

## Mental Health Program Effectiveness and Experiences of Philippine Local Government-Funded Colleges: Basis for Mental Health Program Advancement

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### ABSTRACT

The study discussed and examined the efficacy of mental health initiatives in selected local government-funded institutions in Zambales. It used a mixed-method research design. Sixty rank-and-file employees of local government-funded colleges served as the study's participants. The quantitative and qualitative data were gathered through a survey with closed-ended and open-ended questions. The research instrument was validated by public administration and public health experts and was pilot-tested. Results show that the mental health programs among local government-funded colleges are effective, as shown in the composite weighted mean of 2.97 (SD=0.52). The experiences of the rank-and-file were reflected in research themes such as empowered workers, efficient implementation, and unseemly behavior. The output of the study is an intervention program that centers on budget allocation, scheduling free health consultations, fostering partnerships, and conducting program evaluations.



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## 1. Introduction

The delivery of public services today has become more complex and demanding. Public sector service units are under increasing pressure, requiring more time, resources, and energy. This has led to higher levels of physical and psychological stress among employees, negatively impacting their productivity. In response to this challenge, human resource development needs to focus on improving the well-being of employees rather than just enhancing their knowledge and skills. Organizations must address work-related stress and mental health issues through an interdisciplinary approach. Failure to do so could result in significant losses for the organization. Research indicates that the decline in productivity within an organization is directly linked to the economic impact of mental health issues among employees (Bliese et al., 2017; Bubonya et al., 2017; Giorgi et al., 2018; Pignata et al., 2014).

The Mental Health Act was passed to promote awareness, prevent discrimination against individuals with mental health conditions, ensure access to affordable mental health treatment, and foster overall well-being. The Civil Service Commission (CSC) has also issued Mental Health in the Public Sector, which outlines guidelines for developing mental health programs in the public sector. Notable features of this CSC directive include upholding the fundamental right of Filipino public sector workers to mental health services, the responsibility of every public sector employer to establish a Mental Health Program (MHP), and the allocation of necessary funds for its implementation.

Numerous studies have delved into the mental health programs administered by local government units (LGUs) and their pivotal role in fostering effective governance. These scholarly works analyze the LGU's execution, strategies, and challenges (Boherom & Caelian, 2022) and examine higher education institutions' (HEIs) involvement in advancing mental health and well-being. These inquiries explore the complexities, barriers, and remedies for bolstering mental health support within the HEI framework (Ong et al., 2019). Hence, it is also crucial to thoroughly assess the effectiveness of mental health programs in local government-funded colleges.

The study aimed to evaluate the effectiveness of mental health programs in local government-funded colleges and document their experiences in implementing such programs. Its outcomes laid the groundwork for a proposed intervention program to enhance these programs.

### 1.1. Theoretical Framework

The areas of quality, inclusivity, and practical application are assessed based on the factors of a successful wellness program, as pointed out in the study of Sabharwal et al. (2019). It is challenging to assess the quality of mental health programs as it varies in every organization. However, despite the peculiarities, the mental health program must conform to common standards of measures such as structure, process, and outcome (Kilbourne et al., 2018a). Quality is relative to the care and treatment the involved individual receives, and through assessment and improvement, the quality of the health program is monitored and safeguarded (Roldán-Merino et al., 2023). The impediments to the better delivery of mental health services include omission of mental health in the public health program and budget, "organization of mental health services," weak incorporation of mental health in the basic care system, limited human resources, and "lack public mental health leadership" (Anyebe et al., 2021). The processes, strategies, methods, and management of implementation are important to analyze the significant effectiveness of the program (Dowling & Barry, 2020).

According to Castellino and Bradshaw (2015), social inclusion is when one gets access to socioeconomic opportunities, participates in socioeconomic programs, and enjoys the fruits of social development. Through reforms, social inclusion is conceptualized. Social inclusion makes "income autonomy, human development, quality of life, and equity" realizable, which enables society to be more open to inclusive citizenship that does not discriminate against

those with mental disorders (Santos et al., 2018). It is a human rights goal to promote a people-centered mental health program that considers the "social inclusion" of people with mental health conditions (Hall et al., 2019).

The practicality side of the program covers the system of recruitment, level of obedience and persistence, relevance, and personnel commitment. Delivering mental health care through advanced technology like cellular phones is now possible. This is part of the mobile health (mHealth) interventions that make healthcare services more practical and accessible. Thus, this innovative intervention is challenged due to inadequate health infrastructure and weak research capacity to thoroughly evaluate its implications (Caplan et al., 2018). The care system should become more conscious and sensitive to the differences of people with health concerns; the embedded "evidence-based guidelines" must be anchored in practicality to respond effectively to the health needs of the people (McNeill et al., 2022).

## **1.2. Scope and Limitations of the Study**

The study assessed the effectiveness of mental health programs in local government-funded colleges. The goal was to measure the level of effectiveness and explore the experiences of the rank-and-file as the primary beneficiaries of the program implementation. The data was limited to the quantitative and qualitative responses collected from the survey.

## **2. Methods**

The research utilized a mixed-methods research (MMR) design, incorporating quantitative and qualitative data to comprehensively describe and explore the phenomenon. Mixed-methods research (MMR) is a well-recognized research approach that systematically and rigorously addresses complex research problems through diverse methods (Creswell, 2021; Dawadi et al., 2021). Specifically, the study utilized the Convergent Parallel Mixed Design. In this method, the researcher collects, analyzes, and compares quantitative and qualitative data to investigate whether the results and findings confirm a shared understanding or provide a divergence of conclusions (Creswell, 2021).

The survey was administered among the rank-and-file personnel of local government-funded colleges in the province of Zambales, who were the primary beneficiaries of the mental health programs. The researcher carefully selected the participants from this group using stratified random sampling, specifically proportional allocation sampling. Sixty out of the targeted one hundred stratified samples responded. Twenty-nine were from Gordon College (GC) (PCB), twenty were from Kolehiyo ng Subic (KNS), and eleven were from Polytechnic College of Botolan. These individuals returned the completed survey questionnaire.

The survey questionnaire, developed by the researcher, comprised two parts. The first part aimed to elicit quantitative responses regarding the effectiveness of mental health programs, and the second part intended to explore the qualitative responses reflecting the firsthand experiences of rank-and-file as adherents of the implemented programs. Mental health programs, school administration, and public administration experts validated the research instrument. It was also pilot tested to ensure reliability and effectiveness. The researcher secured approval for the study from the presidents of the local government-funded colleges. The respondents were randomly selected, and the survey was administered with the help of the focal persons assigned by the college presidents.

Descriptive methods in the Statistical Package for the Social Sciences (SPSS) were used to analyze quantitative data on the effectiveness of mental health programs in colleges funded by local governments. Effectiveness was measured using the weighted mean and standard deviation. Content analysis, which identifies patterns and themes in the content texts, as explained by Brorsson (2017), was used to analyze the qualitative data.

### 3. Results and Discussion

The sustainability of a mental health program primarily depends on its effectiveness. It continues as long as the program best serves its purpose and responds to the client's needs. Quality, inclusivity, and practical application must be considered in assessing the program's effectiveness. The areas of quality, inclusivity, and practical application are assessed based on the factors of a successful wellness program, as pointed out in the study of (Sabharwal et al., 2019) such as: "wellness and fitness, health-related awareness, workplace safety education, disease, and health risk detection, expenditure on wellness program per employee, evaluation of wellness program, full-time staff for wellness program, physician on staff, duration of wellness program, and disease and behavioral monitoring." The succeeding tables present the effectiveness of mental health programs in terms of quality, inclusivity, and practical application.

#### 3.1. Quality of Mental Health Programs

The quality of a mental health program reflects its standard and unique features. Mental health programs differ in this regard. In the study of Kilbourne et al. (2018), quality centers on care from the structure, processes, and outcomes of patients. Table 8 presents the quality of mental health programs. As shown in Table 1, the quality of mental health programs is often observed. All the items obtained the description of often, with a composite weighted mean of 2.97 (SD=0.58). This indicates that mental health programs are effective in terms of quality. Furthermore, item 1, "the workers are educated on the things to do in times of work-related emergencies," obtained the highest weighted mean of 3.22 (SD=0.67) with the description of often, and item 10, "there is an appropriate budget for the wellness program of workers" obtained the lowest weighted mean of 2.68 (SD=0.75) described as often.

Table 1 Quality of mental health programs

	<b>Indicators</b>	<b>WM</b>	<b>SD</b>	<b>Description</b>
1.	The workers are educated on what to do during work-related emergencies.	3.22	0.67	Often
2.	The workers are aware of their existing health-related programs and activities.	3.18	0.70	Often
3.	The wellness program head or coordinator assigned is qualified and determined to foster and mainstream health and wellness among the workers.	3.05	0.75	Often
4.	Workers get to be informed early of their disease and health condition.	3.03	0.67	Often
5.	The in-charge physician performs his/her functions to sustain and advance the health and wellness of the workers.	3.03	0.78	Often
6.	Workers get to be updated periodically on their health condition.	3.00	0.78	Often
7.	The existing wellness and fitness program addresses workers' health concerns.	2.95	0.77	Often
8.	The duration of a wellness program is limited to 2-3 hours only so as not to compromise the workers' work.	2.80	0.86	Often
9.	The results of the wellness program evaluation are discussed with the workers or their representatives.	2.75	0.78	Often
10.	There is an appropriate budget for the wellness program for workers.	2.68	0.75	Often
	<b>Composite</b>	<b>2.97</b>	<b>0.58</b>	<b>Often</b>

Legend: 1.0-1.49 – Never 1.50-2.49 – Rarely 2.50-3.49 – Often 3.50-4.00 – Always

This indicates that an adequate budget is important for quality mental health programs. As shown in the study of Anyebe et al. (2021), one problem in providing mental health services to the community is budget realignment, which results in limited funding to psychiatric hospitals. The same finding was revealed in the study of Heinrich et al. (2023), which considered that a budget deficit for mental health results in limited mental health provisions among children with mental health conditions.

### 3.2. Inclusivity of Mental Health Programs

The mental health program is a response to a public health concern. It should be inclusive so that no one will be left behind when it comes to the provision of services. Differences when it comes to socioeconomic and sociocultural aspects, such as sex and religion, among others, should not be a reason to ignore others. Equity promotes inclusivity. Through equity, the mental health program becomes more responsive as it provides services based on the unique mental health conditions of the people; health professionals are trained to be more flexible and adaptable to the diverse needs of the people (Souza et al., 2019). The inclusivity of mental health programs is presented in Table 2.

Table 2 Inclusivity of mental health programs

Indicators	WM	SD	Description
1. The activities and programs engage all the workers, regardless of gender, race, ethnicity, and language, to participate.	3.25	0.66	Often
2. The health unit staff entertains workers on their scheduled consultation date.	3.07	0.73	Often
3. There is a massive information dissemination drive that makes workers aware of their health and wellness concerns.	3.05	0.69	Often
4. The schedule of wellness program activities is based on the availability of the workers.	3.04	0.71	Often
5. Workers may schedule an appointment with a government physician for consultation.	3.00	0.78	Often
6. The local government unit (LGU) allots the budget to advocate for workers' health and wellness.	2.98	0.69	Often
7. There are different strategies to educate workers on workplace safety.	2.96	0.65	Often
8. An employee has been assigned as a full-time wellness coordinator.	2.96	0.78	Often
9. Workers are involved in the evaluation of existing wellness programs.	2.91	0.71	Often
10. There are several free health consultations to detect disease and other health risks.	2.88	0.78	Often
<b>Composite</b>	<b>3.01</b>	<b>0.58</b>	<b>Often</b>

Legend: 1.0-1.49 – Never 1.50-2.49 – Rarely 2.50-3.49 – Often 3.50-4.00 – Always

Table 2 shows that there is often inclusivity in mental health. All the items obtained a description of often with a composite weighted mean of 3.02 (SD=0.58), which signifies that the mental health programs, in terms of inclusivity, are effective. As observed, item 1, "the activities and programs engage all the workers regardless of gender, race, ethnicity, and language to participate," obtained the highest weighted mean of 3.25 (SD=0.66) with the verbal interpretation of often, and item 10 "there is a number of free health consultations to detect disease and other health risks" obtained a weighted mean of 2.88 (SD=0.78) with the verbal interpretation of often.

The above discussion indicates that mental health programs are inclusive because the workers attend the programs and activities without hesitation due to individual differences.

Through equity, the mental health programs lean towards inclusivity; services are tailored to fit the diverse mental health conditions of the people, so the mental health care professionals are trained to become more adaptive to attend to people's mental health needs (Souza et al., 2019).

### 3.3. Practical Application of Mental Health Programs

A mental health program offers activities based on theories and evidence-based studies that can be applied in real-life situations. This makes the mental health program realistic; it becomes more contextualized and appropriate to the actual situation encountered by the people. The study of Bisal et al. (2022) shows that one way to motivate the young to cope with their mental health conditions is to allow them to participate in mental health discussions and familiarize them with "practical support" tools. Table 3 presents the practical application of mental health programs.

Table 3 Practical application of mental health programs

Indicators	WM	SD	Description
1. Bulletin boards and social media platforms are maximized to disseminate information among workers.	3.09	0.66	Often
2. The wellness and fitness activities are tailored to fit the needs of the workers.	3.04	0.65	Often
3. The employee with the training and experience in wellness development is assigned to lead the wellness program.	3.04	0.68	Often
4. During breaks, workers can visit the health unit to ask for their medical records for updating and monitoring purposes.	3.00	0.76	Often
5. There are drills programmed to train the workers on workplace safety protocols.	2.95	0.58	Often
6. Consultations with doctors to detect disease and health risks are scheduled at the workers' earliest convenience.	2.89	0.79	Often
7. The duration of a wellness program is limited to 2-3 hours only, to avoid compromising work.	2.88	0.79	Often
8. The evaluation of the wellness program is done after the activity is held.	2.86	0.81	Often
9. There is an assigned schedule per department/unit for the consultation with the doctor.	2.86	0.77	Often
10. The budget for wellness is released on time.	2.76	0.79	Often
<b>Composite</b>	<b>2.94</b>	<b>0.58</b>	<b>Often</b>

Legend: 1.0-1.49 – Never 1.50-2.49 – Rarely 2.50-3.49 – Often 3.50-4.00 – Always

As shown in Table 3, the practical application of mental health programs is often observed. All the items were described as often with a composite weighted mean of 2.94 (SD=0.58), indicating that mental health programs are effective in practical application. As observed, item 1, "bulletin boards and social media platforms are maximized to disseminate information among workers," obtained the highest weighted mean of 3.09 (SD=0.66) with the description of often; next are items 2 and 3, "the wellness and fitness activities are tailored to fit the needs of the workers" and "the employee who has the training and experience in wellness development is assigned to lead the wellness program" obtained a weighted mean of 3.04 (SD=0.65, SD=0.68) with the description of "often." In contrast, item 10, "the budget for wellness is released on time," obtained the lowest weighted mean of 2.76 (SD=0.79), describing often. The above discussion indicates that mental health programs become more effective and responsive when the activities are adapted to the workers' needs. This agrees with McNeill et al. (2022) study, which posits that health treatments must be anchored on the

"practical application of evidence-based guidelines." So, to become more effective, health care professionals must be more trained on the practical side than theoretically.

In summary, Table 4 shows that the mental health programs are effective. All the items obtained the description of often, with an overall weighted mean of 2.97 (SD=0.52), indicating that mental health programs are effective.

Table 4 Summary ratings on the effectiveness of the mental health program

Dimensions	WM	SD	Description	Corresponding Equivalent Description
Inclusivity	3.01	0.57	Often	Effective
Quality	2.97	0.54	Often	Effective
Practical Application	2.94	0.63	Often	Effective
<b>Overall</b>	<b>2.97</b>	<b>0.52</b>	<b>Often</b>	<b>Effective</b>

Legend: 1.0-1.49 – (Never) Not Effective    1.50-2.49 – (Rarely) Moderately Effective  
 2.50-3.49 – (Often) Effective    3.50-4.00 – (Always) Highly Effective

As shown in Table 4, dimension 1, "inclusivity," obtained the highest weighted mean of 3.01 (SD=0.57), with the description of effective, and dimension 3, "practical application," obtained the lowest weighted mean of 2.94 (SD=0.63), with the description of effective. This indicates that the mental health programs are effective, especially regarding inclusivity, which reflects that the activities reasonably accommodate the unique needs of different workers. Through social inclusion, engagement in mental health programs will be developed, especially when one feels that he/she is accepted and free from social and institutional restrictions (Hall et al., 2019).

### 3.4. Experiences of Rank-and-File in the Implementation of Mental Health Programs

Table 5 presents the generated content interpretations about the rank-and-file experiences during the implementation of mental health programs. It was revealed that there were three meaningful experiences of the rank-and-file: empowered workers, efficient implementation, and unseemly behavior. The first two are the favorable conditions, and the last is the difficulty experienced by the rank-and-file during the program implementation.

Table 5 Experiences of the rank-and-file in the implementation of the mental health program

Keywords	Content Interpretations	Descriptions	Sample Direct Responses
Empowerment	Empowered workers	The mental health program empowers the workers to become resilient. Through mental health programs, workers are trained to cope with stress and difficult situations. The workers are religiously attending the mental health program activities because they want to understand mental health issues.	"The programs enable us to understand the importance of mental health and also help us to care for our mental health" [RF37].
Sound implementation	Efficient implementation	Workers observed that mental health programs are efficiently implemented, which is partly reflected in the advocacy campaign. The campaign strengthens program implementation through health education, celebrations, and information dissemination. Mental health issues are destigmatized through	"Good implementation of programs, training, and services" [RF35].

		different channels and platforms of communication.	
Inappropriate behavior	Unseemly behavior	Expect less participation when implementing a new health program, like a mental health program. Some people may at first doubt the benefit of joining the activities. Likewise, some may have alibis about not attending the activities. Moreover, due to a lack of interaction and engagement with other people at the workplace, some workers become unaware of the existing mental health programs.	"Wrong decisions will affect the person without proper mental health" [RF15].

### 3.4.1. Empowered Workers

It is only through the reduction, if not eradication, of stigma on mental health, that the mental health program becomes a tool of empowerment. Empowering people results in "effective participatory decision-making" (Elliott, 2016). However, despite the movement to address stigma and discrimination, some people are weak and cannot stand firm for themselves. People opt not to engage in the economy and are socially excluded because of stigma and discrimination (Bell, 2016). Moreover, if people are conscious enough of their health, they may be driven to be strong for her/himself. People are empowered by making the people in charge of their health and inculcating among them the value of self-care (Elliott, 2016).

Meanwhile, mental health programs empower the workers in a way that increases their awareness of mental health conditions, which will make them resilient and adaptable to their conditions and those of their colleagues. Given this benefit, workers are engaged in various mental health program activities. One of the respondents shared, "We have attended seminars regarding mental health. This allows us to become more aware of the disorders a person may face" [RF42]. By capacitating people with mental health conditions with real-life skills, they are empowered; through the empowerment of these people, stigma could be reduced (Søvold et al., 2021).

### 3.4.2. Efficient Implementation

Efficient implementation of mental health programs is a collective responsibility of the workers. Effective communication must be provided to ensure that the mental health program is channeled to all units and sub-units of the organization. It is through communication that workers can work in harmony. Two of the respondents pointed out "schools effective communication" [RF14] and "campaigns about mental health awareness" [RF42]. Health workers make the health program efficient (Dawa et al., 2021). Eisman et al. (2022) pointed out that efficiency may be measured by the program outputs or outcomes, program costing, and balanced use of varied inputs that result in outputs.

### 3.4.3. Unseemly Behavior

Participation turnouts in mental health programs may not always be significant, especially if the program is newly introduced. Often, workers are hesitant to join the program due to the unavailability of time and the workload. Moreover, others became unaware of the programs due to their cold interaction with the people at work. This was observed in the response of one of the respondents: "The students are just too entitled and have already lost respect towards the teachers" [RF40]. Lack of time and significant socioeconomic status are a few reasons for non-participation in a health program. Moreover, an employee's preference to

keep his/her life private and separate from work could make the employee hesitant to participate in the health program (Grooten et al., 2019).

### 3.5. Side-by-Side Comparison of Quantitative Results and Qualitative Findings

The quantitative results show that mental health programs are effective in inclusivity, quality, and practical application, with the dimension of "inclusivity" highly establishes its effectiveness, indicating that the program is exceptionally inclusive. Meanwhile, about the experiences of the rank-and-file as primary beneficiaries of the implemented mental health program, most of their experiences proved that mental health programs are effective as they are empowered through training on coping with stress at work. In addition, the rank-and-file experienced strong advocacy for mental health programs through efficient implementation, which makes the mental health programs effective. However, despite the effective mental health programs, the rank-and-file experienced passive engagement among the personnel, which may adversely affect the overall program effectiveness.

### 3.6. Intervention Program on Advancement of Mental Health Program in Local Government-funded Colleges

Based on a thorough data analysis, the researcher designed an intervention program to advance mental health programs in local government-funded colleges. The program is presented in a structured tabular format detailing activities, objectives, responsible departments, budget allocation, and timeframes. These activities include budget allocation, scheduling free health consultations, fostering partnerships, and conducting program evaluations. Table 6 shows the proposed intervention program.

Table 6 Intervention program for mental health program advancement

Activities	Objectives	Responsible Office/s Department/s	Budget Allotment	Time Frame
Allot judiciously the budget for the wellness program.	To guarantee that mental health programs will be fully implemented with an adequate budget.	Head, City/Municipal Budget Office	P200,000	November 2024
Departmentally schedule free health consultations for the workers.	To ensure that all the workers are allowed to receive health attention.	Head, Health Services Unit	P50,000	January-December 2025
Establish collaborative partnerships with governmental and private entities to enhance organizational synergy and optimize operational outcomes.	Optimize program activities by benchmarking others' best practices.	Head, Human Resources Management Office	P100,000	January-December 2025
Administer the evaluation of the existing wellness programs.	Ensure that every program is effective and efficient and attains the set goals.	Head, Human Resources Management Office	P10,000	March, June, September, and December 2025

#### 4. Conclusions

The mental health programs are effective in quality, inclusivity, and practical application. They are effective in quality, highlighting their effectiveness in providing opportunities for workers' needs. They effectively promote inclusivity and develop a conducive environment for all workers. They are effective as these are practically observed and applied. Moreover, the rank-and-file members' experiences prominently underscored the advantages of mental health programs. Nonetheless, their encounters also revealed issues linked to constrained budgets and activities, prompting a need for heightened attention to efficiency, effectiveness, and responsiveness principles. Finally, the intervention program was developed based on data analysis. It includes activities, objectives, responsible offices/departments, budget allotment, and a time frame. This intervention program addresses areas requiring improvement in mental health program effectiveness.

The City/Municipal Budget Office is encouraged to allot the budget for the wellness program judiciously in close coordination with the Human Resource Management Office. In addition, the City/Municipal Health Services Unit may consider scheduling free health consultations for the workers departmentally. The Human Resource Management Office may regularly administer the evaluation of the existing wellness programs to provide feedback toward continuous program improvement. Lastly, the employees' associations may propose an intervention program for management to advance the mental health program within the organization.

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