

Assessing the Mental Health Literacy of Secondary School Educators

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Abstract

Mental health remains to be one of the most pressing concerns across the world, and teachers play an influential role in the lives and learning of students struggling with mental health. Unfortunately, teachers have expressed concerns of feeling overwhelmed and unprepared to handle the mental health needs of their students because of the lack of knowledge, skills, competence, and resources. This research was conducted to provide a systematic appraisal of the mental health literacy among secondary school teachers. Utilizing the Education-modified Mental Health Literacy Scale which was adapted by Kenney from the work of O'Connor, eighty-one (81) teachers from public and private secondary schools were surveyed in six domains, to include: disorder recognition scale, risk factor knowledge scale, self-treatment knowledge scale, available professional help scale, information seeking knowledge scale, and attitudes scale. It was found that overall, the participants manifested a high level of mental health literacy, and are most adept at the attitudes scale. Conversely, it was found that teachers need more knowledge and training in the risk-factor knowledge scale. No statistically significant difference was found in the mental health scale scores when compared between schools and grade level. The researcher recommends using the results of the current study as a springboard for crafting a professional development program that focuses on increasing the literacy of teachers about mental health.

Keywords: Mental Health Literacy, School-Based, Teachers, Professional Development Program

1. Introduction

Mental health remains to be one of the most pressing concerns across the world. Fact is, 450 million people are currently battling a mental health disorder, placing it among the leading causes of ill health and disability across the globe, according to the World Health Organization.

The staggering number of individuals afflicted with a psychological disorder also increases the probability of each person encountering another individual with a mental

health disorder throughout their lifetime. Thus, the concept of mental health literacy or a person's knowledge about mental disorders, has become essential more than ever. Mental health literacy affects a person's attitude and behavior toward the individuals who are affected with a psychological disorder, aside from being an important factor in obtaining supportive behavior (Nejatian et al, 2020).

In the Philippine setting alone, it is estimated that for every 100,000 Filipinos, there are 88 cases of mental health problems (DOH, 2005 as cited by Malindog-Uy, 2020). Aside from that, another study revealed that there are about a million Filipinos suffering from schizophrenia, while another million is afflicted with bipolar disorder. Additionally, 17 million Filipinos are suffering from major depressive disorder, while dementia is estimated to be affecting around five percent of the total Filipino population above sixty-five years old (Kaufman's Clinical Neurology for Psychiatrists, 2013 as cited by Malindog-Uy, 2020).

In an effort to provide optimal mental healthcare in the Philippines, the Philippine Mental Health Act came into force in 2019. Aside from providing a rights-based mental health legislation, the bill mandates for the provision of psychiatric, psychosocial, and neurological services in all hospitals, and basic mental health services in community settings (Lally et al, 2019).

The unfortunate reality though, is that mental health remains a neglected and under-resourced aspect of healthcare in the Philippines. Even with the passing of the Mental Health Act, health facilities and human resources remain limited. Currently, there are only 60 child psychiatrists and eight fellows in training in the Philippines, with most of them practicing in Manila. More than that, the country faces the challenge of having very few child psychologists, teachers who can teach children with special needs, and school guidance counselors who are supposed to act as mental health workers in the school setting (Estrada et al, 2019)

Related with the issue of school setting, there has been an evolution in the role that educators are expected to play in supporting the mental health needs of students over the years. Part of this involves the realization of the unique position of educators to identify students with mental health concerns and connect them with needed services.

Further, research has demonstrated that mental health literacy is an important component of being able to identify and refer individuals needing psychological support (Kenney, 2019). Other scholars point out that teachers may be the "linchpins" in school-based delivery efforts. Their role could include the delivery of classroom-based programs and the reinforcement of these programs to generate positive and sustained effects to promoting mental health (Venkataraman, Patil, and Balasundaram, 2019).

Nevertheless, existing researches on mental health literacy does not include practicing educators. Moreover, there are limited empirically-validated methods to assess mental health

literacy in any population. This implies a need to understand what educators need in order to connect students with mental health services.

In an effort to address the aforementioned gaps, this research aimed to assess the level of mental health literacy of secondary school educators, and identify which among the dimensions of MHLS (disorder recognition scale, risk factor knowledge scale, self-treatment knowledge scale, available professional help scale, information seeking knowledge scale, and attitudes scale) do the teachers require more knowledge and training on.

2. Methodology

2.1 Design and Population

The descriptive method of research was used to assess the knowledge of teachers concerning the basic components of mental health. Specifically, a survey was conducted using the Education-Modified Mental Health Literacy Scale (MHLS) in order to measure the extent of the teachers' knowledge along the dimensions of disorder recognition, risk factor scale, self-treatment knowledge scale, available professional help scale, information seeking knowledge scale and attitudes scale.

2.2 Population

The participants of this research comprises of eighty-one (81) teachers representing the private and public secondary schools in Baguio City, Philippines that were enlisted via purposive sampling. Several schools were requested via written communication but only six agreed to let their teachers participate in the research. Although the school heads took initiative to identify the teachers who are supposed to participate in this research, only those who opted to complete the voluntary online survey comprise the total sample. Eleven (11) of the participants are handling Grade 7, fifteen (15) are handling Grade 8, fourteen (14) are handling Grade 9, and another fourteen (14) are handling Grade 10.

2.3. Data Gathering Tool

The instrument that was utilized in this research was the education-modified Mental Health Literacy Scale which was modified by Kenney in 2019 based on the Mental Health Literacy Scale that was developed by Casey and O'Connor in 2015. Both tools practically have the same set of questions, although five items was altered for the education-modified version of the MHLS to better fit the educational context (Kenney, 2019).

Presently, the MHLS is the only scale-based measure of mental health literacy that has the capacity to measure all the components of mental health, making it the best tool to utilize for this research. Further, with a Cronbach's alpha of .873, the MHLS demonstrates good reliability (O'Connor and Casey, 2015 as cited by Kenney, 2019). Furthermore, several

examinations about the psychometric properties of the MHLS has been done by a number of scholars over the years. One review found that the MHLS demonstrated excellent internal consistency, strong content validity, and good structural validity and reliability (Wei, McGrath, Hayden and Kutcher, 2016 as cited by Kenney, 2019).

2.3 Data Gathering Procedure

This research was facilitated by means of an electronic survey format using Google Forms as the online platform. Given the restrictions imposed by the Philippine government as a precaution against the threat of the Corona Virus, an online platform was deemed more practical over paper and pencil.

Items in the education-modified version of the MHLS were simply entered into Google Forms together with the participant-informed consent. Once the necessary permissions were secured from the school principals as well as from the Schools Division Superintendent of the Department of Education, the researcher then sent the survey invitation and/or link through electronic mail and Facebook Messenger.

2.4 Data Analysis

Data analysis was completed using the SPSS software. The first part entails an analysis of the descriptive statistics of the different schools where the participants are from, and the grade levels they are handling. The descriptive analysis also included the mean scores and standard deviations of the MHLS scores of the participants according to school and grade level, as well as for each of the six dimensions of the Mental Health Literacy Scale.

Following the descriptives, a one-way ANOVA was conducted in order to determine whether there is a statistically significant difference between schools and grade levels in the mental health literacy scores of the participants.

3. Results and Discussion

Increasing the levels of mental health literacy among teachers plays an important role not only to the promotion of mental health, but also in the early identification and intervention when a psychological or mental health problem develops among students (Dias, et al, 2018). Thus, the present study aimed to measure the level of mental health literacy among teachers in order to identify which specific domains of mental health literacy can they further improve on.

The subsequent tables and texts provide a summary of the results obtained by this research, starting with a tabular presentation of the sample population.

Table 1 Descriptive Statistics of the Sample Population

School	Grade Level				Total
	Grade 7	Grade 8	Grade 9	Grade 10	

BCNHS	1	6	1	1	9
Hillside	1	1	1	1	4
INHS	4	3	7	6	20
PCNHS	3	4	5	2	14
UCIHS	2	1	2	6	11
MNHS	7	5	4	7	23
Total	18	20	20	23	81

Descriptive statistics for the schools where the participants are affiliated with, and the grade level that they are handling is displayed in Table 1. Majority of the sample come from Mil-an National High School (MNHS) with twenty-three (23) participants, closely followed by Irisan National High School (INHS) with twenty (20) participants. On the other hand, majority of the sample population are handling Grade 10, while only eighteen (18) of them are handling Grade 7.

Table 2: Mean MHLS Score per School

School	Mean MHLS Score	Standard Deviation
BCNHS	108	10.84
Hillside	104	8.65
INHS	117	12.68
PCNHS	117.36	13.90
UCIHS	123.73	13.50
MNHS	116.30	11.08
Overall	115.89	12.84

Displayed in Table 2 are the mean scores for the mental health literacy scale computed per school. As shown, the University of the Cordilleras Integrated High School (UCIHS) obtained the highest mean MHLS score at 123.73, while the Baguio City National High School - Hillside Annex obtained the lowest mean MHLS score at 104.

A one-way ANOVA was computed in order to find out if there is a significant difference among the obtained mean MHLS score per school, as shown in the following table.

Table 3: One Way ANOVA MHLS Score per Schools

	Sum of Squares	df	Mean Square	F	Sig
Between Groups	1812.034	5	362.407	2.389	.046
Within Groups	11375.966	75	151.680		

Total	13188.000	80			
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Table 3 indicates that there is a statistically significant difference between the MHLS scores of the different schools as demonstrated by one-way ANOVA ($F(5,75) = 2.389, p = .046$). However, a Tukey post hoc test (Appendix A) signifies such difference to be inconsequential. It is reckoned that the small size of the sample population made the pairwise comparison to be less statistically powerful, thereby failing to detect the significant differences.

Table 4: Mean MHLS Score per Grade Level

Grade Level	Mean MHLS Score	Standard Deviation
7	113.06	12.46
8	117.85	11.60
9	119.7	12.81
10	113.09	13.79

Displayed in Table 4 are the mean scores for the mental health literacy scale computed per grade level. It can be observed that teachers handling Grade 9 obtained the highest mean MHLS score at 119.7, whereas the teachers handling Grades 7 and 10 obtained the lowest mean MHLS scores at 113.06 and 113.09, respectively. In order to investigate if there is a significant difference among the obtained mean MHLS scores per grade level, a one-way ANOVA was computed as shown in the subsequent table.

Table 5: One way ANOVA MHLS Score per Grade Level

	Sum of Squares	df	Mean Square	F	Sig
Between Groups	692.479	3	230.826	1.422	.243
Within Groups	12495.521	77	162.279		
Total	13188.00	80			

Table 5 indicates that there is no significant difference between the MHLS scores of the different grade levels as demonstrated by one-way ANOVA ($F(3,77) = 1.422, p = .243$).

Given the results presented above, this research has established thus far that the secondary school educators who participated in the study possess a high level of mental health literacy. Nevertheless, this should not be taken as a reason to be complacent. As one study points out, there is variability in the general mental health knowledge of school staff ((Venkataraman, Patil, and Balasundaram, 2019).

In other words, it may have been fortunate for this research to have highly knowledgeable educators on the issue of mental health as its sample population, but it would be erroneous to generalize the same to other populations by virtue of differences in culture, religion, and even access to mental health information.

Hence, it would still be beneficial for all teachers to have mental health literacy incorporated into their professional development program. As a case in point, researchers from Canada created a “school friendly” MHL intervention, Mental Health and High School Curriculum Guide (the Guide) for secondary school students and teachers which was designed to be embedded into the existing school curriculum. Results revealed that significant improvements of knowledge and attitudes among students and teachers, and even enhanced help-seeking efficacy among students as a result of embedding the Guide into the curriculum (Kutcher, Wei and Hashish, 2016). Additionally, another research found that after completing a two-hour workshop, the knowledge, perceived abilities and skills, attitudes and awareness, and efficacy towards educating, identifying and supporting students with anxiety and/or depression improved, all the while maintaining a positive attitude (Woods, 2014). Not the least, the results of a study in Cambodia showed significant improvements in all indicators of teachers’ and students’ knowledge and attitude about mental illness after having been exposed to a two-day MHL training program.

What follows next is an effort to elucidate how the participants in this research scored on the particular domains of the Mental Health Literacy Scale (MHLS).

Table 6: Mean Score per MHLS Domain

Domains of MHLS	Range	Mean	Standard Deviation
I Disorder Recognition	8-32	23.63	4.33
II Risk-factor Knowledge	2-8	4.67	.99
III Self-Treatment Knowledge	2-8	5.35	0.85
IV Available Professional Help	3-12	8.40	1.17
V Information-Seeking Knowledge	4-20	15.22	2.73
VI Attitudes	16-80	58.82	9.45

As described in the previous chapter, the mean scores of the participants were computed per subscale of the mental health literacy scale. Results are indicative that the participants scored the highest in the Attitudes Scale with a mean of 58.82, while they scored the lowest on the Risk Factor Knowledge Scale, at 4.67.

Accordingly, the attitudes that promote recognition and appropriate help-seeking scale pertains to attitudes that impact on recognition of disorders and willingness to engage in help-seeking behavior. Given that mental health has become a trending topic in social media due to the new normal conditions brought about by the pandemic, much information about mental health has

been made readily available in print, broadcast and online media. This may explain why the participants reflected a positive attitude about mental health. This is a significant development given that in many remote areas in the Philippines, the concept of mental health is still considered taboo.

On the other hand, risk-factor knowledge scale is defined as a person's knowledge of environmental, social, familial or biological factors that increase the risk of developing a mental illness (Casey and O'Connor, 2015). It makes perfect sense that the participants obtained the lowest score on the risk-factor knowledge scale because most of the information related to this domain are highly technical, to the point of being medical jargons. As one scholar points out, one drawback of the definition and components of mental health literacy is that it is restricted to a medical model (Venkataraman, Patil, and Balasundaram, 2019). Besides, aside from being able to identify students who are displaying problematic behavior and referring such behaviors to a mental health professional, it is beyond the responsibility of teachers to take note of every risk factor that goes with every mental illness.

4. Conclusion

Educators are in a unique and special position in ensuring the positive mental health of their students. Yet in order for them to successfully carry out this role, it is imperative for teachers to undergo basic training program in identifying students suffering from mental health issues, and be able to refer them to mental health professionals.

Thus far, this research has laid the groundwork for designing and developing a training program that focuses on mental health by assessing the extent of knowledge that secondary educators have on the matter. Nevertheless, there are still a lot of ground that needs to be covered. To start with, the researcher recommends future researches to focus on the same topic but this time include a bigger sample that comprises more schools from the private sector. Further, it would be interesting to translate the mental health literacy scale into the local language and then explore its

psychometric properties. This is based on the fact that presently, there exists no tool written in the Filipino language that gauges mental health literacy. Most importantly, the researcher recommends that educators and mental health professionals utilize the results of this study as a springboard for designing and developing school-based programs that aim to promote mental health literacy not only for teachers, but ultimately for the students.

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Appendix A

Post Hoc Tests

Multiple Comparisons

Dependent Variable: MHLS

Tukey HSD

(I) SCHOOLS	(J) SCHOOLS	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
BCNHS	HILLSIDE	3.75000	7.40089	.996	-17.8953	25.3953
	INHS	-7.95000	4.94341	.596	-22.4079	6.5079
	PCNHS	-9.35714	5.26189	.486	-24.7466	6.0323
	UCIHS	-15.72727	5.53555	.062	-31.9170	.4625
	MNHS	-8.30435	4.84232	.526	-22.4666	5.8579
HILLSIDE	BCNHS	-3.75000	7.40089	.996	-25.3953	17.8953
	INHS	-11.70000	6.74566	.514	-31.4289	8.0289
	PCNHS	-13.10714	6.98242	.424	-33.5285	7.3143
	UCIHS	-19.47727	7.19089	.085	-40.5084	1.5539
	MNHS	-12.05435	6.67193	.468	-31.5677	7.4590
INHS	BCNHS	7.95000	4.94341	.596	-6.5079	22.4079
	HILLSIDE	11.70000	6.74566	.514	-8.0289	31.4289
	PCNHS	-1.40714	4.29165	.999	-13.9589	11.1446
	UCIHS	-7.77727	4.62310	.548	-21.2984	5.7439
	MNHS	-.35435	3.76547	1.000	-11.3672	10.6585
PCNHS	BCNHS	9.35714	5.26189	.486	-6.0323	24.7466
	HILLSIDE	13.10714	6.98242	.424	-7.3143	33.5285
	INHS	1.40714	4.29165	.999	-11.1446	13.9589
	UCIHS	-6.37013	4.96219	.793	-20.8830	8.1427
	MNHS	1.05280	4.17481	1.000	-11.1572	13.2628
UCIHS	BCNHS	15.72727	5.53555	.062	-.4625	31.9170
	HILLSIDE	19.47727	7.19089	.085	-1.5539	40.5084
	INHS	7.77727	4.62310	.548	-5.7439	21.2984
	PCNHS	6.37013	4.96219	.793	-8.1427	20.8830
	MNHS	7.42292	4.51484	.572	-5.7816	20.6274
MNHS	BCNHS	8.30435	4.84232	.526	-5.8579	22.4666
	HILLSIDE	12.05435	6.67193	.468	-7.4590	31.5677
	INHS	.35435	3.76547	1.000	-10.6585	11.3672
	PCNHS	-1.05280	4.17481	1.000	-13.2628	11.1572
	UCIHS	-7.42292	4.51484	.572	-20.6274	5.7816