significantly affected their MHL. They had a tendency to pose erroneous beliefs about mental health. They also most likely would go to their parents, mental health professionals, and partners if they experience personal and emotional problems while those who would experience suicidal thoughts tend not to seek MHL. The mental health program and framework were generated from these results to address teachers' mental health concerns.

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Chapter I

The Problem and Literature Review

Background of the Study

Mental health is an essential constituent of human health (Castagner-Giroux et al., 2015). Health issues do not only concern physical health, but also include mental health and well-being. This being the case, physical health is affected by emotional well-being and requires a balance in an individual. The COVID-19 pandemic brought forth different emotions among Filipinos which include anxiety, stress, and loneliness especially among older adults (Buenaventura, Ho, & Lapid, 2020). As a consequence, in many sectors, mental health has been a proliferating concern among a myriad of institutions including the academe (Mcleod & Mcleod, 2010). While Seligman (2010) positively regarded the best practices in handling mental health concerns in schools, a number of studies, such as that of Lally, Tully, and Samaniego (2019) and Lever, Mathis, and Mayworm (2017), suggested to implement a multisectoral approach in addressing issues accompanying the programs directed towards the enhancement of people's mental health, most especially in schools. In this approach, the government agencies, school officials, and administrators are expected to collaborate in actively and continuously developing, implementing, and evaluating programs intended to attend to the mental health concerns of the stakeholders of educational institutions.

Given the thrust of educational institutions, prioritizing ways in addressing the needs of students should be assured and ensured to achieve positive experiences that lead to better approaches in managing their negative and difficult life experiences. This is

important for them to become adaptive to the demands of schooling that can directly or indirectly affect their state of being. Equally, this effort is considered important in addressing the emotional and psychological well-being of teachers, they being the first to face students' narratives about their lives. Teachers serve as immediate receivers of students' concerns, be it academic or otherwise. In addition, they are also expected to deliver administrative expectations that may, in one way or the other, have an impact on their psychological functioning. Thus, programs pertaining to mental health calls with wider scope that are inclusive of the needs of teaching personnel are essential at this time.

The enactment of R.A.11036, also known as the Mental Health Act of 2018, compelled all agencies, both private and government, to initiate programs that promote the psychological needs of their employees. In effect, educational institutions have established and enhanced mental health programs by integrating them in the curriculum, highlighting the management of anxiety and stress related to academic demands. Even prior to these efforts, as early as 2009, the World Health Organization (WHO) and the Department of Health (DOH) collaborated in developing a manual for the promotion of mental health and wellness related to non-communicable disease (World Health Organization & Department of Health Philippines, 2009). The primary goal of the manual is to address the pressing concerns on mental health among people with prolonged noncommunicable diseases or disabilities. Aside from the objective directed at different population groups, like school-based, work-based, and community-based individuals, the module was specifically designed to advocate and create a supportive environment for every individual.

Thus, in addressing teachers' mental health needs, educational agencies are expected to have a program grounded on legal requirements and an inclusive approach.

In line with the implementation of the said law, the Department of Education (DepEd), being the supervisory government agency of public school teachers, is behooved to implement activities, such as a mental health forum, in response to the different mental health concerns and issues. Case in point was the incident of the suicide cases in 2018 of two (2) novice public school teachers.

Literature Review

Mental Health

According to the World Health Organization (2007), mental health is defined as "a state of well-being in which every individual realizes his/her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his/her community." In the study of Galderisi, Heinz, Kastrup, Beezhold, and Sartorius (2015), a new definition of mental health was proposed to introduce an inclusive approach and gear towards the recovery movement perspective. It defined mental health as "a dynamic state of internal equilibrium which enables individuals to use their abilities in harmony with universal values of society. Basic cognitive and social skills; ability to recognize, express, and modulate one's own emotions as well as empathize with others; flexibility and ability to cope with adverse life events and function in social roles; and harmonious relationship between body and mind represent important components of

mental health which contribute, in varying degrees, to the state of internal equilibrium." With these definitions, it is conclusive that there is a need to have a work-life balance in maintaining positive mental health.

Mental health and well-being are key factors to maintain the stability of an individual. Generally, it has three (3) determinants as identified by WHO secretariat background paper, namely individual attributes and behavior, socioeconomic status, and environmental factors (Afifi, McMillan, Asmundson, Pietrzak, & Sareen, 2011). Castagner-Giroux et al. (2015) supported this by identifying similar determinants such as: a) risk factors at the individual level (biological, psychological, behavioral, and co-morbidities); b) social and economic determinants; and c) environmental factors (inequity, racism, discrimination such as homophobia, refugee mental health, war and immigrants, unemployed). Likewise, Bronfenbrenner's bioecological systems theory focused on the aforementioned determinants, suggesting that human development is basically honed through the nature of the person and how he/she is nurtured (Vélez-Agosto, Soto-Crespo, Vizcarrondo-Oppenheimer, Vega-Molina, & García Coll, 2017). Furthermore, human biology which is exposed to a certain kind of environment inevitably contributes to the development of a person (Perron, 2018). Thus, mental health is genetically linked, can become a contagion, can be triggered through an unhealthy lifestyle or traumatic event, and can be affected by innate diseases. Consequently, socialization, socio-economic status, stigma, and discrimination round the individual can significantly affect mental health concerns (Castagner-Giroux et al., 2015).

Mental Health in the Philippines

The Philippines has a population of 84,241,341 (Department of Health Philippines, 2007), and data on mental health care providers gathered by the Department of Health (DOH) as of 2005 states that a ratio of 3.21 psychiatrists per 100,000 general population working in mental health facilities exists in the largest city which congregates 11.79% of the country's population. Five percent of health care expenditures by the government health department are directed towards carrying out positive mental health among Filipinos while 95% of the expenses on mental health are spent on operation, maintenance, and salary of personnel of mental hospitals. Clearly, given these statistics, the Philippines is slowly paving its way to deliver mental health care and facilities to Filipinos. However, facilities and practitioners do not seem to be enough to address the rising concerns on mental health. Thus, DOH, in partnership with national government agencies (Department of Labor and Employment, Department of Social Welfare and Development, Department of Education, Technical and Educational Skills Development Authority, Commission on Higher Education, Department of Interior and Local Government) and non-government organizations (World Health Organization, Philippine Psychiatric Association, Psychological Association of the Philippines, Philippine Neurological Association, Philippine League Against Epilepsy, AWIT Foundation, World Association of Psychological Rehabilitation, Natasha Goulbourn Foundation), established the Mental Health Program which promotes awareness, prevention, treatment, and rehabilitation of mental health, mental health concerns, and well-being (Department of Health Philippines,

2007). Relevant components such as Wellness of Daily Living, Extreme Life Experience, Mental Disorders, Neurologic Disorders, and Substance Abuse and other forms of Addiction (MNS) were incorporated. To date, Cardinal Santos Hospital is the first private hospital to open a Mental Health Center. It has been holding annual mental health forum for the physicians and mental health practitioners for the past three (3) years.

House Bill No. 3296, also known as Mental Health Comprehensive Guidance Program, gives access to an affordable, high quality, and culturally appropriate mental health care specifically for the youth. Moreover, after more than three (3) decades, the IRR for Mental Health Law was signed on January 22, 2019 which gives access to mental health care services among Filipino workers here and abroad. Despite the legislation of the mental health law that gives access to and availability of mental health services, mental health is still a massive concern not only among the youth but also among the workforce (Lally et al., 2019). Thus, there is still an urgency to strengthen the mental health awareness of the Filipinos, especially about their access to the mental health services. Likewise, continuously equipping mental health professionals and mental health facilities is needed in order to significantly improve existing mental health services.

Mental Health and the Education Sector

The promotion of mental health awareness, programs, and advocacies started and has been continuously strengthened since the establishment of the mental health law. The involvement of other institutions and departments, including the Department of Education (DepEd), has been remarkable since 2018. On August 30, 2018, DepEd began to urge

integrating mental health programs in the curriculum. Before the end of the year, on November 5, 2018, DepEd vowed to continue mental health advocacy among its constituents. Consequently, on July 24, 2019, Mental Health became part of OK (Oplan Kalusugan) *sa* DepEd San Fernando, Pampanga and later went on a general implementation for all public schools on August 2, 2019 to address the rising number of suicide cases among students. Moreover, on October 7, 2019, the Department implemented the observance of the National Mental Health Week, and two (2) days after, DepEd enjoined schools to promote mental health.

Despite the movements of DepEd to address the mental health concerns which mostly focused on students, it seems to forget about the welfare of teachers. It was only last July of 2020, through the Department of Education's (DepEd) Disaster Risk Reduction and Management Service (DRRMS), in coordination with various DepEd Central Office units and partners, that they launched a series of Mental Health and Psychosocial Support Services (MHPSS) provisions for DepEd personnel both for teaching and non-teaching personnel. One session was done with the non-teaching personnel last July 13, 2020 while the second session was done in a span of 3 days from July 14-16, 2020 for the teaching personnel. This is to prepare them for the opening of classes of school year 2020-2021. Following these initial efforts, DepEd roll out a lot of programs for mental health in February 2021 for different types of learners (elementary, secondary, and learners with disability) and there is an upcoming webinar for the teaching and non-teaching personnel called *TAYO Naman!: Tulong, Alaga, Yakap at Oras para sa mga Tagapagtaguyod ng Edukasyon* to promote self-care during pandemic.

The Philippine Professional Standards for Teachers (PPST) has a goal to set out clear expectations for teachers in terms of professional development. This was established to ensure that the teachers are well-equipped to implement the curriculum. With the commitment to support teachers and the premise that good teachers are important in raising achieving students, PPST provides avenue to secure that training and development for teachers are being conducted. Hence, it can be implied that part of this equipping process is that teachers be given ample mental health literacy training and mental health services.

Mental Health and the Teachers

In light of mental health care provisions, it was noted that even teachers or counselors are not exempted from being at risk of mental health concerns even with the knowledge of protective factors for safekeeping their own mental health (Thomas & Morris, 2017). In school, teachers are expected to perform their duties and responsibilities as educators. With the ratification of the mental health law, spotting students with mental health issues was added to their responsibilities. Also, they are expected to be the frontlines of mental health care provisions (Daniszewski & Rodger, 2013) with necessary skills to develop protective factors in the students' mental health (Longobardi, Prino, Marengo, & Settanni, 2016). Aside from the stress they receive day in and day out, they are also expected to fill the gaps between home and school as well as between students and school administrators (Gorsy, Panwar, & Kumar, 2015). It can thus be said that "workload caused or aggravated the high prevalence of difficulties such as self-reported stress, anxiety, and distress among teachers" (Kidger et al., 2016). Hence, as much as counselors need self-

care and as much as students have different socio-emotional and mental health concerns, teachers, too, can be susceptible to mental health challenges.

Clearly, teachers are exposed to detrimental circumstances which might affect their mental health if not given proper care. Thus, for educational institutions to champion mental health, it is vital that they recognize not only the economic and social needs of their teachers but also their mental health needs. Also, reducing work-related stress and providing necessary support to teachers that can be made possible with the combined effort of the society, administrators, policy makers, and teachers can reintegrate teachers to their work which will activate the drive to provide quality output (Baumann, Muijen, & Gaebel, 2010). Also, Mccallum et al. (2016) suggested that examining the teachers' environment through Bronfenbrenner's ecological systems theory could give a profounder insight to the state of their well-being.

In other countries, some schools started to explore the importance of establishing counseling programs in schools to support employees' socio-emotional and mental health concerns (Matolo & Mukulu, 2016). This was in recognition of the view that wellness and well-being are essential components for producing efficient and productive work. A mentally healthy teacher can support a struggling student with proper knowledge and training (Daniszewski & Rodger, 2013; Mccallum & Price, 2015; Lever, 2016).

Moreover, teachers' proneness to mental health concerns can vary according to their teaching and years of experience. Experience is linked to the preventative and anticipatory actions in the classroom (Elliott & Stemler, 2008) although other relevant information can be filtered (i.e., gender, place of work, sex, level handled, socio-economic

status, etc.). Along this line, Berliner as cited in the study of Daniszewski and Rodger (2013) found that young adult teachers tend to be more vocal and focused about their classroom management skills and disciplinary actions; therefore, making them more reactive than preventive of students' behavior and making them more at risk of mental health concerns. In addition, the study of Elliott and Stemler (2008) showed that experienced teachers are better able in handling misbehaviors and mental health concerns of students. Hence, given these findings, novice teachers are suggested to learn the competencies in handling students' mental health in conjunction with their professional experience.

With regards to teachers' in-service trainings in the country, they are conducted once or twice a year before the start of the school year and/or after two (2) semesters. This is to ensure that the teachers are equipped with the necessary skills and abilities needed in providing quality education to students. During these training sessions, in-service teacher's mental health is seemingly neglected (Uzman & Telef, 2015). However, self-care and wellness were initially not part of the said training. Likewise, training on initial handling of students' mental health concerns was limited. Thus, there is teachers' wellness training scarcity, and this can lead to their own mental health concerns given the workload that awaits them in the school year. It is therefore suggested that in-service teacher training should embed programs which can equip teachers with skills in handling their own mental health concerns so as to become assistive in handling mental health concerns in the classroom (Daniszewski & Rodger, 2013). The DepEd Assistant Secretary for Public Affairs and Alternative Learning Systems stated during the forum that the Department has

implemented programs, passed policies, and conducted activities related to the promotion of mental health. These include the conduct of training sessions on mental health and psychosocial support, and the issuance of policies. She also assured the attendees which include health personnel, teachers, guidance counselors, and other non-teaching personnel about the significant efforts of the Department in ensuring the health and well-being of both the personnel and learners, in partnership with various agencies and organizations. Then, another forum on mental health was spearheaded by the education secretary in the same month, during the awarding of "*Para sa Guro*" by the Values Advocacy Program of Fortune Life Insurance Co. In said forum, the DepEd Secretary stressed that the youth's mental health is a crucial challenge to the teachers while debunking the claims that the suicide incidents of teachers were due to the workload they had. DepEd launched a new virtual series to support their personnel's mental health on May 2021. This initiative included Online In-depth Session Support Group every Wednesday after work hours from 5:30 to 8:00 PM and Live Webinar series discussing various topics about mental health every Friday 8:30 to 10:00 AM. but there are no concrete policies in addressing teachers' concerns on mental health despite the demands and pressures they receive to address the exact same concern. Hence, establishing a clearer policy and concrete programs on mental health care for schools will help the teachers in their concerns on mental health and well-being.

Noticeably, wellness and well-being are communal terms associated with different health practices especially with mental health (McMahon, Williams, & Tapsell, 2010). Teachers' well-being is collectively defined as "a diverse and fluid respecting individual,

family, and community beliefs, values, experiences, culture, opportunities, and contexts across time and change. It is something we all aim for, underpinned by positive notions, yet is unique to each of us and provides us with a sense of who we are which needs to be respected" (Mccallum et al., 2016). With regards to the psychological needs and job satisfaction of teachers, well-being played a vital role (Collie, Shapka, Perry, & Martin, 2016), a finding which implies that educational policies and programs must incorporate addressing mental health of teachers. Another finding to consider states that teachers' psychological distress or depression is associated with the students' well-being (Harding et al., 2018). Hence, it is important to focus first on teachers' psychological functioning for them to better contribute to the development of coping skills students need through their own adversities. By supporting, promoting, and implementing training and programs on teachers' psychological well-being, students' well- being can be facilitated (Harding et al., 2018).

Mental Health Literacy and the Teachers

Teachers' capacity to handle mental health concerns of students are based on their mental health literacy (MHL). MHL is defined as the "knowledge and beliefs about mental disorders which aid their recognition, management or prevention." (Jorm et al., 1997). According to this definition, MHL includes: the ability to identify specific disorders; being aware of how to search information; knowledge of related risk factors, causes, self-management, and how to seek available professional help; and having attitudes that promote identification. Mental health literacy is often a neglected aspect in terms of

managing mental health concerns, and it is not widely researched in the Philippines. In China, however, a study was done by Wu et al. (2017) to assess the MHL of non-mental health professionals in terms of their conception, identification, and mental illness perception as well as the treatments and first aid. The results demonstrated that there is a remarkable need to further educate non-mental health professionals on what mental health really is. Mental health literacy is a way of increasing the knowledge and skills of the public in recognizing and handling mental health concerns. Reducing the gap between the public and professional views on mental health is significant (Jorm, 2015).

The importance of mental health and well-being among teachers need to be established to promote growth and development of the whole school community (World Health Organization & Royal Society for Public Health, 2011). With the coherent results of different researches which suggested that the state of the teachers' mental health and well-being significantly affect the students' general health (Spilt, Koomen, & Thijs, 2011; Akram, 2015; Mccallum & Price, 2015; Mccallum et al., 2016; Longobardi et al., 2016; Collie et al., 2016; Braeunig, Pfeifer, Schaarschmidt, Lahmann, & Bauer, 2018), it is essential that policy makers and school administrators begin to touch the gray area where compassion and support are needed, that is strengthening the mental health and well-being of teachers alongside the students' welfare through evidence-based interventions (World Health Organization & Royal Society for Public Health, 2011).

Interventions such as reflection strategies, mindfulness training, emotional management strategies, coaching psychology, growth mindset approaches, self-care practices, and celebrating oneself were proposed as evidence-based practices a teacher can

do to counter stress, anxiety, and distress (Mccallum et al., 2016). However, these are westernized practices and have not materialized in the Philippine educational system or mental health programs for teachers. To date, there are no mental health programs available specific for teachers despite the National Wages Productivity Commission (DOLE) mandating all workplaces and establishments to formulate a mental health workplace policy and program as per the Department Order no. 208 of 2020 released publicly on February 19, 2020. This paved the way for the researcher to develop a research-based programs and interventions on mental health care.

Conceptual Framework

Teachers' mental health literacy (MHL) is pivotal in handling students' mental health concerns (Daniszewski & Rodger, 2013). In this study, the concept of MHL among teachers was seen as a means to the development of policies, programs, and interventions. According to Jorm (2000), MHL is the knowledge and belief about mental health disorders which aid its recognition, management, and prevention. He proved that MHL significantly impacts the school community in promotion and development of mental health policies and programs (Jorm, 2015). This concept was utilized in this study to describe the mental health knowledge, beliefs, and attitudes of public school teachers and to characterize their help-seeking behavior. The data gathered provided empirical data for the development of a mental health program which can contribute to the improvement of public school teachers' mental health.

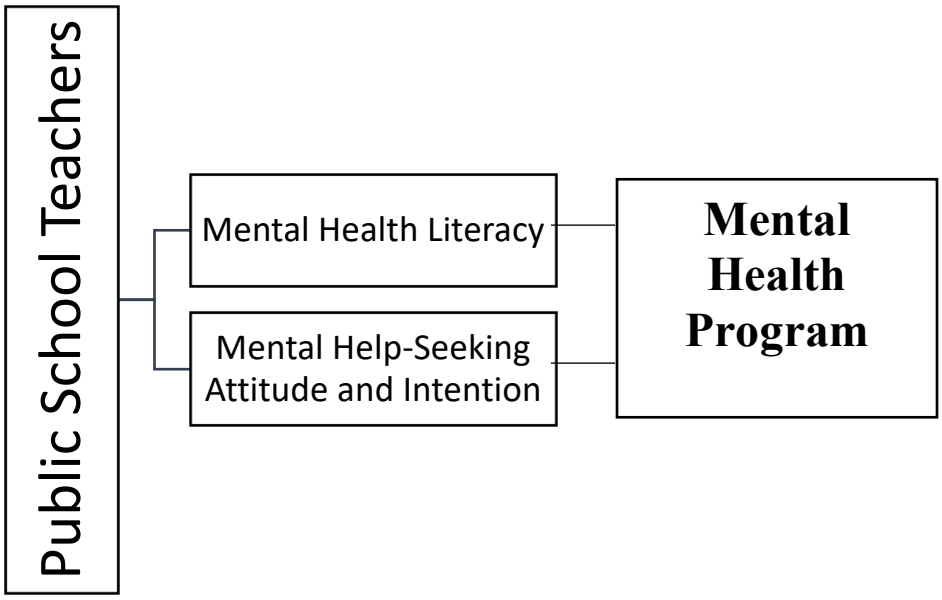

Figure 1. Conceptual Framework

Significance of the study

David and her colleagues (2019) made a study on the implications of excessive pressure that public school teachers get from their workload. They suggested that a specific breakdown of workload for teachers should be done for them to withstand the demands of their job. The present study also aims to help teachers in assessing their knowledge about their psychological functions (mental health and well-being) and to evaluate their own capacity in delivering the work set forth for them.

This study will be valuable to public schools in terms of formulating, implementing, and/or improving programs on mental health and well-being for their teachers. Also, as there is a dearth of literature on teachers' mental health and well-being and of locally made research-based interventions which adds to the pressing concern of public schools on

mental health, this study will serve as filler to the gap in the local literature on program development and implementation on mental health and well-being specified for teachers. Moreover, the participants will also benefit from the outcome of this research; it is hoped that this study will be an eye opener for educational institutions and educational policy makers to address the pressing concern on mental health among teachers and the challenges that might affect or are already affecting their well-being. Likewise, the development of a research-based mental health program will contribute to improving the mental health of the public school teachers specifically, this study intends to close the gap in equipping the teachers with the protective factors and skills needed to address students' concerns while not receiving enough and same care.

Scope and Limitations

This study was limited to public school teachers from elementary to senior high school. The data were gathered from the selected divisions in Luzon to get a larger perspective on public school teachers' current state of mental health, mental health knowledge, beliefs, and attitudes. In cognizance of the current health situation where mobility is a primary concern, this study utilized online platforms such as email and Google Forms to avoid any close contact and possible threat of physical interaction with the participants. The conduct of the study ensured the data privacy and safety of the participants. This was done by storing the data for three (3) years in a password-protected file and computer to ensure the identity of the participants to remain confidential, as indicated in the consent form.

Research Purposes

The purpose of this study was to explore the public school teachers' mental health knowledge, beliefs, attitudes towards mental health, and their help-seeking behavior. Moreover, this study's goal was to provide an research-based mental health program framework to address the teachers' mental health concerns.

Specifically, the researcher sought to:

1. Describe the teachers' mental health literacy in terms of:
    a. Knowledge about mental health problems
    b. Erroneous beliefs or stereotype
    c. First aid skills and help-seeking behavior
    d. Self-help strategies
2. Describe the teachers' help-seeking behavior in terms of:
    a. Help-seeking intention
    b. Help-seeking attitude
3. Identify factors that contribute to the mental health literacy of the teachers
4. Develop a mental health program for public school teachers

Definition of Terms

- **Public School Teachers** – refers to teachers in public school.
- **School Heads/Administrators –** refers to persons who manage and supervise a whole public school. They are often referred to as principals, assistant principals, and/or head teachers.

- **Mental Health –** This is defined as "a state of well-being in which every individual realizes his/her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his/her community." Moreover, an inclusive approach to gear towards recovery movement perspective defined mental health as "a dynamic state of internal equilibrium which enables individuals to use their abilities in harmony with universal values of society. Basic cognitive and social skills; ability to recognize, express, and modulate one's own emotions as well as empathize with others; flexibility and ability to cope with adverse life events and function in social roles; and harmonious relationship between body and mind represent important components of mental health which contribute, in varying degrees, to the state of internal equilibrium" (Galderisi et al., 2015).
- **Mental Health Literacy –** This is referred to as the knowledge and belief about mental health disorders which aid in their recognition, management, and prevention.
- **Mental Health Program** – This refers to the program generated from the results of the study in relation to strengthening the mental health and mental health literacy of teachers to aid mental health concerns and its detection, prevention, and intervention.
- **Teachers' Well-being –** This is defined as diverse and fluid respecting individual, family, and community beliefs, values, experiences, culture, opportunities, and

contexts across time and change. It is something we all aim for, underpinned by positive notions, yet is unique to each of us and provides us with a sense of who we are which needs to be respected" (Mccallum et al., 2016).

- **Help-seeking Behavior –** This is a behavior that drives the teacher to seek help from the interpersonal domain to address concerns on a personal domain.

Chapter II

Methodology

This chapter presents the research design, research site, sampling and participants, research instruments, data gathering process, data analysis, and ethical considerations.

Research Design and Methods

Driven by the purpose of having teachers who have a balanced sense of well-being at work, the researcher sought to characterize the mental health literacy of public school teachers, analyzed the structural relationships of the variables and constructs through structural equation modelling, and developed a program for teacher's mental health and well-being. Thus, this research utilized the descriptive-developmental design survey method to establish and describe (Jackson, 2009) the characteristics (Zurmuehlen, 1981) of the participants and their understanding regarding mental health and help-seeking behavior.

The descriptive research design is usually used to characterize and/or describe an individual or a group of individuals in a certain situation (Helen, 1993). On the other hand, developmental research design is focused on systematic designing, developing, and evaluating instructional programs in meeting particular standards (Richey, 1994).

Moreover, to substantiate the quantitative data gathered, a focused group discussion (FGD) using a multisectoral approach was conducted among supervisors, school heads, and teachers. This was done via zoom call/remote interview to secure the safety of the interviewees.

Research Site

This study was conducted in selected school divisions in Luzon to obtain a larger perspective and understanding of the public school teachers' current state of mental health and well-being. Specifically, data of this research were gathered from the different divisions in Cordillera Administrative Region (CAR), National Capital Region (NCR), Region I, Region III, Region IV-A (CALABARZON), Region IV-B (MIMAROPA), Region V.

Sampling and Participants

The study involved 1,213 public school teachers handling any grade level from Grades 1 to 12 at the time of the study. They were selected through convenience sampling as this study requires convenient locations where internet connection service is available. Convenience sampling, where subjects are selected because of their convenient accessibility and proximity to the researcher, is a non-probability sampling technique. This sampling method can be used when doing surveys (Wu et al., 2017).

Also, the recruitment of the participants was done by acquiring first their approval to participate in the study with the use of consent forms contained in the Google Forms. Due to the pandemic, data collection was done online; thus, only teachers who have gadgets and access to the internet were invited as participants of the study.

Table 1 shows that the participants were teaching in public schools as full-time teachers of any grade level from Grades 1 to 12. Out of the 1,213 participants, 996 or 82.11% were females, and 217 or 89% were males.

The greatest number of the participants (384 or 31.657%.) handled a single grade level in Junior High School (JHS). This was followed by the Primary Teachers (326 or 26.875%) who, likewise, handled a single grade level, then by Intermediate Level Teachers who handled single grade (274 or 22.588%). Among all the grade school level participants, there were only 28 or 2.308% who handled multi-grade. There were also 101 or 8.326% of the participants who handled multi-grade in JHS while the remaining percentages were Senior High School Teachers (SHS) who handled single grade (52 or 4.286%) and multi-grade (32 or 2.638%), respectively.

Moreover, the greatest number of the participants taught all subjects, with a frequency count of 312 or 25.721%. This is followed by participants who taught multiple subjects, with a frequency of 246 or 20.280%, then by participants who taught Science (103 or 8.491%). The least number of the participants taught Social Studies (3 or 0.247%), Mother Tongue (5 or 0.412%), and EPP (6 or 0.495%).

In terms of marital status, a big majority of the participants (795 or 65.540%) were married while only 3 or 0.247% were single parent. On student grouping, almost all (1081 or 89.118%) participants taught a single grade while departmentalized, kindergarten, and sectioning groupings equally got a frequency of 1 or 0.082%.

The location of the participants' work is also reflected in Table 1. Majority of them (695 or 57.296%) were from the urban areas while the remaining number (518 or 42.704%) were from the rural areas. A big majority of the participants were from Region 4 (777 or 64.056%), followed by participants from the National Capital Region (NCR) (242 or 19.951%), then by Region 3 (150 or 12.366%). Only 1 or 0.082% were from Regions CAR

and XI. Worthy to mention here is that a big majority of the participants were from the Division of Quezon Province (357), Lipa City Batangas (306), and San Jose Del Monte Bulacan (110) where the researcher had contacts for the conduct of the study.

With regards to their rank, over half of the participants (622 or 51.278%) had a rank of Teacher I or the entry level in the public school. This is followed by participants with the rank of Teacher III (276 or 22.754%), then by those with Teacher II rank (181 or 14.922%). Special Science Teacher III and IV got the least frequency of 1 or .082% each.

In terms of other sources of income, 933 or 76.92% of the participants did not have other source of income while 219 or 18.05% of them had a business aside from their teaching job. The lowest number of the participants (14 or 1.15%) indicated getting allowances from their spouses.

Table 1

Demographic Profile of the Participants n = 1213

Sex	Frequency	Percent	Marital Status	Frequency	Percent
Female	996	82.110	Married	795	65.540
Male	217	17.890	Separated	7	0.577
Grade Level Handled			Single	376	30.998
Primary (Single grade)	326	26.876	Widow	32	2.638
Intermediate (Single grade)	274	22.589	Single parent	3	0.247
GS (Multigrade)	28	2.308	**Student Grouping**		
HS (Multigrade)	16	1.319	Departmentalized	1	0.082
JHS (Single grade)	384	31.657	Kindergarten	1	0.082
JHS (Multigrade)	101	8.326	Multigrade	126	10.387
SHS (Single grade)	52	4.287	Single Grade	1081	89.118

SHS (Multigrade)	32	2.638	Sectioning	1	0.082
			Others	3	0.247
Subjects Taught			**Work Location**		
All Subjects	312	25.721	Rural 518		42.704
Araling Panlipunan	51	4.204	Urban 695		57.296
EPP	6	0.495			
ESP	73	6.018	**Region**		
English	75	6.183	CAR	1	0.082
Filipino	57	4.699	NCR	242	19.951
General Education	50	4.122	R1	23	1.896
MAPEH	45	3.710	RIV-B MIMAROPA	2	0.165
MTB/ Mother Tongue	5	0.412	R3	150	12.366
Math	58	4.782	R4	777	64.056
Multiple subjects	246	20.280	R5	5	0.412
SHS subject	55	4.534	R6	12	0.989
Science	103	8.491	Region XI	1	0.082
Social Studies	3	0.247			
TLE	74	6.101			

Rank			**Other Source of Income**		
Master Teacher I	94	7.749	Business	219	18.05
Master Teacher II	27	2.226	Spouse	14	1.15
SPET I	4	0.330	Part-time Job	47	3.87
Special Science Teacher I	7	0.577	None	933	76.92
Special Science Teacher III	1	0.082			
Special Science Teacher IV	1	0.082			
Teacher I	622	51.278			
Teacher II	181	14.922			
Teacher III	276	22.754			

This study recruited respondents for the focused-group discussion to substantiate the numerical data from the results. Table 2 shows the demographic profile of the FGD respondents. They are consist of 2 males and 8 females with age range of 25-56 years old.

Their years in services ranges from 4 years to 34 years while their ranks are from Teacher I to Supervisor. There are 1 teacher from Elementary, 5 teachers are from Junior High School, 2 teachers are from Senior High School, 1 Principal and 1 Education Program Supervisor. Note that the EPS did not indicate her age and years of service.

Table 2

Demographic Profile of FGD respondents n = 10

Age	Sex	Rank	Years in Service	Cluster
37	M	T-III	7	JHS
28	M	T-III	7	JHS
40	F	T-III	15	JHS
28	F	T-III	2	JHS
35	F	T-II	5	SHS
25	F	T-I	4	SHS
56	F	Principal	34	HS
-	F	Supervisor	-	Education Program Supervisor
26	F	T-I	5	Elementary
27	F	T-I	4	JHS

Instruments

This study made use of the Mental Health Literacy Questionnaire of Dias, Campos, Almeida, and Palha (2018). The purpose of this questionnaire is to understand what people think about mental health issues. In addition, another three instruments, namely Mental Help-Seeking Attitude Scale, Mental Help-Seeking Intention Scale, and General Help-Seeking Questionnaire were utilized to further assess the help-seeking behavior of the teachers. These were included to ensure gathering knowledge about the teachers' current mental health state and to contribute to the improvement of their mental health which was primarily elucidated by help-seeking behavior (Uzman & Telef, 2015). The merging of

the components of the selected scales provided a holistic perspective of the teachers' mental health. What the teachers knew about mental health were linked with whether they would seek help or not and with their attitudes towards those who need help.

Mental Health Literacy Questionnaire (MHLq)

Mental Health Literacy Questionnaire (MHLq) adaptation of Dias et al. (2018) aims to understand the people's thoughts on mental health issues. The MHLq consists of 29 items and uses a five-point Likert scale response ranging from "Strongly Disagree" to "Strongly Agree." This instrument has four (4) factors: Factor 1: Knowledge of mental health problems (items 2, 3, 9, 12, 16, 20, 22, 24, 25, 27, 28); Factor 2: Erroneous beliefs/stereotypes (items 6r, 10r, 11r, 13r, 14, 15r, 21r, 23r); Factor 3: First-aid skills and help-seeking behavior (items 4, 5, 8, 17, 18, 29); and Factor 4: Self-help strategies (items 1, 7, 19, 26). The Cronbach Alphas of the instrument were identified per factor: $\alpha = 0.84$; Factor 1, knowledge of mental health problems (11 items) $\alpha = 0.74$; Factor 2, erroneous beliefs/stereotypes (eight items) $\alpha = 0.72$; Factor 3, first aid skills and help-seeking behavior (six items) $\alpha = 0.71$; and Factor 4, self-help strategies (four items) $\alpha = 0.60$.

Mental Help-Seeking Attitude Scale (MHSAS)

This instrument was developed to assess a person's attitude in seeking help from a mental health professional (Hammer, Parent, & Spiker, 2018). It contains nine (9) items which produce a single mean score. The MHSAS uses a seven-point semantic differential scale response labelled as 3 2 1 0 1 2 3 to assist the participants in answering between a positively-valenced and negatively-valenced term "useless-useful". The internal consistency of this 9-item instrument was .92 Cronbach's α. The study of Ibrahim, Safien,

and Siau (2019) provided support for the scale's concurrent validity, and demonstrated high internal consistency of α=.892. In the present study, the researcher opted to reduce the scale and used a 5-point Likert scale in gathering the data since it was done in Google form which does not support a semantic differential scale. It was limited to a 5-point Likert scale instead of 7 to distinguish the scale from the succeeding scale of the form (MHSIS).

Mental Help-Seeking Intention Scale (MHSIS)

This Mental Help-Seeking Intention Scale (MHSIS) was developed to assess a person's intention to seek help from a mental health professional (Hammer & Spiker, 2018). It contains three (3) items which produce a single mean score. It uses a 7-point Likert scale response ranging from "Extremely Likely" to "Extremely Unlikely", "Definitely False" to "Definitely True", and "Strongly Agree" to "Strongly Disagree". Its internal consistency is strong, with Cronbach's alpha > 0.87. It also demonstrates strong internal validity (Lafond, 2018). Likewise, predictive validity for this scale is strong, with 69.7% accurate prediction for actual future help-seeking behaviors of adults.

General Help-Seeking Questionnaire (GHSQ)

This General help-Seeking Questionnaire (GHSQ) was developed by Wilson, Deane, and Rickwood (2005). Using personal or emotional problems and suicidal ideation as target problems, the GHSQ uses a 7-point Likert scale response ranging from "Extremely Unlikely" to "Extremely Likely," which assess the possibility of seeking help from mental health professionals and lay (e.g., parents and friends. For the suicidal problems, Cronbach's alpha was .83 while the test-retest reliability assessed over a three-week period was .88. As for the personal-emotional problems, Cronbach's alpha was .70

and the test-retest reliability assessed over a three-week period was .86 (Hammer et al., 2018).

For the focus group discussion (FGD), questions about the factors affecting the participants' mental health were asked. The FGD also involved questions about the current state of education during the pandemic. Examples of the questions are: "How are the challenges of the current pandemic shaping/molding you as a teacher?" and "How do you describe the status of your school in terms of mental health?" The interviews were supplementary to the results of Mental Health Literacy Questionnaire (MHLq), Mental Help-Seeking Intention Scale (MHSIS), Mental Help-Seeking Attitude Scale (MHSAS), and General Help-Seeking Questionnaire (GHSQ). The FGD lasted for a minimum of 45 minutes to maximum of 60 minutes.

To summarize the psychometric properties of the three instruments, the following table is presented:

Table 3

The Instruments' psychometric properties

Instrument	Number of Items	Scaling	Cronbach Alpha
Mental Health Literacy Questionnaire (MHLq)	29 Items	5-point Likert Scale (Strongly Disagree to Strongly Agree)	$\alpha = 0.60$
Mental Help-Seeking Attitude Scale (MHSAS)	9 Items	7-point Semantic Differential Scale reduced to 5-point Likert Scale (positively-valenced to negatively-valenced terms (useful-useless)	$\alpha = 0.92$

Mental Help-Seeking Intention Scale (MHSIS)	3 Items	7-point Likert scale response ranging from "Extremely Likely" to "Extremely Unlikely", "Definitely False" to "Definitely True", and "Strongly Agree" to "Strongly Disagree"	$\alpha = 0.87$ with 69.7% accurate prediction for actual future help-seeking behaviors of adults
General Help-Seeking Questionnaire (GHSQ)	Per-Emot Scale: 10 Items Suicidal Thts Scale: 10 Items	7-point Likert scale response ranging from "Extremely Unlikely" to "Extremely Likely," which assess the possibility of seeking help from mental health professionals and lay (e.g., parents and friends)	Per-Emot Scale: $\alpha = 0.70$ Suicidal Thts Scale: $\alpha = 0.83$

Data Gathering Procedure

The researcher looked for participants to be part of the research through convenience sampling with the use of Google Forms. An informed consent containing the comprehensive conduct of the study (including the manner of data collection, data processing, and data storage) was given to the identified participants where they can signify their willingness to participate in the study. The consent form also contains statements of assurances of their safety and utmost confidentiality of their responses prior to answering the scales. After securing the participants' consent, the MHLq, MHSAS, MHSIS, and GHSQ were given at once. The data gathered were stored for three (3) years in a password-protected computer to ensure the identity of the participants to remain confidential.

Moreover, given the current health crisis in the country and to protect the participants' health, data were gathered through online platforms such as Zoom and use of Google Forms.

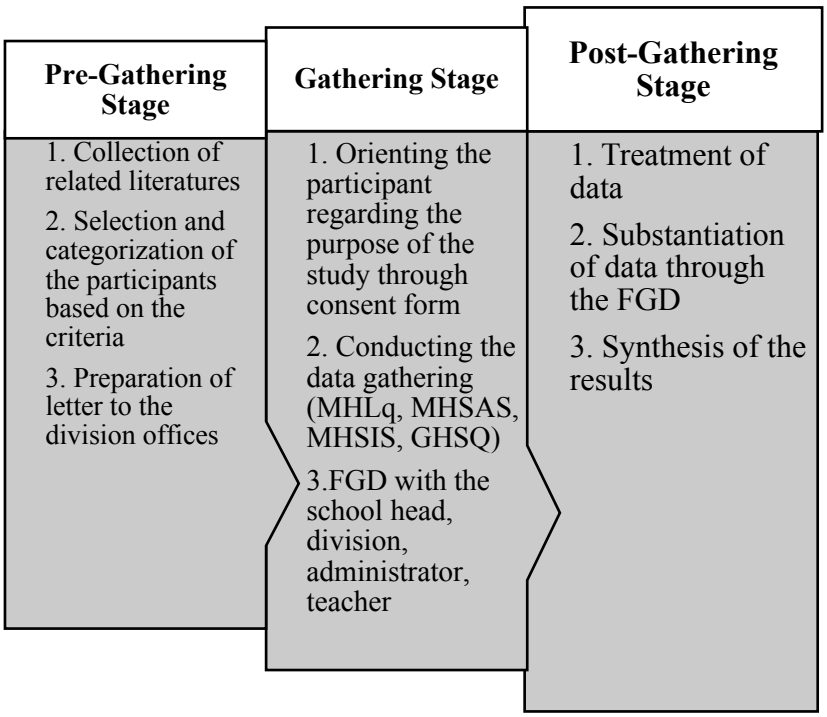

Figure 2. Research Process

Data Analysis

Descriptive statistics and stepwise regression were employed to find the set of the independent variables (Mental Health Knowledge) that significantly influence the dependent variables which are Mental Help-Seeking Attitude and Intention, General Help-Seeking, Erroneous Beliefs or Stereotypes, First-aid Skills and Help-Seeking Behavior, and Self-Help Strategies.

Process of Conceptualizing the Program for Teachers' Mental Health

The World Health Organization is promoting researches on mental health and well-being geared towards giving inputs to programs and policy making (Dodge, Daly, Huyton, & Sanders, 2012). Aside from observing and characterizing, research on mental health and well-being also seeks to further enhance the policies and programs on mental health and well-being. The present study was designed to be relevant in the development of a mental health program specific to public school teachers. Results of the study were utilized in the development of an research-based mental health program based on the teachers' knowledge, beliefs, intentions, and attitudes towards mental health issues. It was enriched by the data gathered through the FGD among the supervisors, school heads, and teachers.

Ethical Considerations

To ensure the evasion of ethical issues, this study complied with the following ethical principles to address the issues and for the benefit of the participants:

Respect – The participants were treated autonomously. They received a full disclosure of the study and were given an informed consent about the research following the three (3) elements of informed consent process, namely: information, comprehension, and voluntariness. This ensured that the physical and psychological safety and protection of the participants were kept strictly confidential. Disclosure of personal and emotional information were anticipated and expected in the study. All the data acquired were used only in this study and were stored for three (3) years after the study's defense and the submission of its final copy. After said number of years, all data would be disposed and/or

deleted. All physical data would be shredded, and all softcopy of data would be deleted up to the trash bin memory.

The Division Superintendent was the one who allowed the researcher to gather the data, but his/her approval did not force the participants to partake in the study. The role of the Superintendent's approval was to secure that the research was done with proper escalation and cascading of the research. Also, the Superintendent/Division Head cannot access the individual data. The collective data could only be read through the results of the study which are only available upon request.

Participation in this study was voluntary and based only on the agreement between the participants and researcher. In the presentation of the results, participants names would not be disclosed. This assures that the utmost confidentiality is the priority and responsibility of the researcher. Data were stored in an encrypted file format to secure the data privacy of the participants and would be properly disposed as mentioned earlier.

Beneficence – Consequently, the participants were not subjected to harm in any way. They were given a chance to withdraw upon knowing the objectives of the study. When the participants refused to answer a specific question, they were forced but were given a chance to continue answering with their permission. When the participant refused to answer, the researcher allowed him/her to withdraw his/her participation in the study.

Moreover, the results of this study can be shared to the division heads upon request, but it will be presented in a general manner, non-labelled, and does not contain any personal information or any information that identifies the specific school the participants

were from. A copy of their results can be issued to them upon their request with a password protected/encrypted file which can be sent through the electronic mail.

Moreover, the researcher did not give any incentive or compensation to the participants to avoid any effect on the outcomes of the results. The participants' willingness and voluntary participation adhered to the authenticity of the study's results.

Lastly, the researcher ensured that this study contributed to the educational institutions through the research-based program developed for the mental health of public school teachers.

Justice – This study guaranteed that the criterion for selection of the participants, data collection tools, and methodology were free from biases. The researcher made sure that the selection process was consistent and fair to all participants. Research interview questions for the FGD was generated through the supervision of the adviser. In addition, the data collection was conducted during the participant's official time but within his/her vacant period so as not to disrupt any routine or deliverables of the day. Furthermore, conflict of interest was avoided as the researcher, at the time of the study, is employed in a private institution as a guidance mentor.

Chapter III

Results and Discussion

This chapter contains the results obtained from the analysis of data gathered and their discussion. In the succeeding parts of this chapter, results from the instruments used in the study are presented and discussed. The first part are the results of the participants' mental health literacy according to the four (4) factors of the Mental Health Literacy Questionnaire (Dias, Campos, Almeida, & Palha, 2018b; Dias et al., 2018a). The second part contains the results from the Mental Help-Seeking Intention Scale (MHSIS) (Hammer & Spiker, 2018) and Mental Help-Seeking Attitude Scale (MHSAS) (Hammer et al., 2018).

To substantiate the data, themes and excerpts from the focus group discussion (FGD) which focused on mental health-related questions were included.

The third part deals with the results from the administration of the General Help-Seeking Questionnaire (GHSQ) (Wilson et al., 2005) with subscales Personal-Emotional Problem Scale (Per-Emot Problem Scale) and Suicidal Thoughts Scale (Suicidal Thts). Likewise, themes from the FGD which focused on pandemic-related and mental health-related questions were incorporated. The last part tackles the development of the research-based mental health program for public school teachers.

The participants were asked preliminary questions before the instruments were administered. They were asked if they knew someone with mental health concern and their relationship with the person. Table 4 shows that a big majority of the participants (759 or 62.572%) did not know someone with mental health concern. On the other hand, there

were 277 or 22.836% who knew of someone experiencing a mental health concern. The rest of the participants (177 or 14.592%) answered they were not sure.

There are 759 (62.527%) who mentioned that they do not have any knowledge of someone with mental health concern. However, it shows that there are only 712 (58.697%) missing (which means they answered "no" in the previous question). There are 280 (23.083%) of them asserted that the person with mental health concern who they knew is someone else not from their family or peers. On the other hand, 23 (1.896%) of them asserted that it was them who is experiencing a mental health concern. Lastly, some of them has relative or relatives (95 or 7.832%) who are experiencing it while 103 (8.491%) participants believes that they know a friend with mental health concern.

Table 4

Frequencies for Knowledge of Mental Health of Others and Their Relationship with the Person with Mental Health Concern

Knowledge of Mental Health of Others	**Frequency**	**Percent**
I am not sure	177	14.592
No	759	62.572
Yes	277	22.836
Relationship with Person with Mental Health Concern	**Frequency**	**Percent**
Friend	103	8.491
Myself	23	1.896
Relative	95	7.832
Someone else	280	23.083
Missing	712	58.697
Total	1213	100

In addition, the participants were asked to list some of the mental health concerns that they were aware of. Some of the mental health concerns they knew are as follows:

anxiety (of different types); depression (of different types); manic-depressive disorder/bipolar disorder; post-traumatic stress disorder (PTSD); schizophrenia; and stress. They also identified other related psychological conditions such as: attention deficit hyperactivity disorder (ADHD); attention deficit disorder (ADD); personality disorders; suicidal ideation/tendencies; obsessive-compulsive disorder; autism; nervous breakdown; addictive behaviors; and insanity.

Also, some of the participants listed and identified other concerns as mental health concerns. Some of the answers are as follows: down syndrome; developmental delays; Alzheimer's disease; epilepsy; smart-shaming; overthinking; special child; meningitis/bed-ridden; kleptomania; envy/jealousy; and mental retardation.

Research Question 1: Describe the mental health literacy of teachers in terms of:

a. Knowledge about mental health problems
b. Erroneous beliefs or stereotype
c. First aid skills and help-seeking behavior
d. Self-help strategies

Teachers' mental health literacy: Knowledge of mental health problems

Table 5 shows the total mean and standard deviation for each factor in the Mental Health Literacy Questionnaire (MHLq). These factors are knowledge of mental health problems, erroneous beliefs, or stereotypes, first- aid skills and help-seeking behavior, and self-help strategies.

Table 5

Total Mean and Standard Deviation of the Four Factors in Mental Health Literacy Questionnaire

Mental Health	Total Mean	Std. Deviation
(F1) Knowledge of mental health problems	46.453	5.723
(F2) Erroneous beliefs or stereotypes	20.909	4.56
(F3) First-aid skills and self-help-seeking behavior	27.051	3.352
(F4) Self-help strategies	18.942	1.722

Factor 1 is about the participants' knowledge about mental health problems. It obtained a total mean of μ=46.453 and a standard deviation of SD=5.723. This factor's total mean can range from 11 to 55. Hence, the mental health problems knowledge of public school teachers was generally observed as high. This means that they knew that a person with depression feels miserable. They were also knowledgeable about specific mental health conditions such as schizophrenia, anxiety disorder, and that alcohol abuse and drug addiction can lead to a mental health concern. It was also noted that they acknowledged changes in the brain function and that highly stressful situations may lead to the onset of a mental health concern. Apart from these things, they knew how to recognize warning signs like prolonged loss of interest or pleasure in most things.

In the initial assessment on the participants' knowledge of mental health concerns of people they know, it was observed that majority did not know someone with any mental health concern, but they knew about some mental health concerns such as anxiety,

depression, and other related mental health and psychological conditions. They were also aware of other health, neurological, and developmental concerns which are not directly related to mental health concerns such as epilepsy, Alzheimer, and developmental delays. These initial assessment results coincided with the results of the participants' knowledge about mental health problems (Factor 1) which was generally high. The results also show that teachers recognized red flags or warning signs for mental health concerns such as feelings of misery, loss of interest, and addiction, that they knew some common mental health conditions such as schizophrenia, anxiety, and depression, and that they knew that changes in brain function and highly stressful situations are triggers or can lead to mental health concerns.

The findings described above imply that public school teachers have the basic capacity to report certain causes of mental health problems. This might have been very helpful in establishing a well-rounded mental health program for their workplace. However, the results for factor 2 did not fully support this capacity as the participants still needed to be educated about what mental health problems are and how they affect a person's behavior and general functioning. Likewise, as previously discussed, based on the initial list of known mental health concerns, they consciously identified other health, neurological, and developmental concerns as mental health concerns but did not directly link with it.

These results were supported by the FGD results as teachers can identify the probable cause of a mental health concern. They listed abuse, loneliness, and family problems as circumstances where mental health can become a concern. Additionally, they

took note of loss or grief, prejudice, low income, toxic workplace or environment, trauma, and stigma as to where mental health concern can arise. The knowledge about their school's status on mental health helped the teachers identify these circumstances. Although perceived as coping in mental health, schools are acknowledged by teachers as toxic resiliency imposing using the notion of "noble profession".

Emerging Themes	Theme Description	Sample Response
The many sources of mental health concerns	Teachers believe that abuse, loneliness and family problems cause mental health concerns. Likewise, chemical imbalances, lack of sleep, overthinking, and burnout are also believed to contribute to the development of a mental health concern. A consistent support system is perceived by the teachers to play a vital role in easing professional and personal pressures that could arise. Teachers think that toxic work, toxic work-relationships, and receiving a low salary are things that can be refrained from to maintain a good mental health. In addition, exposure to toxic media information and traumatic experiences are also contributors to mental health concerns. Teachers are also aware that loss of loved ones or grief, lack of knowledge about mental health, stigma and prejudice from the society, and lack of government support and	*"Concerns on mental health are sometimes and always cause by uncertainty and fear of something, known and unknown. When the mind has so much to think of and does not function as it should be then, it is something that needs immediate concern and action."* - Principal, Female, 34 years in service *"...trauma, history of abuse, medical conditions, family problems.."* - Senior High School Teacher, Female, 5 years in service

	facilities are contributing factors not only to mental health but also to the rising number of people with mental health conditions without proper treatment.	
Coping and Learning despite Toxic Resiliency	The current status of public schools in terms of mental health was perceived by the teachers as something that everyone is coping with. Teachers are learning and coping despite the challenges while managing the stressors they have at work. They believe that reducing the workload of the teachers would give them time to look after their mental health as teaching itself is already a taxing job. They believe that the webinars on mental health are helping them learn about mental health and maintain it. Teachers are also careful in handling and assessing mental health concerns among their students. However, there are times that toxic resiliency was imposed when they were told that their profession is noble. Teachers are forced to learn new skills and risk their own health and well-being to deliver materials to their students to make learning happen.	*"In general, I think we're all good in terms of mental health. Despite some stress and pressure, we still manage to do our jobs."* - Junior High School Teacher, Male, 7 years in service. *"...it's like you know what we call the toxic resiliency and teachers kayo, you must be able to do this do that... I am supposedly still resting as advised by my doctor...despite everything, I am forced to go to the campus joint training for a week.."* - Junior High School Teacher, Female, 4 years in service

Teachers' mental health literacy: Erroneous beliefs or stereotypes

Factor 2 is mainly focused on erroneous beliefs or stereotype of the participants. It obtained a total mean of μ=20.909 and a standard deviation of SD=4.56. Specific range for this factor is limited from 8 to 40. The total mean suggests that the erroneous belief or stereotype of the teachers lay approximately in the low middle range. The results for Factor 2 (erroneous beliefs or stereotypes) suggests that the participants have a minimal but notable tendency to pose erroneous beliefs or stereotypes when they recognize warning signs. This is supported by the claims of Wu et al. (2017) that there could be a tendency for non-mental health professionals to misdiagnose common mental health disorders. This is somewhat understandable as they are not fully educated on the technicality of mental health problems. However, it is important for them to have the basic mental health literacy of when to report certain causes of mental health as detection and early intervention can significantly reduce the further development of a mental health problem (Jorm, 2000). This also appeared in the results of this study as the participants supported the claim that it is better when a mental health problem is identified and treated sooner.

Further, the results explain that public school teachers are estimated to have some sort of erroneous beliefs that go with mental health concerns. For them, it was ambiguous, or at some point, they did not believe that mental health problems affect one's feelings and behaviors or that depression is a true mental health concern. Likewise, they had the tendency to have a stereotype that people with mental health concerns would normally belong to low-income families and are adults in majority. These stereotypes were also

presented in the study of Daniszewski and Rodger (2013). It can also be inferred that while they had apprehensions in assisting a person with mental disorder, they might not be as confident to attend to these kinds of concerns. Moreover, in cases that they were willing to listen to a person close to them with mental health disorder, they had, to a certain extent, a tendency to criticize or be judgmental.

However, in the focused group discussions, teachers claimed that they put a premium on their mental health and were aware of its importance to adjusting and accomplishing tasks during the pandemic. They perceived it as something that affects the whole person, that it should not be taken for granted, and that it can be overcome. They were aware of the stigma attached to mental health and were looking for sustainable programs focused on mental health. They recognized that social media is an effective and powerful tool for mental health education. This proves their capability to be more connected and sensitive to their mental health concerns as well as that of their students.

FGD also revealed that the teachers need more avenue to enhance mental health literacy and to have added knowledge of available mental health applications online. The teachers did not mention any known available online counseling platforms or websites that they could avail when they are experiencing mental health concerns. This can highly impact erroneous belief as they can resort to other available but unhelpful way to cope like as advise-giving or advise-seeking.

Emerging Themes	Theme Description	Sample Response
Teachers Defying the Stigma and Maximizing Social Media	Teachers are putting a premium on their mental health and are aware of its importance to adjusting and accomplishing tasks during the pandemic. They perceive it as something that affects the whole person, that it should not be taken for granted and, that it can be overcome. They are now more aware of the stigma attached to mental health and are looking for sustainable programs focused on mental health. They recognize that social media is an effective and powerful tool for mental health education. This proves their capability to be more connected and sensitive to their mental health concerns as well as the students'.	*"Mental health is related to depression and should not be taken for granted."* Junior High School Teacher, Male, 7 years in service *"Mental health is a serious thing, we must not neglect it."* Junior High School Teacher, Female, 15 years in service *"...mental health it's still stigmatized in the country in the country but i guess we're slowly getting more exposed to mental health issues because of the help of social media...social media has been a great platform in short in educating this generation even before about mental health..."* GS Teacher, Female, 5 years in service
The Need for Mental Health Literacy	Teachers are aware that the Rural Health Unit is a place where they can ask for help whenever a mental health emergency happens. They also believe that they have to be educated with the available resources for mental health concerns. Teacher who experience mental health concerns tend to search for available	*"I think the best persons who can help us in the midst of this crisis are the guidance counselors. But since they are very rare in DepEd, we try our best to coordinate with other helpful organizations or agencies for these concerns."* - Education Supervisor, Female *"... I have actually uh gotten*

	resources to know where to get help. They admit that guidance counselors in school are lacking so there is a certain referral procedure that they have to follow for referral. They make use of available resources to address mental health concerns in their schools.	*through researching on where to get help..."* - Grade School Teacher, Female, 5 years in service *"I actually asked for one of my friends to refer me to to the psychologist and psychiatristthat's before the pandemic..."* Junior High School Teacher, Female, 4 years in service *"If in case we have that kind of concerns, DRRM coordinator of our school and the local LGU will coordinate with our municipal RHU for first aid and immediate action, since our school does not have a licensed Guidance Counselor who can help us with case like this happens."* - Principal, Female, 34 years in service
Limited knowledge of other resources	Teachers don't have any knowledge of available mental health online applications.	*"I don't know any application that be beneficial for getting some mental health concern, although there are individuals that are advocates of mental health issues..."* - Grade School Teacher, Female, 5 years in service

More so, it can be inferred that the results for Factor 2 did not relate with what the participants were claiming in the focused group discussion. This posits an erroneous

understanding of how the participants understand (think) and respond (act) to mental health concerns.

Teachers' mental health literacy: First-aid skills and help-seeking behavior

Factor 3 is concerned about the first-aid skills and help-seeking behavior of the participants. It obtained a mean score of μ=27.051 and a standard deviation of SD=3.352. The valid scores for this factor range from 6 to 30. Based on these results, it can be said that the participants had a very high knowledge of where to get help or whom to turn to whenever they or someone else would experience a mental health disorder. They responded positively in seeking professional help or turning to a support system like a relative or a friend if they would experience a mental health disorder.

Results show that participants' first-aid skills and help-seeking behavior were very high, which means that they do not only respond positively about seeking professional help or turning to a support system, but they also have the right knowledge of where to get help. However, this does not generally imply that they have enough knowledge of where to get help as mentioned in Factor 2.

Aside from professional help, they would normally turn to a relative or a friend whom they consider as a support system whenever necessary. This supports the findings of Daniszewski and Rodger (2013) which emphasized that the teachers give high importance to having support available (especially mental health support) in times of challenging situations, may it be personal or professional.

In addition, it was noted that teachers asserted that they could create support systems easily. Some of them mentioned that attentive listening, deep conversations,

checking-in and connecting, being sensitive and aware of limitations or boundaries, and keeping things confidential were their ways in helping their colleagues with mental health concerns.

Aside from the participants' knowledge of where to get help and who to turn to, it was also noted in the FGD that they acknowledge the lack of mental health professionals available in their area. There is a cry for additional mental health support and services from the education sector officials and the government to ensure and safeguard the teachers' mental health. With this, they'd be more functional and capable in the delivery of curriculum and instructions.

Emerging Themes	Theme Description	Sample Response
The many sources of mental health concerns	Teachers believe that abuse, loneliness and family problems cause mental health concerns. Likewise, chemical imbalances, lack of sleep, overthinking, and burnout are also believed to contribute to the development of a mental health concern. A consistent support system is perceived by the teachers to play a vital role in easing professional and personal pressures that could arise. Teachers think that toxic work, toxic work-relationships, and receiving a low salary are things that can be refrained from to maintain a good	*"Concerns on mental health are sometimes and always cause by uncertainty and fear of something, known and unknown. When the mind has so much to think of and does not function as it should be then, it is something that needs immediate concern and action."* - Principal, Female, 34 years in service *"...trauma, history of abuse, medical conditions, family problems.."* - Senior High School Teacher, Female, 5 years in service

	mental health. In addition, exposure to toxic media information and traumatic experiences are also contributors to mental health concerns. Teachers are also aware that loss of loved ones or grief, lack of knowledge about mental health, stigma and prejudice from the society, and lack of government support and facilities are contributing factors not only to mental health but also to the rising number of people with mental health conditions without proper treatment.	
Support System against Pressure	Teachers are presently having anxiety about their safety in delivering their jobs. They acknowledge their own feelings such as the pressure they are experiencing from their work which contributes to the development of their mental health issues. Likewise, the people around them are also experiencing mental health issues. They say that it is very important to have a support system and heightened awareness and to be sensitive to what the other people around them are experiencing. They make sure that everyone is well-taken care of mentally and physically by following safety protocols.	*"...send them encouraging messages daily and call them up to make them feel that they are not alone, and that we care for their safety and wellness."* - Education Program Supervisor, Female *"Mostly anxiety, encourage them not to give up."* - Junior High School Teacher, Female, 2 years in service. *"Pressure from work. I let myself to be their outlet and tried to encourage them."* - Junior High School Teacher, Male, 7 years in service

	There are some who do not have any record of mental health concern in their school.	
The Need for Mental Health Literacy	Teachers are aware that the Rural Health Unit is a place where they can ask for help whenever a mental health emergency happens. They also believe that they have to be educated with the available resources for mental health concerns. Teacher who experience mental health concerns tend to search for available resources to know where to get help. They admit that guidance counselors in school are lacking so there is a certain referral procedure that they have to follow for referral. They make use of available resources to address mental health concerns in their schools.	*"I think the best persons who can help us in the midst of this crisis are the guidance counselors. But since they are very rare in DepEd, we try our best to coordinate with other helpful organizations or agencies for these concerns."* - Education Supervisor, Female *"... I have actually uh gotten through researching on where to get help..."* - Grade School Teacher, Female, 5 years in service *"I actually asked for one of my friends to refer me to to the psychologist and psychiatristthat's before the pandemic..."* Junior High School Teacher, Female, 4 years in service *"If in case we have that kind of concerns, DRRM coordinator of our school and the local LGU will coordinate with our municipal RHU for first aid and immediate action, since our school does not have a licensed Guidance Counselor who can help us with case like this happens."* - Principal, Female, 34 years in service

Limited knowledge of other resources	Teachers don't have any knowledge of available mental health online applications.	*"I don't know any application that be beneficial for getting some mental health concern, although there are individuals that are advocates of mental health issues..."* - Grade School Teacher, Female, 5 years in service

Teachers' mental health literacy: Self-help strategies

Factor 4 accounts for the self-help strategies of the participants. It obtained a mean score of μ=18.942 and a standard deviation of SD=1.722. The range of scores for this factor lies between 4 to 20. Approximately, the majority of the participants were familiar with the self-help strategies to address mental health concerns.

The total mean for Factor 4 (self-help strategies) depicts that majority of the participants were well-aware of some self-help strategies that they could use when experiencing a mental health problem. This implies that they have the knowledge on how to counter the early onset of a possible mental health condition – that is if they have the intention and attitude to do so. They acknowledged that physical exercise, balanced diet, adequate sleep, and doing something enjoyable contribute to good mental health. Interventions such as reflection strategies, mindfulness training, emotional management strategies, coaching psychology, growth mindset approaches, self-care practices, and celebrating oneself were proposed as evidence-based practices a teacher can do to counter stress, anxiety, and distress (Mccallum et al., 2016).

The teachers also expressed during the focused group discussion that they recognized social media as a powerful tool for mental health education. They followed certain self-help and mental health advocacy pages and/or accounts that increased their knowledge of self-care and mental health. They were able to find opportunities and become resourceful to do self-care and ensure the delivery of their tasks in the new platform for teaching and learning. Part of their self-help strategies which transpired during the FGD was keeping high hopes and envisions a more prepared education sector and a better version of themselves after the pandemic. They were able to assert these hopes as they saw that they are capable of adjusting and innovating despite the challenges they've experienced because of the on-going pandemic.

Emerging Themes	**Theme Description**	**Sample Response**
Teachers Defying the Stigma and Maximizing Social Media	Teachers are putting a premium on their mental health and are aware of its importance to adjusting and accomplishing tasks during the pandemic. They perceive it as something that affects the whole person, that it should not be taken for granted and, that it can be overcome. They are now more aware of the stigma attached to mental health and are looking for sustainable programs focused on mental health. They recognize that social media is an effective and powerful tool for mental health education. This	*"Mental health is related to depression and should not be taken for granted."* Junior High School Teacher, Male, 7 years in service *"Mental health is a serious thing, we must not neglect it."* Junior High School Teacher, Female, 15 years in service *"...mental health it's still stigmatized in the country in the country but i guess we're slowly getting more exposed to mental health issues because of the help of social media...social*

	proves their capability to be more connected and sensitive to their mental health concerns as well as the students'.	*media has been a great platform in short in educating this generation even before about mental health..."* GS Teacher, Female, 5 years in service
Adjusting, Innovating and Proactive Teachers	The initial part of the focus group discussion was to ask about the pandemic. The first question was about how teachers/education leaders were shaped/molded after this health-crisis surfaced. A primary theme arose which indicated that teachers are adjusting by innovating to make learning happen during these trying times. Teachers are becoming resourceful and more responsible in delivering their tasks online.	*"There are several challenges I have met during this pandemic. But I treat these challenges as an opportunity for me to learn new things and discover new ideas."* - Junior High School Teacher, Female, 15 years in service *"Some of the current pandemic shaping / molding as a teacher in this time of pandemic we have to be flexible and adopt the new normal form of instruction and discover new teaching strategies."* - Junior High School Teacher, Male, 7 years in service
Teachers who are Flexible and Ready for Change in the New Normal	Teachers were asked how they see the education sector in the post-COVID era. Based on their experiences during this pandemic, they predict that the education sector will become more productive, innovative, and flexible. They are aware that there will be learning curves since they will have to continuously adjust but they see that they will be	*"The pandemic has taught us that face to face classes should not be the only option we have for our children. Therefore, I see ourselves institutionalizing blended, flexible and remote learning in the post-COVID era. The pandemic brought to fore issues on mental health, and therefore, I hope that our higher officials will see the need to hire more*

	ready for any change. They also highlighted that, because of this pandemic, they are more connected and sensitive to mental health.	*mental health workers who will ensure the mental health of the organization." Education Program Supervisor, Female* *"...we never utilized google classroom, microsoft teams etc. But now that we are exposed and we were equipped on how to use it i guess the education sector in the philippines will now see how to utilize it even after the pandemic." - Grade School Teacher, Female, 5 years in service.*

However, their knowledge about self-help strategies does not reassure their capability to really do the self-care practices mentioned. Based on the demographics, majority of them were female, already married, and have children and household to look after a day of work, especially now given the reality of the work setup.

Research Question 2: Describe the teachers' help-seeking behavior in terms of:

a. Help-seeking intention

b. Help-seeking attitude

Teachers' intention and attitude to seek help

The participants' mental help-seeking intention obtained a mean score of μ=6.336 and a standard deviation of SD=0.99 while their mental help-seeking attitude obtained a mean score of μ=4.524 and a standard deviation of SD=0.731 (see Table 5). The highest

possible score that can be obtained from Mental Help-Seeking Intention Scale (MHSIS) is 7 while for Mental Help-Seeking Attitude Scale (MHSAS), 5. Provided with the mean scores for both scales, it can be implied that the participants scored high in both scales. This means that whenever the participants experience a mental health concern, they would most likely, strongly agree, and is very true of them to have the intention to seek from a mental health professional. They had an affirmative attitude towards seeking help from a mental health professional. Results show that they saw it as useful, important, healthy, effective, good, healing, empowering, satisfying, and desirable.

Table 6

Total Mean and Standard Deviation of the Mental Help-Seeking Intention and Mental Help-Seeking Attitude

	Mean	**Std. Deviation**
MHSIS	6.336	0.99
MHSAS	4.524	0.731

Participants' mental help-seeking intention and attitude were also examined in this study to further describe their help-seeking behavior. The results showed that the participants had intentions to seek mental health professionals when seen as necessary. They also agreed and asserted that it is very likely and true of them to consult a mental health professional when they have mental health concerns. Further, their attitude towards seeking help from the mental health professional was viewed as useful and important. This was confirmed in the focused group discussion as teachers acknowledged that there is a need for mental health literacy. By saying so, they verbalized that their knowledge about

where to get professional help during a mental health crisis is limited to the Rural Health Unit. Likewise, it is important to note that the teachers mentioned during the focused group discussion that they lack knowledge about mental health applications available online.

Moreover, they expressed that they need to be educated about the available resources for their own mental health concerns. They also admitted that guidance counselors in schools are lacking, so there is a certain referral procedure that they must follow. They made use of available resources to address mental health concerns in their schools such as listening, consoling, and advising from their own experiences. Making use of these "available resources" was quite a challenge given the previous findings that they tend to have premature judgments and erroneous beliefs about mental health concerns. Added to these concerns are their apprehensions to assist a person with mental health concern as they are not well-equipped to take responsibility to address mental health concerns. Because this was the only available resource that they had, it transpired during the focused group discussions that teachers found themselves providing support and assistance to their colleagues and their mental health concerns. They accepted that mental illness is a natural occurrence and that they are learning different ways to approach and address it. The participants also mentioned that they practiced active listening skills and could show more empathy and sensitivity to the needs of others. Instead of diagnosing someone, they listened and were open minded. This is one of the best recognized ways to aid expressions of mental health concern - listen intentionally and make the other person heard. Nevertheless, they strongly believed that consultations with mental health professionals is healthy, effective, good, healing, empowering, desirable, and satisfying.

Hence, this is a good indicator of their attitude and intention to attend to mental health consultations whenever seen as necessary.

One important theme to highlight about this matter that transpired during the focused group discussion is that the teachers are hopeful. They saw themselves as teachers who are flexible and ready for the changes that the new normal has brought to the educational system. Based on their experiences during this pandemic, they predicted that the education sector will become more productive, innovative, and flexible. Perhaps these predictions encompass their expectation to experience a more concerned education sector, specifically when it comes to the mental health of teachers. They were aware that there will be learning curves since they will have to continuously adjust, but they saw themselves ready for any change. They also highlighted that, because of this pandemic, they are more connected and sensitive to mental health. This passion and drive can further be reinforced with mental health support and strengthened emotional capacity building.

Table 7 shows the General Help-Seeking Behavior of the participants and whom they would likely seek help from when they would be faced with a mental health problem. There are two subscales, namely Personal-Emotional Problem Scale (Per-Emot Problem Scale) and Suicidal Thoughts Scale (Suicidal-Thts Scale). Figure 3 depicted the difference between the two subscales. The help-seeking behavior described in this instrument focuses on the participants' go-to-person when they experience either a personal-emotional problem or a suicidal thought. Results show that regardless of whether it is a personal-emotional problem or suicidal thoughts, they are generally and most likely would go to their parents, mental health professional, and/or partner, in that order. Likewise, it can be

inferred that in the absence/unavailability of the aforementioned people, participants would likely go to a minister, relative, or call a helpline.

Table 7

General Help-Seeking Behavior: People Teachers Seek Help From

Person to seek help from	Problem Type	
	Per-Emot Problem	Suicidal-Thts
Not Seek	2.351	2.654
Not Listed	3.341	3.286
Friend	4.557	4.744
Helpline	4.733	4.644
Relative	5.184	5.047
Minister	5.557	5.475
Doctor	5.823	5.578
Partner	6.057	5.888
Mental Health Prof.	6.219	5.903
Parents	6.231	5.838

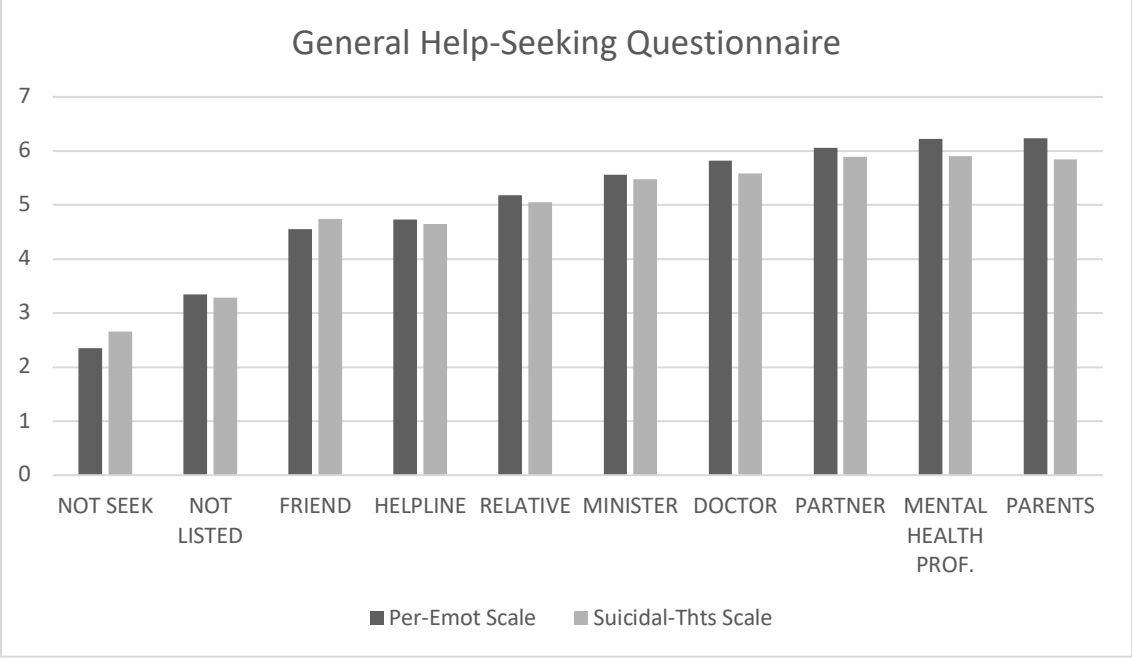

Figure 3. General Help-Seeking Questionnaire Subscales Results

One of the goals of this research was to describe the general help-seeking behavior of the participants in terms of who they seek help from when faced with adversities, specifically with mental health. In the study of Uzman and Telef (2015), they stressed that psychological support is helpful in increasing the mental health of their participants (prospective teachers). In this study, results showed that in both personal-emotional problem scale and suicidal thoughts scale, the participants generally and most likely would go to their parents, mental health professional, and/or partner, in that order. Keeping in mind that majority of the participants were married, it is assumed that they have lesser interaction with their parents nowadays. In the absence or unavailability of these people, participants would likely go to a minister, relative, or call a helpline. On the hindsight, they considered their friends as someone they would least likely go to when they experience personal-emotional problems or suicidal thoughts. Some of the participants also answered that they would go to somebody who is not listed in the instrument. Few others asserted that it is extremely unlikely for them to seek help. These results imply that the participants tend to seek help from a loved one or a mental health professional when faced with personal, emotional, or mental health concerns. However, having the knowledge about the demands of the work of the teachers, they tend to settle for who is available in times that they experience personal, emotional, or mental health concerns – those are their friends.

To be very specific, these friends, most likely, are their co-teachers with whom they spend most of their time interacting with even during the pandemic. Likewise, they are also the ones most capable of understanding what they are going through as they both go

through the same work circumstance, sort of saying it needs less explanation when talking to their co-workers as they can relate to each other's situation. These results were supported by FGD themes which talk about the teachers' empathy and sensitivity to one another during these trying times. They expressed their willingness to listen and connect is readily available when one of their colleagues express a mental health concern. They also took note of their boundaries and gave importance to confidentiality when these matters will be discussed with them.

On the challenges brought about by the pandemic, it was mentioned earlier that the teachers expressed that they adjust by innovating to make learning happen during these trying times. Teachers are becoming resourceful and more responsible in delivering their tasks online and remotely. They asserted that they are ready for change and that they will be at their best potential when all the pandemic-related concerns are over.

Through the lens of these optimism, positivity, and proactive attitude, it is undeniable that the dynamics of the participants' work can be inferred as one of the impediments in getting the support they need from the people they are most confident and comfortable confiding with. They resort to the least favored go-to people as they are the most accessible and convenient people to talk with. This calls for the education sector and administrators to perhaps help the teachers draw the line between work and personal concerns. Reiterating what Daniszewski and Rodger (2013) emphasized in their study - the teachers give high importance to having support available in times of challenging situations, may it be personal or professional. Cliché as it may sound , but teachers are highly in need of work-life balance. This can be possible when they are given enough time

to check-in with their loved ones or when they need to seek professional help. The teachers' FGD themes revealed that they consider each other as support systems.

Emerging Themes	Theme Description	Sample Response
Empathy and Sensitivity	Teachers found themselves providing support and assistance to their colleagues and their mental health concerns. They are accepting that mental illness is a natural occurrence and are learning different ways to approach and address this. Teachers are practicing their active listening skills and are able to show more empathy and sensitivity to the needs of others. Instead of diagnosing someone, they listen and are openminded.	*"Keep questions open minded, listen carefully, don't try to diagnose or second guess their feelings."* - Senior High School Teacher, Female, 5 years in service
Listening and Connecting	Teachers were asked about how they dealt with a colleague who was experiencing a mental health concern and asked for their help. They assert that they are capable of creating support systems easily but some of them said that they have not experienced having someone open up to them about a mental health concern. Others mentioned that attentive listening, deep conversations, checking-in and connecting, being sensitive and aware of limitations or boundaries, and keeping things confidential are their ways in helping their colleagues with mental health concerns.	*"I give what I can give, just like my time & my willingness to listen to him/her."* - Junior High School Teacher, Female, 15 years in service.

Some other important themes from the focused group discussion related to the discussed results are as follows:

The status of public schools in terms of mental health was perceived by the teachers as something that everyone is coping with. Teachers are learning and coping despite the challenges while managing the stressors they have at work. They believed that reducing the workload of the teachers would give them time to look after their mental health as teaching itself is already a taxing job. They believed that the webinars on mental health are helping them learn about mental health and maintain it. Teachers were also careful in handling and assessing mental health concerns among their students. However, there were times that toxic resiliency was imposed when they were told that their profession is noble. Teachers were forced to learn new skills and risk their own health and well-being to deliver materials to their students to make learning happen.

Teachers were having anxiety about their safety in delivering their jobs during the pandemic. They acknowledged their own feelings such as the pressure they experienced from their work which contributed to the development of their mental health issues. Likewise, the people around them were also experiencing mental health issues. They said that it is very important to have a support system and heightened awareness and to be sensitive to what the other people around them are experiencing. They made sure that everyone is well-taken care of mentally and physically by following safety protocols. There were some who do not have any record of mental health concerns in their school.

Emerging Themes	Theme Description	Sample Response
Coping and Learning despite Toxic Resiliency	The current status of public schools in terms of mental health was perceived by the teachers as something that everyone is coping with. Teachers are learning and coping despite the challenges while managing the stressors they have at work. They believe that reducing the workload of the teachers would give them time to look after their mental health as teaching itself is already a taxing job. They believe that the webinars on mental health are helping them learn about mental health and maintain it. Teachers are also careful in handling and assessing mental health concerns among their students. However, there are times that toxic resiliency was imposed when they were told that their profession is noble. Teachers are forced to learn new skills and risk their own health and well-being to deliver materials to their students to make learning happen.	*"In general, I think we're all good in terms of mental health. Despite some stress and pressure, we still manage to do our jobs."* - Junior High School Teacher, Male, 7 years in service. *"...it's like you know what we call the toxic resiliency and teachers kayo, you must be able to do this do that... I am supposedly still resting as advised by my doctor...despite everything, I am forced to go to the campus joint training for a week.."* - Junior High School Teacher, Female, 4 years in service
Support System against Pressure	Teachers are presently having anxiety about their safety in delivering their jobs. They acknowledge their own feelings such as the pressure they are experiencing from their work which contributes to the development of their	*"...send them encouraging messages daily and call them up to make them feel that they are not alone, and that we care for their safety and wellness."* - Education Program

	mental health issues. Likewise, the people around them are also experiencing mental health issues. They say that it is very important to have a support system and heightened awareness and to be sensitive to what the other people around them are experiencing. They make sure that everyone is well-taken care of mentally and physically by following safety protocols. There are some who do not have any record of mental health concern in their school.	Supervisor, Female *"Mostly anxiety, encourage them not to give up."* - Junior High School Teacher, Female, 2 years in service. *"Pressure from work. I let myself to be their outlet and tried to encourage them."* - Junior High School Teacher, Male, 7 years in service

Research Question 3: Identify the factors that contribute to the mental health literacy of the teachers

Factors contributing to the mental health literacy of teachers

The predictors were generated using stepwise regression to find the set of the independent variables that significantly influence the dependent variable. Table 8 shows that a significant regression equation was found (F (3, 1209) = 51.524, p<.001 with an R^2 = .113). There were 4 models derived from the data analysis. From these models, it can be inferred that model 4 predicted a better explanation of **Factor 1** (Knowledge of Mental Health Problems) in reference to its R^2 = .113 or 11.3% as compared to the other three models. Focusing on Model 4, results show that knowledge of mental health problems can be better explained when mental help-seeking intention is added as a predictor; the probability of predicting the outcome increases by 1.165. In the same manner, when

personal-emotional problem is added, the probability of predicting the outcome increases by .102. Personal-emotional factor focuses on the go-to-person of the participant when experiencing a personal-emotional problem. This means that when a teacher has an identified person to support him/her, he/she is most likely to understand mental health problems. Lastly, when mental help-seeking attitude is added, the probability of predicting the outcome increases by .539. These imply that factor 1 (Knowledge of Mental Health Problems) can be reinforced when mental help-seeking intention, personal-emotional problem , and mental help-seeking attitude increase. On the hindsight, suicidal thoughts is not a predictor of Factor 1. This implies that knowledge of mental health problems has no impact on a person who is experiencing suicidal thoughts.

Table 8

Predicting Knowledge of Mental Health Problems

Model Summary

Model	R	R^2	Adjusted R^2	RMSE
1	0	0	0	5.723
2	0.31	0.096	0.095	5.443
3	0.332	0.11	0.109	5.403
4	0.337	0.113	0.111	5.395

ANOVA

Model		Sum of Squares	df	Mean Square	F	p
2	Regression	3813.488	1	3813.488	128.714	< .001
	Residual	35879.131	1211	29.628		
	Total	39692.618	1212			
3	Regression	4373.755	2	2186.878	74.921	< .001
	Residual	35318.863	1210	29.189		
	Total	39692.618	1212			
4	Regression	4499.506	3	1499.835	51.524	< .001
	Residual	35193.113	1209	29.109		
	Total	39692.618	1212			

Note. The intercept model is omitted, as no meaningful information can be shown.

Coefficients

Model		Unstandardized	Standard Error	Standardized	t	p
1	(Intercept)	46.453	0.164		282.712	< .001
2	(Intercept)	35.098	1.013		34.647	< .001
	Mental Help-Seeking Intention Scale (MHSIS)	1.792	0.158	0.31	11.345	< .001
3	(Intercept)	32.798	1.134		28.914	< .001
	Mental Help-Seeking Intention Scale (MHSIS)	1.392	0.181	0.241	7.669	< .001
	Personal-Emotional Problem Scale (Per-Emot)	0.102	0.023	0.138	4.381	< .001
4	(Intercept)	31.818	1.227		25.931	< .001
	Mental Help-Seeking Intention Scale (MHSIS)	1.165	0.212	0.202	5.509	< .001
	Personal-Emotional Problem Scale (Per-Emot Scale)	0.102	0.023	0.137	4.368	< .001
	Mental Help-Seeking Attitude Scale (MHSAS)	0.539	0.259	0.069	2.078	0.038

Note. The following covariate was considered but not included: Suicidal Thts Scale.

Table 9 depicts the significant regression equation found (F (2, 1210) = 90.39, p<.001 with an R^2 = .13). The data analysis revealed 3 models. It suggests that Model 3 explains the erroneous beliefs of the participants 13% better than the other two models. When mental help-seeking attitude is added, Factor 2's (Erroneous Beliefs or Stereotypes) level of predictability decreases by -2.319 while it increases by .051 when suicidal thought is added. This implies that erroneous beliefs or stereotypes are reinforced when a person has suicidal thoughts which makes the effect counterintuitive. Inversely, an increased

mental help-seeking attitude prevents a person from having erroneous beliefs or stereotypes.

Personal-emotional problem and mental help-seeking intention were covariates, but they did not play a significant role in predicting the erroneous beliefs or stereotypes of the participants.

Table 9

Predicting: Erroneous Beliefs or Stereotypes

Model Summary

Model	R	R^2	Adjusted R^2	RMSE
1	0	0	0	4.56
2	0.343	0.117	0.117	4.286
3	0.361	0.13	0.129	4.257

ANOVA

Model		Sum of Squares	df	Mean Square	F	p
2	Regression	2957.188	1	2957.188	160.988	< .001
	Residual	22244.837	1211	18.369		
	Total	25202.025	1212			
3	Regression	3275.883	2	1637.942	90.39	< .001
	Residual	21926.141	1210	18.121		
	Total	25202.025	1212			

Note. The intercept model is omitted as no meaningful information can be shown.

Coefficients

Model		Unstandardized	Standard Error	Standardized	t	p
1	(Intercept)	20.909	0.131		159.7	< .001
2	(Intercept)	30.582	0.772		39.602	< .001
	Mental Help-Seeking Attitude Scale (MHSAS)	-2.138	0.169	-0.343	-12.688	< .001
3	(Intercept)	29.034	0.851		34.108	< .001
	Mental Help-Seeking Attitude Scale (MHSAS)	-2.319	0.173	-0.372	-13.417	< .001

Suicidal Thoughts Scale	0.051	0.012	0.116	4.194	< .001

Note. The following covariates were considered but not included: Per-Emot Problem Scale, MHSIS.

Table 10 presents the significant regression equation ($F(2, 1210) = 274.191$, $p<.001$ with an $R^2 = .312$). There are 3 models derived from the data analysis. From the models, it can be inferred that Model 3 can better explain Factor 3 (First-aid Skills and Help-Seeking Behavior) 31.2% higher as compared to the two other models. Mental Help-Seeking Intention (MHSIS) is a significant predictor of Factor 3 which increases its predictability by 1.315 while another significant predictor personal-emotional problem increases its predictability by .109. This implies that the higher the person's intention to seek help (MHSIS) from other people (Per-Emot Problem Scale), the first-aid skills and help-seeking behavior likewise increase.

Suicidal Thoughts and Mental Help-Seeking Attitude are not included as they did not significantly predict the outcome of this factor.

Table 10

Predicting First-Aid Skills and Help-Seeking Behavior

Model Summary

Model	R	R²	Adjusted R²	RMSE
1	0	0	0	3.352
2	0.515	0.265	0.264	2.876
3	0.558	0.312	0.311	2.783

ANOVA

Model		Sum of Squares	df	Mean Square	F	p
2	Regression	3606.677	1	3606.677	436.151	< .001
	Residual	10014.154	1211	8.269		

	Total	13620.831	1212			
3	Regression	4247.896	2	2123.948	274.191	< .001
	Residual	9372.935	1210	7.746		
	Total	13620.831	1212			

Note. The intercept model is omitted as no meaningful information can be shown.

Coefficients

Model		Unstandardized	Standard Error	Standardized	t	p
1	(Intercept)	27.051	0.096		281.038	< .001
2	(Intercept)	16.008	0.535		29.912	< .001
	Mental Help-Seeking Intention Scale (MHSIS)	1.743	0.083	0.515	20.884	< .001
3	(Intercept)	13.547	0.584		23.183	< .001
	Mental Help-Seeking Intention Scale (MHSIS)	1.315	0.093	0.388	14.06	< .001
	Personal-Emotional Problem Scale	0.109	0.012	0.251	9.098	< .001

Note. The following covariates were considered but not included: Suicidal Thts Scale, MHSAS.

Table 11 depicts the significant regression equation found (F (3, 1209) = 73.979 p<.001 with an R^2 = .394). The data analysis derived 4 models. It can be inferred that Model 4 explains Factor 4 (Self-Help Strategies) 39.4% better than the other three models. When mental help-seeking intention was added, the probability of predicting the outcome increased by .417. In addition, when mental help-seeking attitude was added, the probability of predicting the outcome increased by .309. Lastly, when personal-emotional

problem was added, the probability of predicting the outcome increased by .023. Hence, Model 4 with the three predictors significantly increased the probability of predicting the self-help strategies of the participants.

Suicidal Thoughts was not included as it did not play a significant role in predicting the outcome of this factor.

Table 11

Predicting Self-help Strategies

Model Summary

Model	R	R^2	Adjusted R^2	RMSE
1	0	0	0	1.722
2	0.368	0.135	0.135	1.602
3	0.383	0.147	0.146	1.591
4	0.394	0.155	0.153	1.584

ANOVA

Model		Sum of Squares	df	Mean Square	F	p
2	Regression	485.897	1	485.897	189.443	< .001
	Residual	3106.063	1211	2.565		
	Total	3591.96	1212			
3	Regression	527.954	2	263.977	104.247	< .001
	Residual	3064.007	1210	2.532		
	Total	3591.96	1212			
4	Regression	557.11	3	185.703	73.979	< .001
	Residual	3034.851	1209	2.51		
	Total	3591.96	1212			

Coefficients

Model		Unstandardized	Standard Error	Standardized	t	p
1	(Intercept)	18.942	0.049		383.22	< .001
2	(Intercept)	14.889	0.298		49.954	< .001
	Mental Help-Seeking	0.64	0.046	0.368	13.764	< .001

	Intention Scale (MHSIS)					
3	(Intercept)	14.316	0.328		43.675	< .001
	Mental Help-Seeking Intention Scale (MHSIS)	0.508	0.056	0.292	9	< .001
	Mental Help-Seeking Attitude Scale (MHSAS)	0.311	0.076	0.132	4.075	< .001
4	(Intercept)	13.796	0.36		38.288	< .001
	Mental Help-Seeking Intention Scale (MHSIS)	0.417	0.062	0.24	6.72	< .001
	Mental Help-Seeking Attitude Scale (MHSAS)	0.309	0.076	0.131	4.062	< .001
	Personal-Emotional Problem Scale	0.023	0.007	0.104	3.408	< .001

Note. The following covariate was considered but not included: Suicidal Thts Scale.

Chapter IV

Summary, Conclusion, and Recommendations

Summary of the Study

The prevalence of mental health conditions is increasing now more than ever especially in the education sector, but interventions are mostly limited to that of the students (Engelhardt, 2016). This brought the current research paper to investigate the current state of the mental health of the public school teachers to create an research-based program for them. The initial part to make this vision a reality was to describe their mental health literacy in terms of four factors, namely Knowledge about mental health problems, Erroneous beliefs or stereotypes, First-aid skills and help-seeking behavior, and Self-help strategies. Likewise, this study also aimed to describe the participants' help-seeking behavior in terms of their help-seeking intention and help-seeking attitude. Lastly, this study sought to identify factors that contribute to the mental health of the participants.

It is important to account that majority of the participants were female and married. Majority of them were also at the beginning stage of their career life serving as Teacher I. There was also a good number of participants who, aside from their current jobs, had their own businesses and side job as tutors. This possibly had an impact on how the results turned out.

Summary of the Results

This study was limited to public school teachers who teach Grades 1 to 12 from the selected divisions in Luzon. In cognizance of the current health situation where mobility

is a primary concern, this study utilized online platforms such as email and Google Forms to avoid any close contact and possible threat of physical interaction with the participants.

The participants of this study were 1,213 public school teachers. Most of them had the rank of Teacher I (51.278%), were females (82.11%), married (65.540%), from urban areas (57.296%), and from Region 4 (64.056%). Six hundred and twenty-eight (628) of them handled grade schoolers while 585 handled high schoolers. There were 25.721% of them who handled all subjects, and the remaining percentage handled specific subjects from grade school to senior high school. Almost all the participants (89.118%) handled single grade while the remaining percent (10.387%) handle multigrade. Finally, 18.05% of them had their own businesses aside from their jobs as teachers.

Results showed that a big majority of the participants (62.572%) did not know someone with any mental health concern. For those who shared that they know someone with mental health concern (22.836%), they specified this someone as their friends, themselves, relatives, or someone else. On mental health concerns they were aware of, some of them primarily listed anxiety, depression, and other related mental health and psychological conditions. Also, some of them listed other health, neurological, and developmental concerns that were not directly related to mental health concerns.

Results obtained from help-seeking intention and attitude scale indicated that whenever the participants experienced a mental health concern, they most likely, strongly agreed, and was very true of them to have the intention to seek from a mental health professional. They had an affirmative attitude towards seeking help from a mental health professional. Likewise, results showed that help-seeking from a mental health professional

was perceived as useful, important, healthy, effective, good, healing, empowering, satisfying, and desirable. Supporting these results is the finding that the participants would seek help from mental health professionals, next to their parents. This is regardless of whether they experience personal-emotional problem or suicidal thoughts.

In addition, the results from the Mental Health Literacy Questionnaire (MHLq) revealed that Factor 1 (Knowledge of mental health problems of the participants) was generally high, while Factor 2 (Erroneous beliefs or stereotypes) lay approximately in the low middle range. Moreover, Factor 3 (First-aid skills and help-seeking behavior) was found to be very high, and Factor 4 (Self-help strategies) approximately indicated that the majority of the participants were familiar with self-help strategies to address mental health concerns.

The stepwise regression results showed that Knowledge of Mental Health Problems (Factor 1) was best predicted and explained by Model 4 comprising Mental Help-Seeking Intention, Personal-Emotional Problem, and Mental Help-Seeking Attitude, respectively. This implies that the participants' attitude, intention, and go-to people when they experience personal and emotional problems can better explain their knowledge of mental health problems. Thus, preventive actions can be done once warning signs are recognized through these predictors. Sequentially, results also revealed that Erroneous Beliefs or Stereotypes (Factor 2) was best predicted and explained by Model 3 comprising negative Mental Help-Seeking Attitude and Suicidal Thoughts. It can be inferred that the effects of the said predictors are counterintuitive. This means that inversely, as a person's help-seeking attitude increases, the probability of having erroneous belief or stereotype

about mental health decreases. Consequently, a person with suicidal thoughts has the probability of developing an erroneous belief or stereotype about mental health. Hence, erroneous beliefs or stereotypes must first be challenged and modified or rectified to inculcate the potential benefits of help-seeking behaviors and mental health awareness. Furthermore, Model 3 of stepwise regression for First-Aid Skills and Help-Seeking Behavior (Factor 3) showed that the predictors were Mental Help-Seeking Intention and Personal-Emotional Problem. This implies that a higher level of help-seeking intention with regards to personal or emotional problems significantly affects the probability of an increased level of Factor 3.

Lastly, stepwise regression results for Self-Help Strategies (Factor 4) Model 4 revealed that Mental Help-Seeking Intention and Attitude as well as Personal-Emotional Problem were significant predictors of the said Factor. This implies that imbibing positive attitude and strong intention to seek help while being surrounded with people they consider talking to whenever they experience a mental health problem better equips the participants with self-help strategies such as exercising, balanced diet, enough sleep, and doing enjoyable things they consider helpful in maintaining good mental health.

One important finding of this study was found in the participants' general help-seeking behavior, specifically to which person they would go to when they experience personal-emotional problems or suicidal thoughts. It was found out that the participants would most likely go to their parents, mental health professional, and/or partner, in that order. In the absence or unavailability of these people, participants would likely go to a minister, relative, or call a helpline. Surprisingly and counterintuitively, they considered

their friends as someone they would least likely go to if they experience personal-emotional problems or suicidal thoughts. It can be explained that the participants tend to seek help from a loved one or a mental health professional when faced with personal, emotional, or mental health concerns. However, having the knowledge about the demands of the work of the teachers, they tend to settle for who is available in times that they experience personal, emotional, or mental health concerns – those are their friends. To be very specific, these friends would most likely be their co-teachers with whom they spend most of their time interacting with even during the pandemic as the current work setup can still be taxing alongside the duality of roles being set while working at home.

This study aimed to identify underlying factors contributing to the mental health of teachers. A stepwise regression was conducted to find the set of the independent variables that significantly influence the dependent variables which are the four (4) factors of mental health literacy, namely Knowledge of Mental Health Problems (Factor 1), Erroneous Beliefs or Stereotypes (Factor 2), First-Aid Skills and Help-Seeking Behavior (Factor 3), and Self-Help Strategies (Factor 4).

Results showed that Mental Help-Seeking Attitude (MHSA), Mental Help-Seeking Intention (MHSI), and Personal-Emotional Problem (Per-Emot) are predictors of Knowledge of Mental Health Problems (Factor 1). This implies that the participants' attitude, intention, and go-to people when they experience personal and emotional problems can better explain their knowledge of mental health problems. Further, when these predictors are reinforced, Factor 1 can be extensive and helpful in a more accurate

recognition of the onset and referral of mental health problems. Thus, these predictors are helpful tools in the preventive actions that can be done once warning signs are recognized.

On the contrary, Mental Help-Seeking Attitude (MHSA) is an inverse predictor while Suicidal Thoughts (Suicidal) is a predictor of Erroneous Beliefs of Stereotype (Factor 2). This means that a negative mental help-seeking attitude is a predictor of Factor 2. It can be inferred that to enhance the person's mental help-seeking attitude, erroneous beliefs or stereotypes must first be challenged and modified to inculcate benefits of help-seeking behaviors and mental health awareness. Conversely, when a person has suicidal thoughts who intends to seek help from trusted people, erroneous beliefs or stereotypes are being reinforced. Even if help-seeking is present, when the attitude about mental health is negatively framed, it still elicits an undesirable outcome as it leads to mistaken belief or worst, self-injurious behavior. Recognizing this result, it is vital to note that the first step that should be done is to alleviate stigma, erroneous beliefs, discrimination, and stereotypes followed by mental health literacy/awareness programs and activities. It is important to note that learning only happens when Factor 2 is rectified.

Aside from reinforcing a positive attitude among the participants, it is well-noted that in one way or another, Factor 2 can be resolved when participants are equipped with first-aid skills and help-seeking behavior. In predicting the participants first-aid skills and help-seeking behavior (Factor 3), it is important to note what surfaced in the results. They are intentional especially when they have their go-to people. First-aid skills and help-seeking behavior (Factor 4) then can be stimulated when help is readily available from people around them. Thus, self-help strategies are best fostered when all the predicting

factors are present (help-seeking intention, help-seeking attitude, go-to people). Participants are said to readily ask for help when they have imbibed positive attitude and strong intention to seek help while being surrounded with people they consider talking to whenever they experience a mental health problem.

Knowing the different predictors of the participants' mental health concerns, some specific ones were obtained from the focused-group discussion (FGD) which enhanced the richness of the results. Below are the specified sources of mental health concerns of the participants and how they believed these concerns can be addressed:

Participants believed that abuse, loneliness, and family problems cause mental health concerns. Likewise, chemical imbalances, lack of sleep, overthinking, and burnout are also believed to contribute to the development of a mental health concern. A consistent support system is perceived by the teachers to play a vital role in easing professional and personal pressures that could arise. They believed that toxic work, toxic work-relationships, and receiving a low salary are things that can be refrained from to maintain a good mental health. This is supported by the study of Kidger et al. (2016). They emphasized that high prevalence of difficulties such as self-reported stress, anxiety, and distress among teachers are caused or aggravated by their work-load (Kidger et al., 2016). Hence, it is important to increase support to teachers and reduce the number of work-related stress to have a balanced well-being and decreased depressive symptoms. In addition, exposure to toxic media information and traumatic experiences are also contributors to mental health concerns. The participants were also aware that loss of loved ones or grief, lack of knowledge about mental health, stigma and prejudice from the society, and lack of

government support and facilities are contributing factors not only to mental health but also to the rising number of people with mental health conditions without proper treatment.

Thus, it is always a must to bear in mind that even in these times of pandemic where interactions are less, a mentally healthy teacher can still strongly give support to a struggling student with proper knowledge and training (Daniszewski & Rodger, 2013; Mccallum & Price, 2015; Lever, 2016).

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Limitations of the Study

The current study's limitation is its demographics. It was a challenge for the researcher to get a good representation from different divisions around Luzon. Likewise, the study was limited to how the participants think and behave towards mental health help-seeking. Lastly, the multicultural considerations were not part of this study therefore, provision for localization was placed in the program.

Conclusion

The study opened an avenue to explore the help-seeking behavior, help-seeking attitude and intention, and mental health literacy of the public school teachers. The study also looked at the possible underlying contributing factors to their mental health concerns. This paved the way to a better understanding of their current mental health situation and the development of a research-based mental-health program.

I. The public school teachers are able to adapt to the concerns of the pandemic and their life circumstances. They are able to express and seek for support for their mental health concerns.

II. The teachers are aware of the mental health concepts and when a person needs mental health support.

III. The reality of the pandemic also made the participants become more resourceful and responsible in delivering their tasks remotely. However, the dynamics of the participants' work can be implied as one of the impediments in

getting the support they need from the people they are most confident and comfort confiding with.

IV. Teachers are highly in need of work-life balance.

Recommendations

The study recommends future mental health researchers to expound the number of participants from different parts of the Philippines and to also explore the private school's mental health help-seeking and behavior. It is also recommended that they do an in-depth understanding of the different factors contributing to mental health concerns in relation to the predicting variables of the 4 factors discussed in this research. Likewise, results from this study is a good start up to expand in the understanding and knowledge of mental health literacy of the education administrators and supervisors to compare and contrast to that of their teachers.

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Appendices

Appendix A: Instruments

GENERAL HELP-SEEKING QUESTIONNAIRE – Original Version (GHSQ)

Question 1 = Personal or emotional problems

Question 2 = Suicidal ideation

***Note*: In all questions, items a-j measure **help-seeking intentions**.**

Help sources should be modified to match the target population.

1. If you were having a personal or emotional problem, how likely is it that you would seek help from the following people?

Please indicate your response by putting a line through the number that best describes your intention to seek help from each help source that is listed.

1 = Extremely Unlikely 3 = Unlikely 5 = Likely 7 = Extremely Likely

a. Intimate partner (e.g., girlfriend, boyfriend, husband, wife, de' facto)	1	2	3	4	5	6	7
b. Friend (not related to you)	1	2	3	4	5	6	7
c. Parent	1	2	3	4	5	6	7
d. Other relative/family member	1	2	3	4	5	6	7
e. Mental health professional (e.g. psychologist, social worker, counsellor)	1	2	3	4	5	6	7
f. Phone helpline (e.g. Lifeline)	1	2	3	4	5	6	7
g. Doctor/GP	1	2	3	4	5	6	7
h. Minister or religious leader (e.g. Priest, Rabbi, Chaplain)	1	2	3	4	5	6	7
i. I would not seek help from anyone	1	2	3	4	5	6	7
j. I would seek help from another not listed above (please list in the space provided, (e.g., work colleague. If no, leave blank)_____	1	2	3	4	5	6	7

2. If you were experiencing suicidal thoughts, how likely is it that you would seek help from the following people?

Please indicate your response by putting a line through the number that best describes your intention to seek help from each help source that is listed.

1 = Extremely Unlikely 3 = Unlikely 5 = Likely 7 = Extremely Likely

a. Intimate partner (e.g., girlfriend, boyfriend, husband, wife, de' facto)	1	2	3	4	5	6	7
b. Friend (not related to you)	1	2	3	4	5	6	7
c. Parent	1	2	3	4	5	6	7
d. Other relative/family member	1	2	3	4	5	6	7
e. Mental health professional (e.g. psychologist, social worker, counsellor)	1	2	3	4	5	6	7
f. Phone helpline (e.g. Lifeline)	1	2	3	4	5	6	7
g. Doctor/GP	1	2	3	4	5	6	7
h. Minister or religious leader (e.g. Priest, Rabbi, Chaplain)	1	2	3	4	5	6	7
i. I would not seek help from anyone	1	2	3	4	5	6	7
j. I would seek help from another not listed above (please list in the space provided, e.g., work colleague. If no, leave blank)_____	1	2	3	4	5	6	7

MHLq – Mental health literacy questionnaire – young adult

Dias, P.; Campos, L.; Almeida, H.; Palha, F. (2018)

The purpose of this questionnaire is to understand what people think about mental health issues.

The questions focus aspects such us what have you heard and what do you think about this type of problems, which resources people may look for to get help, among others.

We now request a couple of your minutes to answer the following questions. Please answer honestly, do not worry about giving the "right" answer.

We appreciate your cooperation.

Code: |x|x|x|__|__| x |__|__|__|
Date: ___ / ___ / ____

1 – Birth date ____/____/_____ 2 – Gender: ☐Male ☐Female

3 – Marital status: ☐Single ☐Married/ Common-law marriage

☐Divorced/ Common-law separation ☐Widow

4 – Nationality: ☐Portuguese ☐Other: _____

5 – Municipality of Residence: _____

6 – Academic qualifications (You may tick one or several options):

☐ Secondary education

☐ Bachelor's degree Please indicate the area of study: _____

☐ Master's degree Please indicate the area of study: _____

☐ PhD Please indicate the area of study: _____

☐Other Please indicate the area of study: _____

7- Profession / Occupation: _____

☐ Employed ☐ Unemployed ☐ Student worker

7.1 If you are a **student**, indicate: degree in: _____year: _____

8 – Do you know anyone who has or had a mental health problem?

☐Yes ☐No ☐I am not sure

8. If yes, what mental health problem? _____

8.2 What is your relationship with that person (select an option below):

☐ Relative – Please indicate how you are related: _____

☐ Friend

☐ Myself

☐ Someone else

Research Centre for Human Development, Universidade Católica Portuguesa, Porto, Portugal.
Correspondence: mcampos@porto.ucp.pt

Dias, P.; Campos, L.; Almeida, H.; Palha, F. (2018). Mental Health Literacy in Young Adults: Adaptation and Psychometric Properties of the Mental Health Literacy Questionnaire. *International Journal of Environmental Research and Public Health*, *15*, 1318. DOI: 10.3390/ijerph15071318

MHLq – Mental health literacy questionnaire – young adult

Dias, P.; Campos, L.; Almeida, H.; Palha, F. (2018)

You will now find several statements with which you may, or may not, agree.
For each statement, please tick the option that indicates how much you agree or disagree.

Here is an example of someone who strongly agrees with a statement:

People who do sports on a regular basis are healthier.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
				✖

1. Physical exercise contributes to good mental health.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

2. A person with depression feels very miserable.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

3. People with schizophrenia usually have delusions (e.g., they may believe they are constantly being followed and observed).

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

4. If I had a mental disorder I would seek my relatives' help.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

5. If someone close to me had a mental disorder, I would encourage her/him to look for a psychologist.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

6. Mental disorders don't affect people's behaviours.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

7. Sleeping well contributes to good mental health.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

Research Centre for Human Development, Universidade Católica Portuguesa, Porto, Portugal.
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Dias, P.; Campos, L.; Almeida, H.; Palha, F. (2018). Mental Health Literacy in Young Adults: Adaptation and Psychometric Properties of the Mental Health Literacy Questionnaire. *International Journal of Environmental Research and Public Health*, *15*, 1318. DOI: 10.3390/ijerph15071318

MHLq – Mental health literacy questionnaire – young adult

Dias, P.; Campos, L.; Almeida, H.; Palha, F. (2018)

8. If I had a mental disorder I would seek a psychologist's help.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

9. A person with anxiety disorder may panic in situations that she/he fears.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

10. People with mental disorders belong to low-income families.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

11. If someone close to me had a mental disorder, I would listen to her/him without judging or criticising.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

12. Alcohol use may cause mental disorders.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

13. Mental disorders don't affect people's feelings.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

14. The sooner the mental disorders are identified and treated, the better.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

15. Only adults have mental disorders.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

16. Changes in brain function may lead to the onset of mental disorders.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

Research Centre for Human Development, Universidade Católica Portuguesa, Porto, Portugal.
Correspondence: mcampos@porto.ucp.pt

Dias, P.; Campos, L.; Almeida, H.; Palha, F. (2018). Mental Health Literacy in Young Adults: Adaptation and Psychometric Properties of the Mental Health Literacy Questionnaire. *International Journal of Environmental Research and Public Health*, *15*, 1318. DOI: 10.3390/ijerph15071318

MHLq – Mental health literacy questionnaire – young adult

Dias, P.; Campos, L.; Almeida, H.; Palha, F. (2018)

17. If someone close to me had a mental disorder, I would encourage her/him to see a psychiatrist.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

18. If I had a mental disorder I would seek for my friends' help.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

19. A balanced diet contributes to good mental health.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

20. One of the symptoms of depression is the loss of interest or pleasure in most things.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

21. If someone close to me had a mental disorder, I could not be of any assistance.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

22. The symptom's length is one of the important criteria for the diagnosis of a mental disorder.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

23. Depression is not a true mental disorder.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

24. Drug addiction may cause mental disorders.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

25. Mental disorders affect people's thoughts.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

Research Centre for Human Development, Universidade Católica Portuguesa, Porto, Portugal.
Correspondence: mcampos@porto.ucp.pt

Dias, P.; Campos, L.; Almeida, H.; Palha, F. (2018). Mental Health Literacy in Young Adults: Adaptation and Psychometric Properties of the Mental Health Literacy Questionnaire. *International Journal of Environmental Research and Public Health*, *15*, 1318. DOI: 10.3390/ijerph15071318

MHLq – Mental health literacy questionnaire – young adult

Dias, P.; Campos, L.; Almeida, H.; Palha, F. (2018)

26. Doing something enjoyable contributes to a good mental health.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

27. A person with schizophrenia may see and hear things that nobody else sees and hears.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

28. Highly stressful situations may cause mental disorders.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

29. If I had a mental disorder I would seek for a psychiatrist's help.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

Please check if you answered all the questions. Thank you for your cooperation.

CATOLICA
CEDH - RESEARCH CENTRE FOR HUMAN DEVELOPMENT
PORTO

Mental Health Literacy questionnaire – young adult

(MHLq young adult)

Dias, Campos, Almeida & Palha (2018). Mental Health Literacy in Young Adults: Adaptation and Psychometric Properties of the Mental Health Literacy Questionnaire. *International Journal of Environmental Research and Public Health*,*15*(7), 1318.
doi: 10.3390/ijerph15071318

Corresponding author: Luísa Campos, mcampos@porto.ucp.pt

MHLq is composed of 29 items organized in a 5-point Likert response scale: 1 = strongly disagree; 2 = disagree; 3 = neither agree nor disagree; 4 = agree; and 5 = strongly agree.

MHLq includes 4 factors:

Factor 1: Knowledge of mental health problems – items 2, 3, 9, 12, 16, 20, 22, 24, 25, 27, 28

Factor 2: Erroneous beliefs/stereotypes – items **6r, 10r, 11r, 13r**, 14, **15r, 21r, 23r**

Factor 3: First aid skills and help seeking behaviour – items 4, 5, 8, 17, 18, 29

Factor 4: Self-help strategies – items 1, 7, 19, 26

Scoring:

For factor 1: sum of the values of the factor items (range between 11 and 55)

Factor 2: sum of the values of the factor items - ***reverse-scored items*** **- 6, 10, 13, 15, 21, 23** (range between 8 and 40)

Factor 3: sum of the values of the factor items (range between 6 and 30)

Factor 4: sum of the values of the factor items (range between 4 and 20)

For total score: sum of the values of all the items, after reverse scoring 6 items from Factor 2 (range between 29 and 145)

Mental Help Seeking Attitudes Scale (MHSAS)

INSTRUCTIONS: For the purposes of this survey, "mental health professionals" include psychologists, psychiatrists, clinical social workers, and counselors. Likewise, "mental health concerns" include issues ranging from personal difficulties (e.g., loss of a loved one) to mental illness (e.g., anxiety, depression).

Please mark the circle that best represents your opinion. For example, if you feel that your seeking help would be extremely useless, you would mark the circle closest to "useless." If you are undecided, you would mark the "0" circle. If you feel that your seeking help would be slightly useful, you would mark the "1" circle that is closer to "useful."

If I had a mental health concern, seeking help from a mental health professional would be...

	3	2	1	0	1	2	3	
Useless	○	○	○	○	○	○	○	Useful
Important	○	○	○	○	○	○	○	Unimportant
Unhealthy	○	○	○	○	○	○	○	Healthy
Ineffective	○	○	○	○	○	○	○	Effective
Good	○	○	○	○	○	○	○	Bad
Healing	○	○	○	○	○	○	○	Hurting
Disempowering	○	○	○	○	○	○	○	Empowering
Satisfying	○	○	○	○	○	○	○	Unsatisfying
Desirable	○	○	○	○	○	○	○	Undesirable

Scoring Key

The MHSAS contains nine items which produce a single mean score. The MHSAS uses a seven-point semantic differential scale. Please note that the scale labels (3, 2, 1, 0, 1, 2, 3) are only provided to assist participants, and are not to be used in scoring the MHSAS. To counteract possible response sets, the valence of the item anchors was counterbalanced across the nine items. For example, the "useless – useful" item had the positively-valenced term (i.e., useful) on the right side of the scale, whereas the "important – unimportant" item had the positively-valenced term (i.e., important) on the left side of the scale. In order to properly calculate the MHSAS mean score, where a higher mean score indicates more favorable attitudes, it is necessary to reverse-code items 2, 5, 6, 8, and 9. After reverse coding, a score of "1" (the circle to the farthest left of the seven-point scale) on a given item should indicate an unfavorable attitude, a score of "4" (the middle circle of the seven-point scale) on a given item should indicate a neutral attitude, and a score of "7" (the circle to the farthest right side of the seven-point scale) on a given item should indicate a favorable attitude. Once reverse-coding is complete, calculate the MHSAS mean score by adding the item scores together and dividing by the total number of answered items. The resulting mean score should range from a low of 1 to a high of 7. For example, if someone answers 9 of the 9 items, the mean score is produced by adding together the 9 answered items and dividing by 9. Likewise, if someone answers 8 of the 9 items, the total score is produced by adding together the 8 answered items and dividing by 8. Per Parent's 20% recommendation (2014; DOI: 10.1177/0011000012445176), a mean score should only be calculated for those respondents who answered at least 8 of the items. For more information about the MHSAS, please visit: http://DrJosephHammer.com

*Please visit http://drjosephhammer.com/research/mental-help-seeking-attitudes-scale-mhsas/ for information on how to administer, score, interpret, discuss the reliability and validity of, consider the limitations of, and obtain permission to use the MHSAS.

Mental Help Seeking Intention Scale (MHSIS)

INSTRUCTIONS: For the purposes of this survey, "mental health professionals" include psychologists, psychiatrists, clinical social workers, and counselors. Likewise, "mental health concerns" include issues ranging from personal difficulties (e.g., loss of a loved one) to mental illness (e.g., anxiety, depression). Please mark the box that best represents your opinion.

If I had a mental health concern, I would intend to seek help from a mental health professional.

1 (Extremely unlikely)	2	3	4	5	6	7 (Extremely likely)

If I had a mental health concern, I would try to seek help from a mental health professional.

1 (Definitely false)	2	3	4	5	6	7 (Definitely true)

If I had a mental health concern, I would plan to seek help from a mental health professional.

1 (Strongly disagree)	2	3	4	5	6	7 (Strongly agree)

Scoring Key

The MHSIS contains three items which produce a single mean score. To calculate the mean score, add the scores for all three items then divide by three. The resulting mean score should range from a minimum of 1 to a maximum of 7. Do not calculate a MHSIS mean for a participant who is missing any data on the MHSIS. If you are administering the MHSIS alongside other Theory of Planned Behavior (TPB) items, it is best to intersperse these three MHSIS items among the other TPB items, in a nonsystematic order (see Ajzen, 2006). If you do so, to ensure that all participants are interpreting the terminology in the MHSIS items consistently, we recommend including the MHSIS instructions (see above) in the survey prior to participants completing the MHSIS items, whether immediately prior, or toward the start of the entire survey.

*Visit http://drjosephhammer.com/research/mental-help-seeking-intention-scale-mhsis/ for information on how to administer, score, interpret, discuss the reliability and validity of, consider the limitations of, and obtain permission to use the MHSIS.

Appendix B: Letter to the Instruments' Authors

Ivy Rose Gravidez <ivyyenggravidez@gmail.com>

Mental health literacy questionnaire

Ivy Rose Gravidez <ivyyenggravidez@gmail.com> Wed, Feb 19, 2020 at 9:17 PM
To: ajorm@unimelb.edu.au

Dear Dr. Jorm,

I hope this email finds you well.

I am a graduate student in the Philippines and I am presently doing a research on mental health literacy of our public school teachers. My study aims to develop a program tailor fitted for the teachers so that they'd be capable to attend to their own and their students' immediate mental health concerns. In line with this, I wish to use your tool, Mental Health Literacy Questionnaire for me to be able to carry out this study. Is there any way I could get access to it? Or perhaps you could recommend a more apt tool for my study. I really want to contribute to my country's current needs on mental health and I do hope you can help me with this.
Thank you and I appreciate your contribution to this field. A response will be much appreciated.

Respectfully,
Ivy Rose Gravidez

Anthony Jorm <ajorm@unimelb.edu.au> Fri, Feb 21, 2020 at 6:50 AM
To: Ivy Rose Gravidez <ivyyenggravidez@gmail.com>

Hello Ivy

Attached are the following:

- CATI interview questionnaires we used for National Surveys of Mental Health Literacy and Stigma in Australia. One survey was aimed at adults and the other at youth.
- Self-completion questionnaires we used to carry out companion surveys with Australian health professionals. This was to allow comparison with the responses from the public.

Best wishes for your study.

Anthony Jorm

Anthony Jorm PhD, DSc, FASSA

Professor Emeritus and NHMRC Leadership Fellow

Centre for Mental Health

Melbourne School of Population and Global Health

University of Melbourne

207 Bouverie Street (Room 435)

Carlton

Victoria 3010

Australia

Ph +61 3 90357799

Gmail Ivy Rose Gravidez <ivyyenggravidez@gmail.com>

Mental health literacy questionnaire adult form

Ivy Rose Gravidez <ivyyenggravidez@gmail.com> Wed, Feb 19, 2020 at 9:26 PM
To: pdias@porto.ucp.pt
Cc: fpalha@porto.ucp.pt, helenafalmeida@hotmail.com, mcampos@porto.ucp.pt

To whom it may concern,

Good day! I hope this email finds you well.

I am a graduate student in the Philippines and I am presently doing a research on mental health literacy of our public school teachers. I came across your study and found out that you developed a scale which is beneficial for my research.
My study aims to develop a program tailor fitted for the teachers so that they'd be capable to attend to their own and their students' mental health concerns. In line with this, I wish to use your tool, Mental Health Literacy Questionnaire Adult Form for me to be able to carry out this study. Is there any way I could get access to it? Or perhaps you could recommend a more apt tool for my study. I really want to contribute to my country's current needs on mental health and I do hope you can help me with this.
Thank you and I appreciate your contribution to this field. A response will be much appreciated.

Respectfully,
Ivy Rose Gravidez

Mental health literacy questionnaire adult form

Luísa Campos <mcampos@porto.ucp.pt> Wed, Feb 19, 2020 at 11:17 PM
To: Ivy Rose Gravidez <ivyyenggravidez@gmail.com>

Dear Ivy Gravidez,

Thank you for your contact and interest in our work. Please find attached the Mental Health Literacy questionnaires – young adult form and young people form - procedures and articles.

Best regards,

Luísa Campos

Luísa Campos

PhD

CATÓLICA
FACULTY OF EDUCATION AND PSYCHOLOGY
PORTO

Faculty of Education and Psychology
Universidade Católica Portuguesa | Porto

Rua de Diogo Botelho, 1327
4169-005 Porto, Portugal

Tel.:+351 +3510226196200

Email.: mcampos@porto.ucp.pt

www.fep.porto.ucp.pt

Mental health literacy questionnaire adult form

Ivy Rose Gravidez <ivyyenggravidez@gmail.com> Thu, Feb 20, 2020 at 8:07 AM
To: Luísa Campos <mcampos@porto.ucp.pt>

Good day, Dr. Campos!

Thank you for your immediate response on my email. I just want to ask if there is an adult form for this since I will be dealing with adult teachers?

Thank you so much!

Best Regards,
Ivy Rose Gravidez

Mental health literacy questionnaire adult form

Luísa Campos <mcampos@porto.ucp.pt> Fri, Feb 21, 2020 at 12:28 AM
To: Ivy Rose Gravidez <ivyyenggravidez@gmail.com>

HI Ivy,

No, because the MHLq young adult form is suitable for the adult population.

Best,

Luísa

Re: MHSAS MHSIS

Joseph H. Hammer <joe.hammer@uky.edu> Sat, Feb 22, 2020 at 11:38 PM
To: Ivy Rose Gravidez <ivyyenggravidez@gmail.com>

Hello,

Thanks for your interest in my instruments. **To obtain permission to use them, please visit the appropriate webpage listed below**. The webpage has a link to the Hammer Instrument Permission Form towards the bottom of the webpage. The bottom of each webpage also has a downloadable copy of the instrument.

MHSAS:
http://drjosephhammer.com/research/mental-help-seeking-attitudes-scale-mhsas/

MHSIS:
http://drjosephhammer.com/research/mental-help-seeking-intention-scale-mhsis/

HSSS:
http://drjosephhammer.com/research/help-seeker-stereotype-scale-hsss/

ISMI-9
You do not need permission to use the ISMI-9.

Thank you,
- Joe H.

On Sat, Feb 22, 2020 at 2:17 AM Ivy Rose Gravidez <ivyyenggravidez@gmail.com> wrote:

> Dear Dr. Hammer,
>
> I hope this email finds you well.
>
> I am a graduate student in the Philippines and I am presently doing a research on mental health literacy of our public school teachers. My study aims to develop a program tailor fitted for the teachers so that they'd be capable to attend to their own and their students' immediate mental health concerns. In line with this, I wish to use your tool, Mental Help-Seeking Attitude Scale and Mental Help-Seeking Intention scale for me to be able to carry out this study. May I request for your permission to allow me use the aforementioned tools you developed. I really want to contribute to my country's current needs on mental health and I do hope you can help me with this.
> Thank you and I appreciate your contribution to this field. A response will be much appreciated.
>
> Respectfully,
> Ivy Rose Gravidez

Appendix C: Sample Letter to the Schools Division Superintendent/Principal

DR. ZENIA MOSTOLES, CESO V
Schools Division Superintendent
Schools Division Office of Bulacan

Dear Dr. Mostoles,

Good day!

I am presently conducting a research under the College of Graduate Studies and Teacher Education Research of **Philippine** Normal University as part of my requirements in my Master of Arts in Education in Guidance and Counseling degree. This is entitled **"Teachers' mental health knowledge, beliefs, and attitudes: Basis for teachers' mental health program"**. This study aims to develop an evidence-based program for the mental health of public school teachers.

In this regard, I would like to request for your permission to allow me to conduct an educational testing to the teachers of grades 1 to 12 in the schools under your supervision. I assure you that the results shall only be used in the context of this research and will be held with utmost confidentiality.

Below is the link of the google forms for the data gathering:

https://bit.ly/TeachersMentalHealth

Should you have any inquiries about this study, please feel free to communicate with me through my email addresses ivyyenggravidez@gmail.com or ibgravidez@assumption.edu.ph.

I am hoping for your favorable response to this request. Thank you for your time and consideration.

Best Regards,

Ms. Ivy Rose B. Gravidez (SGD)
Graduate student, PNU

Dr. Teresita T. Rungduin (SGD)
Thesis Adviser

Request for Data Gathering

Maribel Perez <bulacan.sgodresearch@deped.gov.ph> Thu, Nov 26, 2020 at 2:01 PM
To: ivyyenggravidez@gmail.com
Cc: ibgravidez@assumption.edu.ph

Maam:

This refers to your request to administer a survey questionnaire through online modality to Grades 1-12 teachers of this Schools Division in relation to the study entitled "Teachers' Mental Health Knowledge, Beliefs and Attitudes: Basis for Teachers' Mental Health Program". Please be informed that as per Regional Memorandum No. 228, s. 2020 entitled *Policy Guidelines on the Adherence to Ethical Research Principles and Responsibilities in Studies Involving Teaching, Teaching-Related, Non-Teaching Personnel and Learners*, the following should be attached to the letter of request prior to approval:

- Endorsement from the College/University
- Copy of Approval of the College/University Research Ethics Review Committee
- Instrument (Survey/ Interview Guide)
- Copy of Data Collection, Security, Storage, Transfer, Destruction Procedures (details on how participants will be made aware of the survey online, measures to safeguard data at the site of data collection, measures to protect the privacy and confidentiality of participants, duration/period data will be stored online, measures on how the data will be transferred and destroyed after the study has been completed, measures on how to rectify and contain potential damage from breaches of confidentiality/security)
- Informed Consent Form
- Assent Form (in case the study involves learners below 18 years old)
- Informed Consent Form for Recording Interview (in case interview is a part of data gathering procedure)

For further guidance, a copy of the abovementioned Regional Memorandum is hereby attached.

To the Principal
San del Monte Heights Elementary School

Dear Madam/Sir:

Good day!
I am presently conducting a research under the College of Graduate Studies and Teacher Education Research of **Philippine** Normal University as part of my requirements for my Master of Arts in Education in Guidance and Counseling degree. This is entitled **"Teachers' mental health knowledge, beliefs, and attitudes: Basis for teachers' mental health program"**. This study aims to develop an evidence-based program for the mental health of public school teachers.

In this regard, endorsement to this study was given by Dr. Merlina P. Cruz, CESO VI (OIC-SDS) to conduct the survey among the teachers of grades 1 to 12 in your school. I assure you that the results shall only be used in the context of this research and will be held with utmost confidentiality.

Below is the link of the google forms for the data gathering:

https://bit.ly/TeachersMentalHealth
Attached are the following files:

1. Endorsement Letter from the office of the Schools Division Superintendent
2. Certificate to Proceed with the Study from the Review Ethics Committee
3. Informed consent letter
4. Formal Letter

Should you have any inquiries about this study, please feel free to communicate with me through my email
addresses **ivyyenggravidez@gmail.com** or **ibgravidez@assumption.edu.ph**.

I am hoping for your favorable response to this request. Thank you for your time and consideration.

Best Regards,

Ms. Ivy Rose B. Gravidez (SGD)
Graduate student, PNU

Dr. Teresita T. Rungduin (SGD)
Thesis Adviser

Permit to conduct a study on teachers' mental health

San Jose del Monte Heights Elementary school <162510.sjdmc@deped.gov.ph> Fri, Nov 27, 2020 at 6:57 PM
To: ivyyenggravidez@gmail.com

Thanks for contacting us. We've received your message and appreciate you reaching out. We respectfully acknowledge the receipt of this email.

OFFICE OF THE PRINCIPAL
Francisco M. Policarpio
Principal II, San Jose Del Monte Heights Elementary School

Phase 3, San Jose del Monte Heights, Brgy. Muzon City of San Jose del Monte Bulacan
(0977)-894-0032

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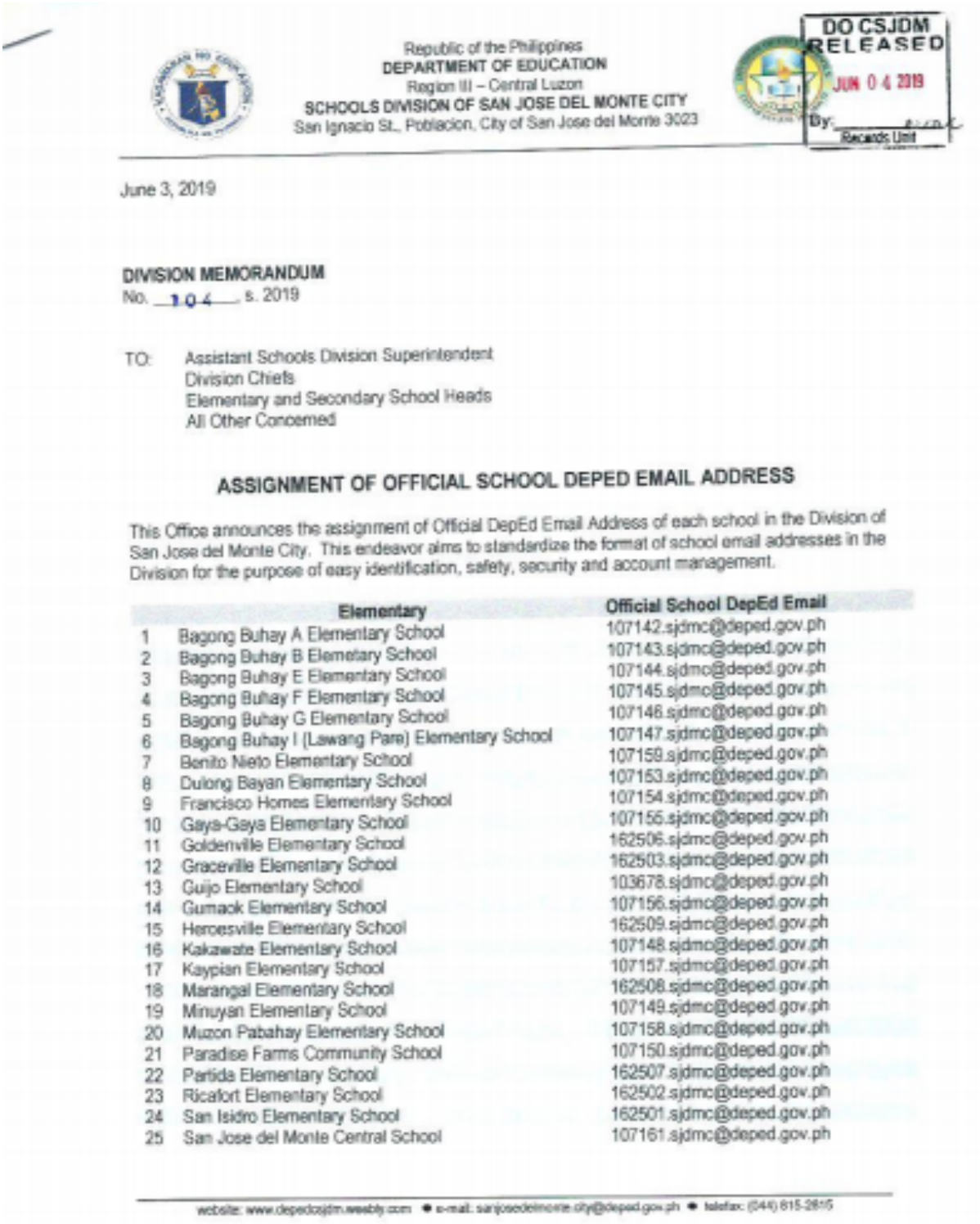
***This communication may contain confidential or privileged information, and is intended solely for the individual or entity to whom it is originally addressed. Any disclosure, copying, dissemination, or any action taken in reliance to it by others, other than the intended recipient, is strictly prohibited. The opinions, conclusions, and statements expressed in this message are those of the sender and may not necessarily reflect the views of the Department of Education.**
*

Appendix D: Division Memorandum



Republic of the Philippines
DEPARTMENT OF EDUCATION
Region III – Central Luzon
SCHOOLS DIVISION OF SAN JOSE DEL MONTE CITY
San Ignacio St., Poblacion, City of San Jose del Monte 3023

DO CSJDM
RELEASED
JUN 04 2019
By:
Records Unit

June 3, 2019

DIVISION MEMORANDUM
No. 104 s. 2019

TO: Assistant Schools Division Superintendent
Division Chiefs
Elementary and Secondary School Heads
All Other Concerned

ASSIGNMENT OF OFFICIAL SCHOOL DEPED EMAIL ADDRESS

This Office announces the assignment of Official DepEd Email Address of each school in the Division of San Jose del Monte City. This endeavor aims to standardize the format of school email addresses in the Division for the purpose of easy identification, safety, security and account management.

	Elementary	Official School DepEd Email
1	Bagong Buhay A Elementary School	107142.sjdmc@deped.gov.ph
2	Bagong Buhay B Elementary School	107143.sjdmc@deped.gov.ph
3	Bagong Buhay E Elementary School	107144.sjdmc@deped.gov.ph
4	Bagong Buhay F Elementary School	107145.sjdmc@deped.gov.ph
5	Bagong Buhay G Elementary School	107146.sjdmc@deped.gov.ph
6	Bagong Buhay I (Lawang Pare) Elementary School	107147.sjdmc@deped.gov.ph
7	Benito Nieto Elementary School	107159.sjdmc@deped.gov.ph
8	Dulong Bayan Elementary School	107153.sjdmc@deped.gov.ph
9	Francisco Homes Elementary School	107154.sjdmc@deped.gov.ph
10	Gaya-Gaya Elementary School	107155.sjdmc@deped.gov.ph
11	Goldenville Elementary School	162506.sjdmc@deped.gov.ph
12	Graceville Elementary School	162503.sjdmc@deped.gov.ph
13	Guijo Elementary School	103678.sjdmc@deped.gov.ph
14	Gumack Elementary School	107156.sjdmc@deped.gov.ph
15	Heroesville Elementary School	162509.sjdmc@deped.gov.ph
16	Kakawate Elementary School	107148.sjdmc@deped.gov.ph
17	Kaypian Elementary School	107157.sjdmc@deped.gov.ph
18	Marangal Elementary School	162508.sjdmc@deped.gov.ph
19	Minuyan Elementary School	107149.sjdmc@deped.gov.ph
20	Muzon Pabahay Elementary School	107158.sjdmc@deped.gov.ph
21	Paradise Farms Community School	107150.sjdmc@deped.gov.ph
22	Partida Elementary School	162507.sjdmc@deped.gov.ph
23	Ricafort Elementary School	162502.sjdmc@deped.gov.ph
24	San Isidro Elementary School	162501.sjdmc@deped.gov.ph
25	San Jose del Monte Central School	107161.sjdmc@deped.gov.ph

website: www.depedcsjdm.weebly.com • e-mail: sanjosedelmonte.city@deped.gov.ph • telefax: (044) 815-2815

26	San Jose del Monte Heights Elementary School	162510.sjdmc@deped.gov.ph
27	San Manuel Elementary School	162504.sjdmc@deped.gov.ph
28	San Martin (BBC) Elementary School	107162.sjdmc@deped.gov.ph
29	San Rafel (BBH) Elementary School	107163.sjdmc@deped.gov.ph
30	San Roque Elementary School	162505.sjdmc@deped.gov.ph
31	Sapang Palay Proper Elementary School	107160.sjdmc@deped.gov.ph
32	Sta. Cruz (BBD) Elementary School	107164.sjdmc@deped.gov.ph
33	Sto.Cristo Elementary School	107151.sjdmc@deped.gov.ph
34	Towerville Elementary School	107152.sjdmc@deped.gov.ph
35	Tungkong Mangga Elementary School	107165.sjdmc@deped.gov.ph

	Secondary	Official School DepEd Email
1	Citrus High School	307508.sjdmc@deped.gov.ph
2	Graceville High School	307504.sjdmc@deped.gov.ph
3	Kakawate High School	307502.sjdmc@deped.gov.ph
4	Kaypian National High School	307510.sjdmc@deped.gov.ph
5	Marangal National High School	307511.sjdmc@deped.gov.ph
6	Minuyan National High School	307505.sjdmc@deped.gov.ph
7	Muzon Harmony Hills High School	307512.sjdmc@deped.gov.ph
8	Muzon National High School	307501.sjdmc@deped.gov.ph
9	Paradise Farms National High School	301059.sjdmc@deped.gov.ph
10	San Jose del Monte Heights High School	307513.sjdmc@deped.gov.ph
11	San Jose del Monte National High School	301060.sjdmc@deped.gov.ph
12	San Jose del Monte National Trade School	301061.sjdmc@deped.gov.ph
13	City of San Jose del Monte Nat'l Science High School	307506.sjdmc@deped.gov.ph
14	San Manuel High School	307514.sjdmc@deped.gov.ph
15	San Martin National High School	307507.sjdmc@deped.gov.ph
16	Sapang Palay National High School	301062.sjdmc@deped.gov.ph
17	Sto. Cristo High School	307509.sjdmc@deped.gov.ph
18	Towerville High School	307503.sjdmc@deped.gov.ph

Instructions on how to access each DepEd email is provided to the School ICT Coordinator. Questions and/or clarifications maybe directed via email to arthur.francisco@deped.gov.ph or text 09178932810.

Immediate dissemination of this memorandum to all concerned is enjoined.

GERMELINA H. PASCUAL, CESO V
Schools Division Superintendent

Republic of the Philippines
Department of Education
REGION III
SCHOOLS DIVISION OF SAN JOSE DEL MONTE CITY

DO CSJDM
RELEASED
1137
NOV 27 2020
By: 9.52
Records Unit

1st Indorsement
November 26, 2020

Respectfully returned to Ms. Ivy Rose B. Gravidez, Researcher, Philippine Normal University, interposing no objection on the herein request to administer questionnaires thru Google forms to the teachers of Grades 1 to 12, this schools division, as part of the study entitled **"Teachers' Mental Health Knowledge, Beliefs, and Attitudes: Basis for Teachers' Mental Health Program"**, provided that:

1. it shall be coordinated with the concerned schoolhead/s;
2. no government resources shall be used in the conduct of the research;
3. information gathered shall be used solely for research purposes and be treated with utmost confidentiality;
4. ethical considerations shall be adhered to;
5. health protocols of DOH and community quarantine guidelines of the IATF shall strictly be observed, as well as directives indicated in the Regional Memorandum No. 228, s. 2020; and
6. findings of the study be furnished to this Office for information.

Further, stipulations in Republic Act No. 10173, also known as "Data Privacy Act of 2012", shall be strictly adhered to. As such, this Office is furnishing you the official DepEd e-mail addresses of the schoolheads of this schools division for your proper communication and coordination.

For guidance and compliance.

MERLINA P. CRUZ, PhD, CESO VI
Officer-in-Charge
Office of the Schools Division Superintendent

cssdo/sds/mpc/jdcm
on 2020-10-618

Address: San Ignacio St., Poblacion, City of San Jose del Monte, Bulacan
Telephone No.: (044)307-3614 • **Website:** depedcsjdm.weebly.com
Email Address: sanjosedelmonte.city@deped.gov.ph

Appendix E: Informed Consent Form

Dear Participants:

Greetings!

I am IVY ROSE GRAVIDEZ a student from the graduate school of Philippine Normal University currently taking Master of Arts in Education with specialization in Guidance and Counseling. I am currently working on a research with the title **"Teachers' mental health knowledge, beliefs, and attitudes: Basis for teachers' mental health program".**

This consent form seeks to have your approval to be one of the participants in the said research. Please refer to the following for your complete knowledge regarding my study:

I. Purpose of the study:

The purpose of this study is to explore the public school teachers' mental health knowledge, beliefs, and attitudes about mental health, and their help seeking behavior. Moreover, this study's culmination or goal is to provide an evidence-based mental health program to address the teachers' mental health concerns.

II. Procedures:

If you agree to participate in this research, you will answer a demographic questionnaire for your profile and four self-report questionnaires namely the: Mental Health Literacy Questionnaire (29 items), Mental Help-Seeking Attitude Scaler (9 items), Mental Help-Seeking Intention Scale (3 items), and General Help Seeking Questionnaire (10 items with 7 point likert scale for the 2 questions). You will be asked about your knowledge and experiences on mental health. It is estimated that all the questionnaires will take approximately 30 minutes to be completed. If you are part of the Focused Group Discussion (FGD), this may take up 45 minutes.

III. Risks and Benefits:

You are unlikely to experience any risk/discomfort during the study. Your participation in this research will contribute to limited studies of new knowledge about the mental health knowledge and status of the public school teachers in selected areas in Luzon. It will also contribute to the advancement of mental health programs that can be provided for teachers in public schools.

IV. Compensation:

There will be no monetary compensation or incentive for your participation in this study.

V. Confidentiality:

Only the researcher will have the access in the raw results of your questionnaire. Your responses to the questionnaires will be anonymous and the demographic questionnaire will only be used for profiling purposes. Your name and identifying information will not be associated in any part of the written report of the study. The collective data may be shared with the school heads and division heads but it can only be read through the results of the study which will only be available upon request. Participation in this study will be voluntary and based only the agreement between the participants and the researcher. For selected participants who will be part of the focused group discussion (FGD), your name will not be recorded during the voice recording. Rest assured that all your information and interview responses will be kept confidential and will be kept in a password protected file for 3 year after the research has been completed. If any portion of the research is published, no personal identification will be disclosed.

VI. Participation and Withdrawal:

You can choose whether to participate in this study or not. If you have volunteered and opted to withdraw, you may do so without consequences.

VII. Identification of the researcher:

If you have any questions regarding the research, please feel free to contact me through my email addresses, ivyyenggravidez@gmail.com or **ibgravidez@assumption.edu.ph**.

Sincerely,

Ivy Rose B. Gravidez (SGD)
Graduate Student
Master of Arts in Education – Guidance and Counseling
College of Graduate Studies and Teacher Education Research

Dr. Teresita T. Rungduin (SGD)
Thesis Adviser

Dear Respondent,

Greetings!

I am IVY ROSE GRAVIDEZ a student from the graduate school of Philippine Normal University currently taking Master of Arts in Education with specialization in Guidance and Counseling. I am currently working on a research with the title **"Teachers' mental health knowledge, beliefs, and attitudes: Basis for teachers' mental health program".**

This consent form seeks to have your approval to be one of the respondents for the interview in the said research. Please refer to the following for your complete knowledge regarding my study:

I. Purpose of the study:

The purpose of this study is to explore the public school teachers' mental health knowledge, beliefs, and attitudes about mental health, and their help seeking behavior. Moreover, this study's culmination or goal is to provide an evidence-based mental health program to address the teachers' mental health concerns.

II. Procedures:

If you agree to participate in this research, you will answer 11 questions related to education during pandemic and mental health literacy.

III. Risks and Benefits:

You are unlikely to experience any risk/discomfort during the study. Your participation in this research will contribute to limited studies of new knowledge about the mental health knowledge and status of the public school teachers in selected areas in Luzon. It will also contribute to the advancement of mental health programs that can be provided for teachers in public schools.

IV. Compensation:

There will be no monetary compensation or incentive for your participation in this study.

V. Confidentiality:

Only the researcher will have the access to your answers. Your responses to the questionnaires will be anonymous. Your name and identifying information will not be associated in any part of the written report of the study. Participation in this study will be voluntary and based only on the agreement between the respondent and the researcher. Rest assured that all your information and interview responses will be kept confidential and will be kept in a password protected file for 3 years after the research has been completed. If any portion of the research is published, no personal identification will be disclosed.

VI. Participation and Withdrawal:

You can choose whether to participate in this study or not. If you have volunteered and opted to withdraw, you may do so without consequences.

VII. Identification of the researcher:

If you have any questions regarding the research, please feel free to contact me through my email addresses, ivyyenggravidez@gmail.com or **ibgravidez@assumption.edu.ph**.

Sincerely,

Ivy Rose B. Gravidez (SGD)
Graduate Student
Master of Arts in Education – Guidance and Counseling
College of Graduate Studies and Teacher Education Research

Dr. Teresita T. Rungduin (SGD)
Thesis Adviser

Appendix F: Focus Group Discussion Questions

Sex: _____
Age: _____
Years in Service: _____ Rank: _____
Highest Academic Achievement: _____
I agree to participate in this study: **YES** **NO**

Interview Questions
Introductory Questions

1. How are the challenges of the current pandemic shaping/molding you as a teacher/school leader?
2. How do you see the education sector in the post-COVID era?
3. How do you envision yourself as a teacher/school head in the post-COVID era?

MHL Questions

1. What are your thoughts about Mental Health?
2. What do you think causes mental health concerns?
3. How do you describe the status of your school in terms of mental health?
4. How did you deal with teachers who approach you about a mental health concern?
5. How did you deal with colleagues who asked for your help on a mental health concern?
6. What mental health issues have you/your colleagues experienced? How did you deal with it?
7. Do you have any knowledge of where to get help for these kinds of concerns? If yes, list it down.
8. Do you know any application that helps in dealing with mental health concern? If yes, list it down.

Appendix G. Tabulated Summary of Validators' Feedback
Research Question 4: Develop a mental health program for public school teachers

This table shows the validators' ratings, comments, and suggestions with regards to the program and framework. The researcher included in the matrix under the implementation column the estimated implementation duration, range, and/or frequency. The framework was also revised according to the validators' suggestion in aligning the program matrix to the framework and added community involvement labelled in the framework as community support. Likewise, the researcher indicated that the program will be evaluated through Kirkpartrick Model which will also be used in evaluating the activities. Lastly, Information Education Communication materials (IEC) was also included in the matrix to promote advocacy and correction of erroneous beliefs or stereotypes on mental health. The revised program and framework were sent back to the validators.

Tabulated Summary of Validators' Feedback

Items and Description	Validator 1	Validator 2	Validator 3	Average	Comment Per Item	Action Taken	Overall Comments and Suggestions	Action Taken
Clarity and Directions of the Program								
The vocabulary level, language, structure, and concepts are at the level of the							You may include some details in the program matrix such as the	Provided implementation period in implementation column

participants. The procedures are written in a clear and understandable manner.							modality on how the training will conducted and a timeline for each activity so as to give a clear picture on when the program will be achieved.	(duration, range, and frequency)
a. Does the language used in the program can easily be understood by the general target population?	4	4	3	3.67	In the activity guide, it seems that "Examining the existing personal beliefs on mental health" is quite advance as introduction activity", or you need to start with "discuss	Changed examining to discussing and identifying	Include establishing partnership with community, LGU and mental health practitioners	Indicated in the framework as community support

					or identify”			
b. Do the concepts presented in the program are clear and can be easily understood by the general target population?	4	4	3	3.67	Reduction or Alleviation of Erroneous Belief seems vague to achieve on first activity	Changed to Identifying Erroneous Belief and Stereotype on Mental Health	Your framework should be anchored on the statement of the problem. It is quite difficult to understand. You need to include primary recipient of the program and please include in the outside framework the involvement of stakeholders like parents, community, LGU’s etc. Congratulations for this initiative this would be a great help for basic education teachers since we need to	Labelled in the framework as community support. Alignment of framework to SOP made visible. (revised the framework)

							adhere with the RA11036.
c. Does the program have a structure that can easily be followed?	3	4	3	3.33	The Activity in Part I is more appropriate to Part II since you need to start with exploring the existing knowledge of the teachers about the mental health	ACTIVITY RETAINED: Adherence to key results findings (the need to challenge and correct the erroneous beliefs or stereotypes to make positive attitude change happen)	
d. Does program provide clear procedures in the program implementation?	3	4	3	3.33			
2. Presentation and Organization The program is presented and							

organized in an orderly manner.						
a. Do the program and framework go together?	3	3	2	2.67	Revisit the place of context and content in the framework. Are they right and left or context is across the content?	Revised the framework to show context is across the content.
b. Were the program and framework presented in an organized and orderly manner?	3	3	2	2.67	Reflect in the program the concepts in the framework. You may categorize based on the content such as mental health	Reflected in the revised framework

					education, translation of cognition to behavior, and challenging and correcting erroneous beliefs.....
3. Credibility and Suitability of the Program The program appropriately presented the substance of the research conducted. It also provides avenue for sustainability and continuity. a. Was there a high-level mandate to develop the mental health program for public	3	4	3	3.33	

school teacher? (e.g. from the Department of Health)?						
b. Is the program consistent with the Mental Health Law of the Philippines?	3	4	3	3.33		
c. Has relevant research been undertaken to inform program development?	3	4	3	3.33		
d. Does the program includes a process to evaluate and improve the quality of services?	3	3	3	3	Discuss clearly how the program, as a whole, will be evaluated	Kirkpatrick model of evaluation will be used to evaluate each activity and the whole program itself
4. Adequateness of the Program The program provided ample avenues to promote mental health						

literacy and practice mental health care.				
a. Does the program promote a workplace-oriented mental health approach?	3	4	4	3.67
b. Does the program make provision for mental health awareness promotion?	4	4	4	4
c. Is there emphasis on raising awareness of mental health concerns and	4	4	3	3.67
d. Is there emphasis on the possible ways to cope with mental health concerns?	4	4	4	4
e. Is there emphasis on raising awareness on mental health services available?	4	4	3	3.67

f. Is there emphasis on promoting self-care practices?	4	4	3	3.67		
5. Objective of the Program The goals and objectives of the are clear and concise.						
a. Have clear objectives been defined?	3	4	3	3.33		
6. Attainment of Purpose of the Program The program fulfills the goals and objectives of the research.						
a. Does the program promote mental health literacy?	4	4	3	3.67		
b. Does the program promote advocacy to correct erroneous beliefs or stigma on mental health?	4	3	2	3	Aside from capacity building you can also include	Included IEC materials

					development of IEC materials promote advocacy to correct erroneous beliefs or stigma on mental health	
c. Does the program promote positive attitude towards mental health?	4	4	4	4		
d. Does the program promote community collaborations and connections to aid mental health concerns?	4	3	3	3.33	Please include provision on engaging community and mental health professionals	Included provision on engaging community and mental health professionals (seen in framework as community support)

7. Entire Program Rating The program is appropriate for the mental health concerns presented by the public-school teachers.				
a. The program gives the general target population ways to understand and practice mental health and mental health care.	3	4	4	3.67

Appendix H. Curriculum Vitae

GRAVIDEZ, IVY ROSE B.
4F #26D Lanao Alley, Intan St., Brgy 153,
Bagong Barrio, Caloocan City
+639166879193
ivyyenggravidez@gmail.com

Objectives:

- To secure a position from a well-established organization to a relationship that last and to apply organizational skills professionally.
- To be able to utilize my skills and competencies in helping the organization secure its growth.

Skills

- Ability to perform routine and repetitive tasks accurately
- Organization and prioritization skills
- Skilled in operating MS office (MS Word, PPT, EXCEL) and Canva
- Knowledgeable in spoken and written English, Filipino and Ilokano
- Knowledgeable in administering and interpreting psychological tests
- Experienced in research proofreading and interpreting qualitative and quantitative data
- Can do basic counseling
- Demonstrates good interpersonal skills
- Ability to organize and facilitate events
- Facilitate team building activities and prepare a comprehensive module for group dynamics activities
- Dedication to continuous improvement

Educational Attainment:

2015 – Present	PHILIPPINE NORMAL UNIVERSITY – Graduate Studies Master of Arts in Education Major in Guidance and Counseling (completed 39 academic units)
2010 – 2014	PHILIPPINE NORMAL UNIVERSITY – Tertiary Bachelor of Science Degree in Psychology - Guidance and Counseling Stream
2011 – 2012	Units in Values Education Specialization (Family Life Issues & Intrapersonal and Interpersonal Relationship)
2006 – 2010	OLEA NATIONAL HIGH SCHOOL – Secondary

Affiliations:

Member (Qualification Level A), Psychological Resource Center (2015)
Member (Qualification Level A), Psi Psychological Testing and Research Services (2015 – 2018)
Scholar, Chinese Filipino Business Club Incorporated (2013 – 2014)
Head - Finance Committee, Rotaract Club of PNU (2013 – 2014)
Class Secretary, IV – 24 BS Psychology (2013 – 2014)
Member (2011 – 2014) and Vice President for Spiritual Relations (2013),
PNU College Y Club (2011 – 2014)
Member, Terpsichorean (Psychology Cheering Team) (2011 – 2014)
Member, TATSULOK – Alyansa ng mga mag – aaral sa Sikolohiyang Pilipino,
Pambansang Samahan sa Sikolohiyang Pilipino (2011 – 2014)
Member, Psychological Societies Association on Mental Health,
Philippine Mental Health Association (2011 – 2014)
Secretariate Committee, Assessment for Teacher Academic Renewal (AfTAR)
Research Center for Teacher Quality

Workshops/Seminars:

- The Psychology behind Body Language, Lyceum of the Philippines University (February 27, 2014)
- The Praxis of I – PAAP, Mall of Asia SMX Convention Center (March 1, 2014)
- "I Will Survive": Fostering awareness and understanding of interventions amid threats of disasters, PMHA Conference Hall, Quezon City (August, 29 2014)
- "K-12 Integration of Career Development Concepts in the Curriculum", St. Scholastica's College, Manila (September 12, 2014)
- "Maglaro Tayo: The Role of Play Therapy in the Development of Children and Adolescents", PMHA Conference Hall, Quezon City (April 10, 2015)
- Salient Laws Protecting the Rights of the Child: Its implications to the Practice of Guidance and Counseling, University of the East-Caloocan (May 8, 2015)
- Training in administration, scoring, and interpretation of Occupational Aptitude Survey and Interest Schedule 3rd Edition (OASIS – 3) and Preschool Behavior and Emotional Rating Scale (PreBERS), St. James Academy – Malabon (June 22, 2015)
- First Gender and Sexuality Conference, University of the Philippines-Diliman (July 10, 2015)
- "CFO-SIS: Itanong mo kay SIS Launching" Coaching and Life Mentoring Training Workshop (June 15-16, 2016)
- Counseling Children of Non-Traditional Families: Issues and Important Competence, College of the Holy Spirit Manila (November 9, 2016)
- NU RaIN: Research Planning Workshop, National University Manila (May 25, 2017)
- Supply, Deliver and Installation of Portable Electroencephalogram (EEG) Set & Accessories for the CHED Funded PNU BRAENS Laboratory, Philippine Normal University (November 12-13, 2018)
- 43rd PACERS Annual Conference, Hotel Jen Pasay City (February 13-15, 2019)

- Positive Psychology Initiatives in the Philippines: Towards a Flourishing Nation, Miriam College, Quezon City (July 1-2, 2019)
- Science of COVID-19: Coping Behavior, Philippine Guidance and Counseling Association, INC. (June 4, 2020)
- Swiftly Transitioning to Online Therapy, Legally, Ethically, and Efficiently, 1 CE Credit Hour, Clearly Clinical (June 1, 2020)
- Getting Through COVID-19 Directives: Supporting Connection and Emotional Health, 1 CE Credit Hour, Clearly Clinical (June 8, 2020)

Professional Engagements:

- Panel member, III – 27 Thesis Defense 2014 "Perception of a Leader and its Effect on Selection Process"
- Inampalan, Filipino Wika ng Karunungan – Pagsasatao, National University Nazareth School (Agosto 21, 2016)
- Guest of Honor and Speaker, Graduation Ceremony "Unity in Diversity: Quality Education for All", Olea Elementary School (April 5, 2019)
- Panel member, Various Researchers on Understanding the Self of Mapua Students, Mapua University - Makati (October 13, 2018, October 20, 2019, December 11, 2020)
- Resource Speaker, Young Jamers' Mental Health Talk, St. James Academy (August 7, 2020)
- Resource Speaker, Mental Health and Coping Mechanisms Talk for Employees of St. James Academy (June 9, 2021)

Work Experience:

- Department of Behavioral Sciences
  Student Assistant
  2012-2013
- Practicum, Makati High School
  Assigned in Values Education Department as Values Education Teacher
  2014
- Practicum, Colegio de San Juan de Letran
  Assigned in Guidance and Placement Office as Guidance Counselor and Psychometrician
  2014
- Research Center for Teacher Quality
  Research Assistant/Student Assistant
  2014
- St. James Academy, Malabon City
  Guidance Center
  Wellness Counselor
  June 2014 – March 2016
- National University
  Center for Guidance Services
  Counselor
  March 2016 – July 2017
- Assumption College San Lorenzo – Makati
  BED Guidance Unit
  Guidance Mentor
  July 2017 - present

Achievements:

- Publication in International Journal of Research Studies in Education Vol.3 No.5; 2014: *"Mapping the emergence of interpersonal values during transgression: Inputs to teaching Filipino psychology and values education"*
- Rotaract Cheerdance Competition 2014 Champion
- PNU Psychological Society Service Awardee '13
- Impromptu Speaking Filipino Category 2nd Runner Up
- Research Presenter in TATSULOK Psynergy 7 "Bakit Masarap ang Bawal?" '13
- Tatak EDSA: Salu – Salubungang Pambata '13 (Volunteer)
- Graduated in Elementary and High School as Class Valedictorian

Appendix I. Mental Health Program Matrix (Sample)

Key Findings	Goal	Strategies	Promotion Approach	Activity Guides	Program Features	Indicator	Implementation	Monitoring and Evaluation
Challenging or correcting erroneous beliefs to foster mental help-seeking attitude and intention	Identifying Erroneous Belief and Stereotype on Mental Health Promoting Positive Attitude Towards Mental Health (Challenging the present beliefs about mental health and how the teachers can change their attitude towards it in a positive and accurate manner.)	Part 1: Capacity building in recognizing warning signs and reporting possible onset of mental health concern among oneself and others.	Educational/Skill Building/Valuing	Educational and Interactive Sessions on: • Discussing and identifying the existing personal beliefs on mental health. • Appreciating the benefits of mental health. • Promoting positive attitude of the teachers towards mental health. • Journaling	Localization (Language, Tradition, Culture) Resources Alignment with Standard: Philippine Professional Standards for Teachers (PPST)	Teachers' improved understanding of mental health and stigma such as promotion of positive mental health.	Administrators must collect pre and post data on attendance mental health awareness activities, seminars, webinars, workshops, and symposiums. Implementation Period: 1 – 2 Months (once or twice for each month) and should be implemented at the beginning of the school calendar. Note: This section is a pre-requisite of Part 2.	Create a committee on implementation and effectiveness of the mental health program. Evaluation of the activity through Kirkpatrick Model.
Challenging or correcting erroneous beliefs to foster mental help-seeking attitude and intention	Reduction or Alleviation of Erroneous Belief and Stereotype on Mental Health Promoting Positive Attitude Towards Mental Health (Challenging the present beliefs about mental health and how	Part 2: Capacity building in recognizing warning signs and reporting possible onset of mental health concern among oneself and others.	Educational/Skill Building/Valuing	Educational and Interactive Sessions on: • Learning about the existing stigma about mental health. • Valuing the importance of good mental health. • Recognizing warning signs. • Journaling	Localization (Language, Tradition, Culture) Resources Alignment with Standard: Philippine Professional Standards for Teachers (PPST)	Teachers' increased drive and innovation to be involved in countering the stigma.	Administrators must collect pre and post data on mental health beliefs of the teachers. Implementation Period: 1 - 2 Months (once or twice for each month) and should be implemented at the beginning of the school calendar.	Initial report from the committee on implementation and effectiveness of the mental health program on first activity implemented Evaluation of the activity through Kirkpatrick Model.

	the teachers can change their attitude towards it in a positive and accurate manner.)							

*For complete information about the program, please contact the researcher.