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Knowledge, Attitude, and Perceived Stigma Towards Mental Health: Basis For Community-Based Program

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Abstract. On a global scale, mental health is a significant and urgent concern at present. In the Philippines, mental health illness is one of the most common forms of disability that has been reported. Despite the need to address mental health and mental illness in the community, the Philippines faces persistent obstacles such as inadequate funding, a shortage of mental health experts, and underdeveloped community-based mental health services. Thus, this research aims to measure the knowledge, attitude and perceived stigma of the residents of Lucban, Quezon. The data suggests that the respondents possess a high degree of knowledge. Additionally, the participants displayed a generally favorable attitude towards mental illness and an average level of perceived stigma. The results implicate the need to sustain further the positive trend of having a high mental health knowledge and positive attitude towards the mentally ill. On the other hand, there is a need to address the perceived stigma of the respondents further. Thus, the result of the study will be used as a basis for creating a specialized community-based program by also factoring in the demographic characteristics of the respondents.

Keywords: Attitude; Knowledge; Mental health; Mental illness; Perceived stigma.

1.0 Introduction

According to data given by the World Health Organization (WHO) in 2019, it was determined that over 970 million individuals worldwide were diagnosed with mental health disorders, with anxiety and depression being the most prevalent disorders. In addition, those with severe mental diseases generally have a life expectancy that is ten to twenty years less than that of the general population. Consequently, in the Philippines, mental health illness is the third most common form of disability, according to a survey on mental health services. (Martinez et al., 2020). In addition to that, data from the early 2020 Philippine WHO Special Initiative for Mental Health reveals that an average of 3.6 million Filipinos have been diagnosed with various types of mental, neurological, or substance use disorders.

Given this information, despite the numerous recognition of mental health illness and mental health concerns as a public health priority, many Filipinos continue to face different barriers, such as inaccessible mental health care in their area that prevents them from receiving adequate mental health care. This was also mentioned in a study by Lally et al. (2019); the mental healthcare sector in the Philippines faces persistent obstacles such as inadequate funding, a shortage of mental health experts, and underdeveloped community-based mental health services. While the current Mental Health Act legislation has established a legal structure for providing comprehensive mental healthcare, it is important to acknowledge the economic barriers that hinder persons from accessing such care. In order to provide fair and easily accessible mental healthcare for the population, it is essential to take such obstacles into consideration.

Moreover, in the celebration of Mental Health Month in 2020, Francisco T. Duque III, the former Secretary of the Department of Health (DOH), emphasized the scarcity of psychiatrists, psychologists, and other experts in the field of mental health in the Philippines, with less than one practitioner accessible for every 100,000 Filipinos. As a result, many individuals are unable to obtain the necessary mental health care. Accordingly, to support the mental health care of the residents of Lucban, Quezon, the local government unit took the initiative by partnering up with the Southern Luzon State University (SLSU) Psychology Program to address the need for psychological services and intervention. So far, since the memorandum agreement held last July 1, 2020, at the Lucban Municipal Building, they have been helping the LGU to provide psychological services such as counseling, psychotherapy, and rehabilitation, which is currently handled by the faculty of SLSU, which consists of registered guidance counselors, psychologists, psychometricians, and licensed professional teachers.

According to the university's data, as of March 2018, they had handled 130 reported cases. However, there are no reported initiatives yet to address the stigma in the community towards mental health and provide more accessibility and holistic mental health care to every resident of Lucban, Quezon. Currently, the LGU does not have a psychologist or psychiatrist, and they are actively seeking assistance for psychological support from the psychology department at Southern Luzon State University. Residents in need of mental health help typically seek assistance from social workers at the Office of the Municipal Social Welfare and Development for initial counseling interviews. They are then referred to the psychology department at SLSU for additional care if the social workers assess that there is a need, which may also take weeks before they can get a schedule with the faculty of Psychology. If a client requires psychiatric intervention, they are referred to either Mount Carmel Diocesan General Hospital, a private hospital in Lucena City, or Quezon Medical Center, a public hospital also located in Lucena.

Moreover, according to a personal interview with Ms. Mutya Rada, the head of the Office of the Municipal Social Welfare and Development (MSWDO) in Lucban, Quezon, their office has implemented a simple mental health initiative. This initiative includes conducting seminars on Stress Management Debriefing for the MSWDO staff to enhance their capacity development efforts. Additionally, they presently offer a community-based rehabilitation program for individuals recovering from substance abuse. This program provides simple counseling sessions and assists in successfully reintegrating these individuals into society. In addition, the MSWDO office stated that in 2023, a total of 156 residents from Lucban, Quezon, registered for psychosocial disability.

Overall, one of the pressing issues that we face in today's time is how to address and improve the mental health situation in the Philippines and improve the accessibility of mental health care even in rural areas. Thus, this research aims to investigate the knowledge, attitude and perceived stigma of the residents of Lucban, Quezon. At the same time, it will also look at the demographic characteristics of the residents in order to create a more specialized community–based program. This plan would greatly benefit both the residents and the LGU. The community–based program would focus on providing accessible mental health assistance, considering the limited availability of psychiatric hospitals in the area.

2.0 Methodology

2.1 Research Design

The study utilized a quantitative descriptive-correlational research approach to establish the connection between knowledge, attitude and perceived stigma. This relationship was then used as a foundation for developing a community-based intervention program. Moreover, it is a useful research method that analyzes the characteristics of a chosen population or group. It enables the researcher to identify the relationship between each variable, which can help better understand the variables and how they relate to each other.

2.2 Research Participants

A sample of 500 individuals, all of whom are present residents of Lucban, Quezon, and must be at least 18 years of age, have been gathered to participate in the study. The group included individuals of both genders and various age groups. The convenience sampling technique was utilized in this study since this technique is best for a study that has a large population and to accommodate inclusivity, which participants can answer the questionnaire as long as they are of legal age, and this is the most cost-effective way to collect data since it is uncomplicated and economical. This study's sample size was determined using Raosoft. The calculation was based on the 53,091

population of Lucban, Quezon. A minimum of three hundred eighty-two (382) participants, but a total of five hundred (500), were gathered in the study as representatives of Lucban, Quezon.

2.3 Research Instruments

The study used three standardized instruments: Mental Health Knowledge Schedule, Community Attitude towards the Mentally Ill, and Perceived Stigma Questionnaire – Perceived Devaluation Scale. Moreover, the researcher collected the demographic profile of the respondents, including age, sex, educational attainment, and economic status, using a personal data sheet. The MAKS is a 12-item questionnaire created in the United Kingdom at King's College London by Thornicroft and his associates. The questionnaire aimed to assess significant evidence-based information about stigma reduction that can be used for the general population in conjunction with measurements of behavior and attitude. The internal consistency of the questionnaire obtained a score of 0.65 (Cronbach's Alpha).

As for the perceived stigma questionnaire, it was developed by Link, and the original PSQ had 29 items and used four separate scales to measure stigma. Furthermore, in this study, the revised PSQ was developed by Angermeyer, Link, and Majcher-Angermeyer (1987). The questionnaire asks how much respondents agree with assertions that most people view as failures, people who are not as intellectual as other people, and people whose ideas shouldn't be taken seriously, thereby devaluing those who are or were psychiatric patients. Additionally, it queries the respondent's level of agreement with claims that the majority of people discriminate against mental health patients in a variety of social contexts. For this scale, reliability coefficients vary from.78 to.87 (Angermeyer et al., 1987; Link, 1987). The questionnaire's Cronbach's alpha also received a score of 0.93.

While for the community attitude towards mentally ill questionnaire, it was Taylor and Dear in 1981. Since the 1980s, the CAMI scale has been utilized and employed in a variety of contexts throughout the world. CAMI is organized into four attitude categories, each comprising ten statements. The scale's psychometric properties, including dimensionality, reliability, and construct validity, have been systematically reviewed, indicating that while the global scale's internal consistency is adequate ($\alpha \geq 0.80$).

2.4 Data Gathering Procedure

The researcher visited different barangays in Lucban, Quezon, under the supervision of staff from MSWDO and gave questionnaires to different households. Significantly, every participant provided informed consent before they participated in the research study. Once the consent form was obtained, the researcher gave the three instruments and requested to complete three questionnaires: the Mental Health Knowledge Schedule (MAKS), the Perceived Stigma Questionnaire (PSQ), and the Community Attitudes Towards the Mentally Ill (CAMI). At the same time, the personal data sheet form was also provided to obtain the participants' demographic information. Once the data has been gathered and completed, the researcher anonymizes it by assigning code pseudonyms instead of using your real name.

2.5 Ethical Considerations

The researcher obtained approval from the PUP Graduate School Ethics Committee to gather the research data. Furthermore, consent was acquired from the office of the Mayor of Lucban, Quezon, to formalize gathering data from several barangays in the area. Participants were provided with an informed consent form outlining the study's potential risks and benefits. The form also included directions on how to complete the questionnaire in order to gain a better understanding of the research objectives. In addition, participants were requested to give their informed consent by signing the document, indicating their voluntary involvement and the ability to withdraw at any point. Furthermore, by encoding their responses, the researcher guaranteed that the participants' personal information remained anonymous and confidential.

3.0 Results and Discussion

3.1 Demographic Characteristics of the Respondents

As shown in Table 1, 75.20% of the respondents fell within the 18- to 28-year-old age category. This group consisted of 376 individuals out of five hundred respondents. The data reveals that a significant proportion of participants (75.20%) fall into the younger age bracket, specifically between 18 and 28 years old.

Table 1. Descriptive statistics of the demographic characteristics of respondents

Demographic Characteristic	Frequency	Percentage
Age		
18-28	376	75.20
29-38	57	11.40
39-48	34	6.80
49-58	21	4.20
59-68	7	1.40
69 and above	5	1.00
Sex		
Male	237	47.40
Female	263	52.60
Educational Attainment		
Elementary Graduate	5	1
Highschool Undergraduate	147	29.4
Highschool Graduate	160	32
Vocational	1	0.2
College Undergraduate	115	23
College Graduate	66	13.2
Master's Level	4	0.8
Master's Degree Holder	1	0.2
Doctoral Level	1	0.2
Economic Status		
Poor	292	58.40
Low-Income Class (but not poor)	91	18.20
Lower middle-income class	41	8.20
Middle middle-income class	19	3.80
Upper middle-income class	13	2.60
Upper-income class (but not rich)	2	0.40
Rich	3	0.60
I prefer not to say	39	7.80
Total	500	100

The sex of respondents totaled 263 (52.60%) females, whereas 237 (47.40%) were males. 32% of the respondents have completed high school education, while 29.40% are high school undergraduates and 23% are college undergraduates. Of the responses, 66 individuals, accounting for 13.2% of the sample, have successfully obtained a college degree. Five respondents, which accounts for 1.0% of the total, have finished primary education. Four respondents, who account for 0.8% of the total, have achieved a master's degree. Out of the total respondents, only one individual (0.2%) has successfully finished a vocational course, one individual (0.2%) possesses a master's degree, and one individual (0.2%) has achieved a doctoral level of education. However, there were no participants recorded in the elementary undergraduate and Doctorate Degree Holder categories.

More than half of the economic status of the respondents, or 58.40%, falls under the category of poor, which means they have less than ₱12,082 monthly income because based on the government's 2023 rankings, Lucban, Quezon ranks 137 out 257 municipalities in economic dynamism because economic dynamism can promote better consumer results like reduced pricing and greater service standards, as well as favorable economic outcomes like a faster rate of productivity growth that will raise wages and living standards, new products and services, and the sustainability of government.

3.2 Knowledge on Mental Health

As shown in Table 2, the respondents scored high in mental health knowledge with a mean score of 49.95, which means that the respondents are generally knowledgeable about mental health and are familiar with some mental health disorders, such as depression, stress, grief, and others.

Table 2. Descriptive statistics of the level of knowledge on mental health

Level	Frequency	Percentage
Very Low	0	0.00
Low	0	0.00
Average	47	9.40
High	416	83.20
Very High	37	7.40
Mean (Verbal Interpretation)	**42.95 (High)**	

3.3 Stigma Towards Mental Health

As shown in Table 3, the respondents scored low in stigma attitude with a mean score of 122.77, which illustrates that they have a positive attitude toward the mentally ill and are very accepting of them. They also have a positive outlook toward the mentally ill because they believe that those who are diagnosed with mental illness can still recover and resume their normal lives.

Table 3. Descriptive statistics of the attitude toward mentally ill

Level	Frequency	Percentage
Very High Stigma Attitude	0	0.00
High Stigma Attitude	0	0.00
Average Stigma Attitude	172	34.40
Low Stigma Attitude	328	65.60
Very Low Stigma Attitude	0	0.00
Mean (Verbal Interpretation)	**122.77 (Positive Attitude)**	

Overall, it was found that the respondents have moderate perceived stigma with a weighted mean of 3.10. Since the residents have a positive attitude towards the mentally ill, this could also affect their perceived stigma towards the mentally ill and mental health in general. Thus, it was found that they have moderately perceived stigma. This shows that still could be improved by developing a mental health program that could address more about the stigma towards mental health.

3.4 Relationship Between Knowledge, Attitude, and Perceived Stigma

As shown in Table 4, the correlation between knowledge and attitude showed a statistically significant but extremely weak positive association. This indicates that when knowledge levels rise, attitudes tend to align positively, suggesting that better knowledge is associated with more favorable and inclusive attitudes towards those with mental illness.

Table 4. Correlation analysis of the relationship between knowledge, attitude, and perceived stigma

Variables		Spearman's ρ	Interpretation	p-value	Decision	Interpretation
Knowledge	Attitude	0.177	weak positive relationship	0.000	Reject Ho	Significant relationship
Knowledge	Perceived Stigma	-0.258	weak negative relationship	0.000	Reject Ho	Significant relationship
Perceived Stigma	Attitude	-0.095	weak negative relationship	0.034	Reject Ho	Significant relationship

The correlation between knowledge and perceived stigma indicates a statistically significant but weak negative relationship. This implies that when knowledge expands, the perception of stigma generally decreases. Put simply, those with higher knowledge levels tend to perceive less stigma. Conversely, the correlation between perceived stigma and attitudes towards mental illness indicates a weak yet statistically significant negative relationship.

3.5 Variance of Knowledge, Attitude, Perceived Stigma Based on Demographic Characteristic

Table 5 displays multivariate test results in knowledge, attitude, and perceived stigma among respondents categorized by age, sex, educational attainment, and economic status.

Table 5. Analysis of the differences in knowledge, attitude, and perceived stigma based on demographic characteristic

Effect	Pillai's Trace Value	F	Hypothesis df	Error df	p-value
Age	0.056	2.340	12	1476	0.006*
Sex	0.012	2.006[b]	3	493	0.112
Educational Attainment	0.045	2.482	9	1479	0.008*
Economic Status	0.008	0.581	6	912	0.745

Overall, based on the data, it showed that there is a significant difference in knowledge, attitude, perceived stigma, and age [Pillai= 0.056, F(12,1476) = 2.34, p = 0.006], and educational attainment [Pillai = 0.045, F (9, 1479) = 2.482, p = 0.008 $\eta 2p$ = 0.015] Therefore, this implies that the knowledge, attitude, and perceived stigma of the respondents are significantly dependent on age and educational attainment. The probability of obtaining that is not due to chance. On the other hand, there is no significant difference between the sex and economic status of the respondents, with a p-value of 0.112 and 0.745, respectively.

Table 6 illustrates the specific significant difference in age, which is the perceived stigma (df = 4, F = 3.992, η2p=.031, p-value = .003). Furthermore, based on the post hoc analysis of age found in the appendices, it was found that the perceived stigma towards mental health and age group has a p-value of 0.003, which illustrates a significant difference. Perceived stigma scores vary significantly among different age groups. More precisely, individuals in the age range of 59 years old and above have an average perceived stigma of 3.66, which indicates a high level of perceived stigma compared to younger age groups. This can be attributed to the phenomenon that as individuals age, they progressively encounter an increased feeling of perceived stigma towards mental health.

Table 6. Between-Subject Effects

Independent Variables	Dependent Variables	Sum of Squares	df	Mean Square	F	p-value	Partial Eta Squared
Age	Knowledge	109.400	4	27.350	1.436	.221	.012
	Attitude	187.545	4	46.886	1.377	.241	.011
	Perceived Stigma	5.241	4	1.310	3.992	**.003***	.031
Educational Attainment	Knowledge	70.531	3	23.510	1.231	.298	.007
	Attitude	76.748	3	25.583	.748	.524	.005
	Perceived Stigma	5.550	3	1.850	5.659	**.001***	.033

Moreover, it was discovered that there are comparisons between different age groups regarding their levels of perceived stigma. The age comparison results illustrate in the analysis that 18-28 vs. 59 and above, with a mean difference of -0.592, has a significant p-value of 0.004, illustrating a statistically significant difference in perceived stigma between the 18-28 age group and those 59 and above. The negative mean difference suggests that the 18-28 age group reports lower perceived stigma than those aged 59 and above. While for 29-38 vs. 59 and above, it has a mean Difference of -0.551, with a significant p-value of 0.022, which shows a statistically significant difference between the 29-38 age group and those 59 and above. The 29-38 group has lower perceived stigma than the 59 and above group. Elderly participants generally exhibit greater perceived stigma associated with mental health, a view that generational mindsets, personal encounters, and prevailing social standards could have shaped.

These findings highlight the nuanced relationship between age and perceptions related to mental health. While age does not notably affect knowledge or attitudes towards mental health, it does influence perceived stigma. Targeted interventions and education addressing age-specific stigma, particularly among the older generation, could effectively promote positive attitudes and reduce perceived stigma towards different age groups in the community. In alignment with this finding, a study by Lima and Ivbijaro (2013) highlights that the current elderly demographic often fails to recognize or seek treatment for mental disorders, contributing to higher stigma. Many older individuals perceive mental illness as a sign of vulnerability and may be reluctant to acknowledge their challenges, particularly when concerns about loss of autonomy arise. There is also a misconception among a significant number of elderly individuals who view symptoms of dementia and depression as normal aspects of aging. Moreover, accessibility to essential mental health services remains limited for many elderly individuals.

Meanwhile, as for the educational attainment, Table 6 shows that there is a significant difference in knowledge, attitude, perceived stigma, and the educational attainment of the respondents [df = 3, F = 5.659, η2p=.033, p-value = 0.001]. The post hoc analysis also showed that perceived stigma and educational attainment of high school undergrad versus high school graduates has a mean difference of -0.2157 and a significant p-value of 0.005, which shows that it has a statistically significant difference between high school undergraduates and high school graduates, with high school graduates reporting lower perceived stigma. Meanwhile, high school undergrads versus college undergraduates have a mean difference of -0.2621 and a significant p-value of 0.001, which shows that there is a significant difference between high school undergraduates and college undergraduates, with college undergraduates reporting lower perceived stigma, which can suggest that educational attainment, may lead to greater awareness and reduced stigma towards mental health issues.

Accordingly, a study by Shim et al. (2022) shows that education is an important factor in understanding mental health and reducing stigma. By offering students mental health education and training, they were able to acquire knowledge and comprehension of mental illness-related matters. In conclusion, it is evident that there is a requirement for targeted community-based intervention, and it is crucial to take into account characteristics such as age and educational attainment when developing such interventions.

4.0 Conclusion

The findings suggest that knowledge, attitudes, and perceived stigma are correlated, which highlights the need for customized interventions that take into account each person's unique demographics, especially the age and educational attainment of the residents of Lucban, Quezon. Creating community–based programs should prioritize initiatives aimed at increasing the mental health knowledge of an individual by addressing the specific needs of different age groups and educational backgrounds. This can foster a better understanding of mental health and mental illness. Given the findings that perceived stigma played a significant role in the help-seeking behavior of an individual, stigma reduction strategies are encouraged in order to encourage a safer space for the residents to express their mental health concerns freely.

These findings emphasize the value of collaborations between local government, educational institutions, and community organizations. Stakeholders can develop comprehensive programs that educate the community about mental health issues and offer mental health services, all while fostering a culture of understanding and support. This can be achieved by utilizing the resources and networks that are already in place. In conclusion, the results of this study support the development of targeted community-based initiatives that consider the target demographic's demographics. These kinds of initiatives are crucial for reducing the barriers to mental health care in rural areas and creating a more encouraging atmosphere for those who are struggling with mental health issues.

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7.0 Conflict of Interests

The authors declare no conflicts of interest about the publication of this paper.

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