

RESEARCH ARTICLE: Assessing the Implementation of Mental Health Program of Maimbung District Hospital: Residents' Perspectives

Aidawati H. Ibrahim and Alijandrina T. Jalilul
¹Graduate School, Sulu State College, Jolo, Sulu, Philippines
Corresponding email: gs@sulustatecollege.edu.ph

ABSTRACT. This study explored the extent of awareness regarding the mental health services offered by Maimbung District Hospital, as perceived by residents of Maimbung, Sulu for the Fiscal Year 2025. Utilizing purposive sampling under a non-probability framework, a total of 100 respondents participated. The analysis employed statistical tools such as weighted mean, standard deviation, t-test for independent samples, one-way ANOVA, and Pearson's r . Key findings reveal that most respondents were female, married, under 25 years old, college-educated, and unemployed. Overall, participants demonstrated a moderately high level of awareness of the hospital's mental health services. Statistical results indicated that age, gender, marital status, and occupation did not significantly influence awareness levels. In contrast, educational attainment was found to play a significant role. Additionally, respondents who rated their awareness as moderately high tended to share similar views across various aspects of the program including general awareness, perceptions, barriers to access, suggestions for improvement, and overall feedback. The study aligns with the principles of the Health Belief Model and Self-Care Theory, offering a solid conceptual basis for evaluating the impact of mental health initiatives on community well-being.

KEYWORDS: *implementation, mental health program, district hospital*

ARTICLE DETAILS

SPHE-00035; Received: March 17, 2025; Accepted: April 03, 2025; Published Online: May 03, 2025

CITATION:

Ibrahim, Aidawati H. and Jalilul, Alijandrina T. (2025). Assessing the Implementation of Mental Health Program of Maimbung District Hospital: Residents' Perspectives. *Social Psychology and Human Experience*. DOI: 10.62596/t61prq83

COPYRIGHT

Copyright © 2025 by author(s). *Social Psychology and Human Experience* is published by Stratworks Research Inc. This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<https://creativecommons.org/licenses/by/4.0/>), allowing redistribution and reproduction in any format or medium, provided the original work is cited or recognized.

Introduction

Mental health plays a vital role in overall well-being, influencing individual productivity, relationships, and quality of life (World Health Organization, 2018). Worldwide, disorders such as depression, anxiety, and schizophrenia present serious public health concerns, affecting people of all backgrounds. Without proper care, these conditions can severely impact emotional, social, and occupational functioning, with broader consequences for communities and economies (Patel et al., 2018). Recognizing this, the United Nations' 2030 Sustainable Development Agenda identifies mental health as a critical element of equitable healthcare, emphasizing the need for accessible services, particularly in underserved regions (United Nations, 2020).

In the Philippines, the passage of the Mental Health Act (Republic Act No. 11036) marks a milestone in promoting mental health care and reducing associated stigma (Philippine Department of Health, 2018). This legislation mandates the inclusion of mental health services in primary healthcare settings. Despite these efforts, many Filipinos especially in rural locations still face challenges accessing appropriate care due to cultural, geographic, and economic limitations (Amos et al., 2019; Chavez, Gregorio, Araneta, & Bihag, 2024). These access issues are further compounded by economic hardship and limited resources, which directly affect both healthcare providers and patients (Chavez, Del Prado, & Estoque, 2023; Chavez, 2020). This highlights the need for localized evaluations of mental health services to identify shortcomings and promote equitable access.

Maimbung District Hospital (MDH) serves as a crucial health institution for its community, tasked with implementing mental health initiatives that align with the local population's needs (Garcia, 2021). Policy frameworks such as the Magna Carta for women health workers underscore the role of staff in promoting safe and inclusive care environments (Chavez et al., 2024a; Chavez et al., 2024b). A resident-focused assessment of MDH's mental health program can provide valuable insight into how effectively the services are being delivered, the challenges faced by users, and the areas requiring refinement. Considering community-specific cultural and logistical factors is essential to enhance the program's reach and relevance (Garcia & Santos, 2021). Ethical concerns, particularly in the delivery of public services, also underscore the importance of transparent and accountable program management, which parallels discussions on ethical frameworks found in educational and technological fields (Chavez, Cuilan, Mannan, et al., 2024).

Ultimately, this study emphasizes the significance of tailoring mental health programs to reflect the realities of the populations they serve. By evaluating MDH's approach through the lens of community experiences, the research aims to support more responsive, inclusive, and sustainable mental health services in Maimbung (Morales & Fernandez, 2023; Johnson, 2024).

Research Questions

1. What is the socio-demographic profile of the respondents in Maimbung, Sulu in terms of:
 - 1.1 Age;
 - 1.2 Gender;
 - 1.3 Civil Status;
 - 1.4 Educational attainment; and
 - 1.5 Occupation??
2. What is the level of mental health program of Maimbung District Hospital perceived by residents of Maimbung, Sulu in terms of:
 - 2.1 Awareness of the mental health program;
 - 2.2 Perceptions of mental health services;
 - 2.3 Barriers to accessing mental health services;
 - 2.4 Suggested improvements; and
 - 2.5 General feedback?
3. Is there a significant difference on level of mental health program of Maimbung District Hospital as perceived by the residents of Maimbung, Sulu when data are grouped according to socio-demographic profile in terms of:
 - 3.1 Age;
 - 3.2 Gender;
 - 3.3 Civil Status;

3.4 Educational attainment; and

3.5 Occupation?

4. Is there a significant correlation among the subcategories subsumed under the level of mental health program of Maimbung District Hospital?

Literature Review

Foreign Studies and Literature

Global Definition and Importance of Mental Health. Mental health is a vital aspect of human well-being, encompassing an individual's ability to handle stress, realize personal potential, work productively, and contribute to their community (World Health Organization, 2022). A variety of factors—including socio-economic conditions, violence, and inequality—can compromise mental well-being, especially in vulnerable populations. Despite the existence of cost-effective treatment options, a global shortage of resources and persistent stigma hinder access to quality mental health care (WHO, 2022).

Mental Health Awareness in Rural Communities. In rural communities, cultural beliefs and lack of information significantly influence perceptions of mental health. Long et al. (2023) highlight that community-based educational initiatives, particularly those involving trusted local leaders, can increase awareness and reduce stigma. Similarly, Mboweni et al. (2023) found that while awareness levels are rising, understanding of mental health programs' scope and benefits remains limited. Castillo et al. (2019) emphasize that personal stories and local engagement can humanize mental health issues and promote empathy, encouraging residents to seek help.

Building Trust Through Community Engagement. Effective awareness campaigns also foster trust in healthcare systems. Román-Sánchez et al. (2022) suggest that community participation in discussions and outreach improves acceptance of mental health services. However, as Kirkbride et al. (2024) point out, heightened awareness does not always translate into service usage due to lingering stigma and misconceptions.

Barriers to Accessing Mental Health Services. Structural barriers remain a major challenge. Economic hardship and geographic isolation prevent many in rural areas from accessing care (Colizzi et al., 2020; Hariram et al., 2023). Daliri et al. (2024) argue that even when services are known, issues like high costs, lack of specialists, and social taboos restrict utilization. Cultural stigma further intensifies these problems, as reported by Meghrajani et al. (2023), who noted that traditional beliefs often portray mental illness as personal weakness. Culturally responsive outreach, involving community influencers, has been shown to counteract this stigma (Kaihlänen et al., 2019).

Trust, Inclusion, and Service Quality. Program trust and engagement improve when services are inclusive, transparent, and culturally adapted (Baxter et al., 2022). However, limited infrastructure and staffing shortages persist in rural areas (Brekke et al., 2023), contributing to long wait times and decreased care quality (Schwarz et al., 2022). Moreover, perceptions of mental health services are influenced by cultural compatibility and healthcare provider attitudes (Kaihlänen et al., 2019; Román-Sánchez et al., 2022).

Recommendations and Service Innovations. Improving services requires not just awareness, but also structural reforms. Ahad et al. (2023) advocate for educational programs grounded in local culture, while Siddique et al. (2022) emphasize the importance of community feedback in shaping effective interventions. Innovations like telehealth can also expand reach in remote areas (Amjad et al., 2023), especially when paired with digital literacy training and privacy assurance.

Preventive Strategies and Community-Based Support. Embedding mental health education in schools and workplaces can further reduce stigma and promote preventive care (Wiedermann et al., 2023). Overall, as Ghahramani et al. (2022) and Coombs et al. (2021) suggest, community feedback points to a need for empathetic, accessible, and culturally aware mental health services.

The Role of District Hospitals and Integrated Programs. With stronger integration into primary healthcare systems and ongoing evaluation, district hospitals can serve as effective delivery points for such services (Patel et al., 2019; Thornicroft et al., 2019; Das et al., 2019). Studies by Kohn et al. (2019), van Ginneken et al. (2019), and Dwyer et al. (2019) further confirm that well-integrated, supported programs improve outcomes and reduce stigma in both low- and high-income settings.

Local Studies and Literature

Implementation of Mental Health Programs in District Hospitals. In the Philippines, recent research has examined how mental health programs are being implemented in district hospitals, especially in rural areas. Robles et al. (2020) note that although the Philippine Mental Health Act advocates for integrating mental health into primary care, actual execution is hindered by insufficient funding, logistical constraints, and a scarcity of trained professionals. The study emphasizes that this shortage significantly limits program effectiveness, particularly in underserved regions. Chavez et al. (2024) similarly highlight that rural healthcare systems often face barriers to service delivery, with low health literacy impacting care-seeking behavior and complicating program outcomes (Murro, Lobo, Inso, & Chavez, 2023).

Infrastructure and Cultural Barriers. Dizon et al. (2019) further report that while some district hospitals have initiated mental health services, these efforts often fall short due to inadequate infrastructure and the lack of specialized staff. Cultural beliefs and social stigma also contribute to low service utilization. Alvarado et al. (2021) found that stigma surrounding mental illness deters individuals especially in rural communities from seeking support in district hospitals. Villanueva et al. (2020) reinforced this finding, highlighting that cultural interpretations of mental health issues are a key factor in patients' reluctance to access available services. Garcia et al. (2025) explored socio-cultural pressures and mental health challenges among youth, which could provide relevant insights into how community-specific beliefs about mental health impact healthcare utilization (Garcia, Lastam, Chavez, et al., 2025).

Workforce Shortage and Training Gaps. A persistent challenge is the limited number of mental health professionals in public healthcare settings. Reyes et al. (2019) assert that the absence of sufficient psychiatrists, psychologists, and social workers in district hospitals compromises the quality and availability of care. Despite mental health being part of national health policies, the lack of training opportunities and workforce development for healthcare workers remains a barrier to effective service delivery. Santos et al. (2019) also observed that mental health initiatives are typically concentrated in urban hospitals, leaving rural areas underserved and unable to meet community needs. This mirrors findings from Leon et al. (2024), where the challenge of meeting compliance and removing obstacles in other sectors such as education offers useful parallels for understanding the barriers to mental healthcare implementation in district hospitals (Leon, Jumalon, Chavez, et al., 2024).

Role of Local Government Units and Policy Gaps. Support from local government units (LGUs) has proven essential in implementing mental health programs. Fernandez et al. (2022) examined the role of LGUs, noting their responsibility in providing resources and funding. However, successful program implementation often requires better coordination between local and

national health agencies. Martinez et al. (2021) emphasized that logistical challenges, such as transportation issues, limited infrastructure, and inconsistent policy application, continue to impede progress in more remote areas, despite governmental efforts to improve mental health services nationwide. This highlights the importance of building trust and resilience within local communities, which can also be drawn from studies on empowerment and confidence-building within educational contexts (Chavez, Anuddin, Mansul, et al., 2024).

Methodology

This study utilized a descriptive quantitative research design to assess the perceptions of mental health program at Maimbung District Hospital from the perspective of residents in Maimbung, Sulu. According to Baker (2017), a descriptive quantitative design is suitable for examining current conditions and analyzing relationships among variables within a defined population. Through structured questionnaires, this study measured variables such as awareness, perceptions, barriers, suggested improvements, and general feedback. This approach provided a comprehensive understanding of the factors influencing residents' engagement with mental health services.

1. Population and Sampling Design

The study employed a purposive sampling design to select respondents from among the residents of Maimbung, Sulu. This method is suitable given the study's focus on perceptions of the mental health services at Maimbung District Hospital. Unlike a focus solely on those with a history of mental health consultations, this approach included a broader selection of individuals, capturing insights from both those who have and those who have not accessed mental health services. With a sample size of 100 participants, this design aimed to reflect a wide range of community perspectives on mental health program implementation.

The respondents for this study were consisted of 100 residents of Maimbung, Sulu, selected through purposive sampling. This selection included individuals with direct or indirect experience with the mental health program at Maimbung District Hospital, providing a diverse set of perspectives on the mental health program offered. This purposive approach ensured that the study reflects the views and experiences of a broad section of the community, capturing relevant data that may highlight general community needs and the perceived effectiveness of the services available at Maimbung District Hospital.

2. Research Instruments

The researcher adapted a survey questionnaire developed by Zhang et al. (2019) in their study on mental health stigma in Mozambique to ensure its relevance and validity for this research. The questionnaire consisted of two main sections: the first collected socio-demographic information (age, gender, civil status, educational attainment, and occupation), allowing for analysis of differences in perceptions across demographic groups. The second section assessed residents' perceptions of the hospital's mental health program, covering awareness of services, barriers to access, suggested improvements, and overall feedback. A 5-point Likert scale was used to measure responses, ranging from "Strongly Agree" to "Strongly Disagree" with five questions for each variable, totaling 25 questions. The scale helped quantify the residents' level of awareness of the mental health program at Maimbung District Hospital, with a range scale to interpret responses as either high or low awareness.

3. Data Gathering Procedure

Data gathering took place over a specified period and was carried out in several organized steps to ensure systematic and ethical collection of data. First, a thorough review and correlation of related literature was conducted to ensure the research framework aligns with existing studies

and provides a solid foundation for the survey. Next, the validity and reliability of the questionnaire was assessed. Prior to launching the survey, formal approval was obtained from the adviser and the dean of graduate studies. A letter of request was also be sent to the barangay chairman to seek permission for conducting the survey within the community. In addition, informed consent was gathered from the respondents to ensure their voluntary participation and understanding of the study's purpose. Once these steps were completed, the survey was administered. Additionally, the researcher aided in completing the questionnaires if needed, ensuring that all participants can effectively share their perspectives. Lastly, data collection proceeded as planned to evaluate residents' perspectives on the mental health program.

4. Data Analysis Process

The collected data was analyzed using both descriptive and inferential statistics to address the research questions. First, descriptive statistics (frequencies and percentages) were used to summarize the socio-demographic profile of respondents in Maimbung, Sulu, focusing on age, gender, civil status, educational attainment, and occupation, along with their perceptions of mental health services. The second part evaluated residents’ perceptions of the Maimbung District Hospital's mental health program, measuring awareness, perceptions of services, barriers, suggested improvements, and feedback using weighted means and standard deviation based on Likert scale responses. The third part examined if there were significant differences in perceptions based on socio-demographic factors, using t-tests for gender and ANOVA for age, civil status, educational attainment, and occupation. Finally, the fourth part explored correlations among the subcategories of the mental health program using Pearson's r correlation analysis. Statistical software like SPSS or R was employed for analysis, providing a robust framework for drawing conclusions that could inform improvements in the hospital’s mental health services.

Results and Discussion

Question 1. What is the socio-demographic profile of the respondents in Maimbung, Sulu in terms of age, gender, civil status, educational attainment and occupation?

Gender

Table 1.1 Socio-demographic profile of the respondents in terms of gender.

| Gender | Frequency | Percent |
|--------|-----------|---------|
| Male | 43 | 43.0 |
| Female | 57 | 57.0 |
| Total | 100 | 100.0 |

Table 1.1 shows the socio-demographic profile of the respondents in terms of gender. It can be gleaned from this table that out of 100 respondents, 43 (43%) are male and 57 (57.0%) are female. This distribution reveals that most respondents are female, with a significant difference of 14 percentage points between female and male participants. Such an imbalance may suggest that females are more likely to engage with or participate in the study related to the mental health program at Maimbung District Hospital than males.

This gender disparity could have implications for the findings of the study, as it may reflect differing perspectives, experiences, or needs related to mental health between genders.

Age

Table 1.2 Socio-demographic profile of the respondents in terms of age.

| Age | Frequency | Percent |
|--------------|-----------|---------|
| 25 and below | 36 | 36.0 |
| 26-35 | 27 | 27.0 |
| 36-45 | 13 | 13.0 |
| 46-55 | 10 | 10.0 |
| 56 and above | 14 | 14.0 |
| Total | 100 | 100% |

Table 1.2 presents the socio-demographic profile of the respondents in terms of age. It can be gleaned from this table that out of 100 respondents, 36 (36 %) are within 25 years old & below, 27 (27 %) are within 26-35 years old, 13 (13.0%) are within 36-45 years old, 10 (10%) are within 46-55, and 14 (14%) aged 56 and above. The findings indicate that most of the respondents are younger than 25 years old. It also indicates varied representations in terms of age brackets from early adult, middle adult, and older adult.

Civil Status

Table 1.3 Socio-demographic profile of the respondents in terms of civil status

| Civil Status | Frequency | Percent |
|--------------|-----------|---------|
| Single | 27 | 27.0 |
| Married | 48 | 48.0 |
| Widowed | 16 | 16.0 |
| Divorced | 9 | 9.0 |
| Total | 100 | 100% |

Table 1.3 shows the socio-demographic profile of the respondents in terms of civil status. It can be gleaned from this table that out of 100 respondents, 27 (27%) are single, 48 (48%) are married, 16 (16%) are widowed and 9 (9%) are divorced. The findings suggest that most of the respondents are married. It also indicate varied data distribution across the variable civil status. This further indicates that this variable has an influence on how they perceive the mental health services in Maimbung District Hospital.

Educational Attainment

Table 1.4 Socio-demographic profile of the respondents in terms of educational attainment.

| Educational Attainment | Number of Respondents | Percent |
|------------------------|-----------------------|---------|
| No formal education | 10 | 10.0 % |
| Elementary | 13 | 13.0 % |
| High school | 36 | 36.0 % |
| College | 39 | 39.0 % |
| Post graduate | 2 | 2.0 % |
| Total | 100 | 100% |

Table 1.4 shows the socio-demographic profile of the respondents in terms of educational attainment. It can be gleaned from this table that out of 100 respondents, 10 (10%) had no formal education, 13 (13%) are elementary graduates, 36 (36%) graduated high school, 39 (39%) finished college and 2 (2%) are with post graduate degrees. The findings suggest that most of the respondents had finished college. It also indicate varied data distribution across the variable educational attainment. This further indicates that this variable has an influence on how they perceive the mental health services in Maimbung District Hospital or may depend on their level of education.

Occupation

Table 1.5 Socio-demographic profile of the respondents in terms of occupation.

| Occupation | Frequency | Percent |
|------------|-----------|---------|
| Unemployed | 32 | 32.0 % |
| Employed | 20 | 20.0 % |

| | | |
|---------------|-----|--------|
| Self-employed | 28 | 28.0 % |
| Student | 20 | 20.0 % |
| Total | 100 | 100% |

Table 1.5 shows the socio-demographic profile of the respondents in terms of educational occupation. It can be gleaned from this table that out of 100 respondents, 32 (32%) are unemployed, 20 (20%) are employed, 28 (28%) are self-employed, 20 (20%) are students. The findings suggest that most of the respondents are unemployed. It also indicates varied data distribution across the variable occupation. This further indicates that this variable has an influence on how they perceive the mental health services in Maimbung District Hospital or may depend on their occupational status.

Question 2. What is the level of mental health program of Maimbung district hospital perceived by residents of Maimbung, Sulu in terms of awareness of the mental health program, perceptions of mental health services, barriers to accessing mental health services, suggested improvements and general feedback?

Awareness of mental health program

Table 2.1 Level of mental health program of Maimbung district hospital perceived by residents of Maimbung, Sulu in terms of awareness of mental health program.

| Awareness of mental health program | N | Mean | S.D. | Rating |
|--|-----|--------|---------|------------------|
| 1. I am aware that Maimbung District Hospital has a mental health program. | 100 | 4.3500 | 1.15798 | Moderately agree |
| 2. I have received information about the mental health program from healthcare professionals. | 100 | 4.4400 | 1.10390 | Moderately agree |
| 3. I have heard about the mental health program from local media or community campaigns. | 100 | 4.3900 | 1.15378 | Moderately agree |
| 4. The mental health program is well-publicized in my community. | 100 | 4.3400 | 1.17396 | Moderately agree |
| 5. I understand the services offered by the mental health program at Maimbung District Hospital. | 100 | 4.2900 | 1.18317 | Moderately agree |
| Total Weighted Mean | 100 | 4.3620 | 1.13447 | Moderately agree |

| Scale Legend | Range Scale | Descriptive equivalent | Interpretation |
|--------------|-------------|-------------------------|--|
| 5 | 4.50 – 5.00 | Strongly Agree (SA) | Very high level of awareness of the mental health program. |
| 4 | 3.50 – 4.49 | Moderately Agree (MA) | Moderately high level of awareness of the mental health program. |
| 3 | 2.50 – 3.49 | Agree (A) | Aware of the mental health program. |
| 2 | 1.50 – 2.49 | Moderately Disagree (D) | Moderately low level of awareness of the mental health program. |
| 1 | 1.00 – 1.49 | Strongly Disagree (SD) | Low level of awareness of the mental health program. |

Table 2.1 shows the Level of mental health program of Maimbung district hospital perceived by residents of Maimbung, Sulu in terms of awareness of mental health program. The data reveals a total mean score of 4.3620 with a standard deviation of 1.13447 indicating that respondents generally rated this subcategory as Moderately Agree (MA) and reflect a moderately high level of awareness regarding the mental health program.

Specifically, statement number 2 “I have received information about the mental health program from healthcare professionals” achieved the highest mean score of 4.4400. This suggests that direct communication from healthcare providers is effective in raising awareness. In contrast,

statement number 5 “I understand the services offered by the mental health program at Maimbung District Hospital.” recorded the lowest mean score of 4.2900. This may indicate a gap between awareness of the program's existence and understanding of the services provided. While residents may know about the program, they may lack sufficient information about what it offers.

In general, the Maimbung District Hospital's mental health program demonstrates a moderately high level of awareness among residents. However, to maximize program effectiveness, a targeted communication strategy should be implemented to clarify the range of services offered.

Perception of mental health services

Table 2.2 Level of mental health program of Maimbung district hospital perceived by residents of Maimbung, Sulu in terms of perception of mental health services.

| Perception of mental health services | N | Mean | S.D. | Rating |
|--|-----|---------------|----------------|-------------------------|
| 1. I believe that the mental health program at Maimbung District Hospital is effective in addressing mental health concerns. | 100 | 4.3700 | 1.09779 | Moderately agree |
| 2. The mental health services provided are accessible to everyone in the community. | 100 | 4.3600 | 1.03981 | Moderately agree |
| 3. I think the mental health program has improved the mental well-being of people in Maimbung, Sulu. | 100 | 4.3800 | 1.03260 | Moderately agree |
| 4. The staff in the mental health program are well-trained and qualified to provide care. | 100 | 4.2900 | 1.07586 | Moderately agree |
| 5. The mental health program helps reduce the stigma associated with mental health issues in my community. | 100 | 4.2700 | 1.09963 | Moderately agree |
| Total Weighted Mean | | 4.3340 | 1.04603 | Moderately agree |

| <i>Scale Legend</i> | <i>Range Scale</i> | <i>Descriptive equivalent</i> | <i>Interpretation</i> |
|---------------------|--------------------|-------------------------------|--|
| 5 | 4.50 – 5.00 | Strongly Agree (SA) | Very high level of awareness of the mental health program. |
| 4 | 3.50 – 4.49 | Moderately Agree (MA) | Moderately high level of awareness of the mental health program. |
| 3 | 2.50 – 3.49 | Agree (A) | Aware of the mental health program. |
| 2 | 1.50 – 2.49 | Moderately Disagree (D) | Moderately low level of awareness of the mental health program. |
| 1 | 1.00 – 1.49 | Strongly Disagree (SD) | Low level of awareness of the mental health program. |

Table 2.2 Level of mental health program of Maimbung district hospital perceived by residents of Maimbung, Sulu in terms of perception of mental health services. The data reveals a total mean score of 4.3340 with a standard deviation of 1.04603, indicating that respondents generally rated this subcategory as Moderately Agree (MA) and reflect a moderately high level of awareness regarding the mental health program.

Among the specific statements evaluated, statement number 3 “I think the mental health program has improved the mental well-being of people in Maimbung, Sulu” achieved the highest mean score of 4.3800. This suggests a strong belief among respondents that the program has positively impacted the mental well-being of individuals in the community, which is a promising indicator of the program’s effectiveness. In contrast, statement number 5 “The mental health

program helps reduce the stigma associated with mental health issues in my community” recorded the lowest mean score of 4.3340.

The findings highlight the community's recognition of the positive impact of the mental health program on individual well-being while also pointing out the need for continued efforts to combat stigma.

Barriers to accessing mental health services

Table 2.3 Level of mental health program of Maimbung district hospital perceived by residents of Maimbung, Sulu in terms of Barriers to accessing mental health services.

| Barriers to accessing mental health services | N | Mean | S.D. | Rating |
|--|-----|--------|---------|------------------|
| 1. There is sufficient information available to the public about the mental health services offered at Maimbung District Hospital. | 100 | 4.3900 | 1.04345 | Moderately agree |
| 2. The cost of accessing mental health services is affordable for most residents. | 100 | 4.4600 | .98903 | Moderately agree |
| 3. The hospital is geographically accessible for residents in Maimbung, Sulu. | 100 | 4.3400 | 1.03690 | Moderately agree |
| 4. I believe that cultural or religious beliefs are a barrier to seeking mental health care in Maimbung, Sulu. | 100 | 4.0300 | 1.52060 | Moderately agree |
| 5. Fear of being judged or stigmatized prevents people from using the mental health services offered by the hospital. | 100 | 4.3100 | 1.13436 | Moderately agree |
| Total Weighted Mean | 100 | 4.3060 | .94343 | Moderately agree |

| | Range Scale | Descriptive equivalent | Interpretation |
|---|-------------|-------------------------|--|
| 5 | 4.50 – 5.00 | Strongly Agree (SA) | Very high level of awareness of the mental health program. |
| 4 | 3.50 – 4.49 | Moderately Agree (MA) | Moderately high level of awareness of the mental health program. |
| 3 | 2.50 – 3.49 | Agree (A) | Aware of the mental health program. |
| 2 | 1.50 – 2.49 | Moderately Disagree (D) | Moderately low level of awareness of the mental health program. |
| 1 | 1.00 – 1.49 | Strongly Disagree (SD) | Low level of awareness of the mental health program. |

Table 2.3 shows the level of mental health program of Maimbung district hospital perceived by residents of Maimbung, Sulu in terms of Barriers to accessing mental health services. The subcategory obtained a total mean score 4.3060 with a standard deviation of .94343, which is rated as Moderately agree or with a moderately high level of awareness of the mental health program. The findings suggest that respondents generally agree on the importance and relevance of mental health services in their community.

Specifically, Statement number 2 “The cost of accessing mental health services is affordable for most residents” obtained the highest mean score of 4.4600. Notably, the cost of accessing these services received the highest mean score indicating that respondents perceived the mental health services offered are affordable for most residents. This finding is positive, as it suggests that financial barriers are not a significant hindrance for many individuals seeking care. In contrast, Statement number 4 “I believe that cultural or religious beliefs are a barrier to seeking mental health care in Maimbung, Sulu” had the lowest mean of 4.0300. This suggests that respondents perceive that cultural factors have an impact on their level of awareness on mental health services. Although rated as generally, moderate level of awareness, this may highlight an area that may warrant further attention, as cultural and religious beliefs can significantly influence individuals' willingness to seek help.

In conclusion, the findings illustrate a favorable perception of mental health services in terms of affordability, yet the impact of cultural and religious beliefs presents a potential barrier that may deter individuals from pursuing care.

Suggested improvements

Table 2.4 Level of mental health program of Maimbung district hospital perceived by residents of Maimbung, Sulu in terms of suggested improvements.

| Suggested improvements | N | Mean | S.D. | Rating |
|---|-----|--------|---------|----------------|
| 1. More awareness campaigns are needed to inform residents about the mental health program. | 100 | 4.6300 | .90626 | Strongly agree |
| 2. There should be more outreach services in rural areas to support mental health needs. | 100 | 4.5600 | 1.02809 | Strongly agree |
| 3. The hospital should hire more mental health professionals to meet the needs of the community. | 100 | 4.5900 | .91115 | Strongly agree |
| 4. Mental health education should be included in community health programs to increase awareness. | 100 | 4.5700 | .97706 | Strongly agree |
| 5. The government should increase funding for mental health services in Maimbung, Sulu. | 100 | 4.6100 | .83961 | Strongly agree |
| Total Weighted Mean | 100 | 4.5920 | .90024 | Strongly agree |

| Scale Legend | Range Scale | Descriptive equivalent | Interpretation |
|--------------|-------------|-------------------------|--|
| 5 | 4.50 – 5.00 | Strongly Agree (SA) | Very high level of awareness of the mental health program. |
| 4 | 3.50 – 4.49 | Moderately Agree (MA) | Moderately high level of awareness of the mental health program. |
| 3 | 2.50 – 3.49 | Agree (A) | Aware of the mental health program. |
| 2 | 1.50 – 2.49 | Moderately Disagree (D) | Moderately low level of awareness of the mental health program. |
| 1 | 1.00 – 1.49 | Strongly Disagree (SD) | Low level of awareness of the mental health program. |

Table 2.4 shows the level of mental health program of Maimbung district hospital perceived by residents of Maimbung, Sulu in terms of suggested improvements. The respondents rated strongly on all items in this subcategory. This subcategory obtained a total mean score of 4.5920 with a standard deviation of .90024, which is rated as strongly agree or with Very high level of awareness of the mental health program. This suggests a very high level of awareness regarding potential areas for enhancement within the program.

Specifically, Statement number 1 “More awareness campaigns are needed to inform residents about the mental health program” obtained the highest mean score of 4.6300. This finding suggests that there is a need to reinforce awareness on the availability of the mental health program within the community. This reinforcement may increase the number of person seeking attention regarding their mental health. In contrast, Statement number 4 “Mental health education should be included in community health programs to increase awareness” had the lowest mean of 4.5700. This suggests that residents see the value in integrating mental health education into broader community health programs.

The strong agreement across all statements underscores a significant opportunity for improvement within the mental health program. Residents clearly identify a need for increased awareness and more integrated approaches to mental health education. The slight difference between the highest and lowest scoring statements suggests that both targeted awareness

campaigns and the incorporation of mental health education into existing community health programs are valuable strategies.

General Feedback

Table 2.5 Level of mental health program of Maimbung district hospital as perceived by residents of Maimbung, Sulu in terms of general feedback.

| General feedback | N | Mean | S.D | Rating |
|---|------------|---------------|---------------|-----------------------|
| 1. Overall, I am satisfied with the mental health program at Maimbung District Hospital. | 100 | 4.6500 | .83333 | Strongly agree |
| 2. I would recommend Maimbung District Hospital’s mental health program to others. | 100 | 4.5100 | .98980 | Strongly agree |
| 3. I feel that Maimbung District Hospital’s mental health program contribute positively to the well-being of the community. | 100 | 4.5800 | .92310 | Strongly agree |
| 4. I believe that Maimbung District Hospital should focus more on mental health issues in its healthcare planning. | 100 | 4.5700 | .87911 | Strongly agree |
| 5. I would like to see more mental health-related events or activities organized by Maimbung District Hospital in the future. | 100 | 4.5800 | .90095 | Strongly agree |
| Total Weighted Mean | 100 | 4.5780 | .87612 | Strongly agree |

| Scale Legend | Range Scale | Descriptive equivalent | Interpretation |
|--------------|-------------|-------------------------|--|
| 5 | 4.50 – 5.00 | Strongly Agree (SA) | Very high level of awareness of the mental health program. |
| 4 | 3.50 – 4.49 | Moderately Agree (MA) | Moderately high level of awareness of the mental health program. |
| 3 | 2.50 – 3.49 | Agree (A) | Aware of the mental health program. |
| 2 | 1.50 – 2.49 | Moderately Disagree (D) | Moderately low level of awareness of the mental health program. |
| 1 | 1.00 – 1.49 | Strongly Disagree (SD) | Low level of awareness of the mental health program. |

Table 2.5 shows the level of mental health program of Maimbung district hospital perceived by residents of Maimbung, Sulu in terms of general feedback. The respondents rated strongly on all items in this subcategory. This subcategory obtained a total mean score of 4.5780 with a standard deviation of .87612 which is rated as strongly agree or with Very high level of awareness of the mental health program. This suggests that the mental health program is well regarded by the community. This high level of awareness could lead to better participation and support for mental health initiatives in the area.

Specifically, Statement number 1, which states, "Overall, I am satisfied with the mental health program at Maimbung District Hospital," received the highest mean score of 4.6500. This indicates a strong level of satisfaction among respondents regarding the program, suggesting that the services provided meet their expectations. On the other hand, Statement number 2, "I would recommend Maimbung District Hospital’s mental health program to others," received a slightly lower mean score of 4.5100. While this score is still high and indicates a positive inclination towards the program, it suggests that there may be some hesitance or reservations among respondents about endorsing the program to others.

In general, the residents express a high level of satisfaction with the mental health program, as indicated by the strong score for overall satisfaction. However, the slightly lower score for the recommendation statement may indicate areas for improvement in terms of community trust or awareness. Addressing these concerns could enhance the program's reputation and encourage more residents to recommend it to others, thus expanding its reach and impact.

Grouped By Age

Table 3.1 Differences in the level of mental health program of Maimbung District Hospital as perceived by the residents of Maimbung, Sulu when data are grouped according to socio-demographic profile in terms of age.

| VARIABLES | | Sum of Squares | Df | Mean Square | F | Sig. | Description |
|--|----------------|----------------|----|-------------|-------|------|-----------------|
| Awareness of the Mental Health Program | Between Groups | 5.031 | 4 | 1.258 | .976 | .424 | Not Significant |
| | Within Groups | 122.385 | 95 | 1.288 | | | |
| | Total | 127.416 | 99 | | | | |
| Perceptions of Mental Health Services | Between Groups | 4.468 | 4 | 1.117 | 1.022 | .400 | Not Significant |
| | Within Groups | 103.857 | 95 | 1.093 | | | |
| | Total | 108.324 | 99 | | | | |
| Barriers to Accessing Mental Health Services | Between Groups | 7.736 | 4 | 1.934 | 2.286 | .066 | Not Significant |
| | Within Groups | 80.381 | 95 | .846 | | | |
| | Total | 88.116 | 99 | | | | |
| Suggested Improvements | Between Groups | 3.680 | 4 | .920 | 1.142 | .342 | Not Significant |
| | Within Groups | 76.554 | 95 | .806 | | | |
| | Total | 80.234 | 99 | | | | |
| General Feedback | Between Groups | 2.418 | 4 | .605 | .781 | .541 | Not Significant |
| | Within Groups | 73.574 | 95 | .774 | | | |
| | Total | 75.992 | 99 | | | | |

*Significant alpha .05

Table 3.1 presents the differences in the level of mental health program of Maimbung District Hospital as perceived by the residents of Maimbung, Sulu when data are grouped according to socio-demographic profile in terms of age. It can be gleaned from this table that the value of F-ratios and P-values of all the sub-categories subsumed under the level of mental health program of Maimbung District Hospital as perceived by the residents of Maimbung, Sulu are not significant at alpha .05. This means that, although respondents vary in age range, still they do not differ in their perception towards the level of mental health program of Maimbung District Hospital. This result implies that being older or within 56 years old & above may not necessarily put a respondent in a vantage point towards their perception on the level of mental health program of Maimbung District Hospital than those who are within 35 years old & below, and 36-55 years old, or vice versa.

Nonetheless, it is safe to say that variable age has no significant mediation in how the respondents perceive the level of mental health program of Maimbung District Hospital. Therefore, the hypothesis which states that “There is no significant difference in the level of mental health program of Maimbung District Hospital as perceived by the residents of Maimbung, Sulu when data are grouped according to socio-demographic profile in terms of age” is accepted.

Grouped By Gender

Table 3.2 Differences in the level of mental health program of Maimbung District Hospital as perceived by the residents of Maimbung, Sulu when data are grouped according to socio-demographic profile in terms of gender.

| VARIABLES | Groupings | Mean | S.D. | Mean Difference | T | Sig | Description |
|--|-----------|--------|---------|-----------------|-------|------|-----------------|
| Awareness of the Mental Health Program | Male | 4.4098 | .94122 | .11690 | 4.193 | .043 | Significant |
| | Female | 4.2929 | 1.28202 | | | | |
| Perceptions of Mental Health Services | Male | 4.3951 | .86774 | .11298 | 3.349 | .070 | Not significant |
| | Female | 4.2821 | 1.18952 | | | | |
| Barriers to Accessing Mental Health Services | Male | 4.4537 | .76554 | .21794 | 6.369 | .013 | Significant |
| | Female | 4.2357 | 1.05355 | | | | |
| | Male | 4.6537 | .81489 | .10366 | 1.534 | .219 | Not significant |

| | | | | | | | |
|------------------------|--------|----|--------|--------|-------|------|-----------------|
| Suggested Improvements | Female | 56 | 4.5500 | | | | |
| | Male | 41 | 4.6146 | .08606 | 2.661 | .106 | Not significant |
| General Feedback | Female | 56 | 4.5286 | | | | |

*Significant alpha .05

Table 3.2 Differences in the level of mental health program of Maimbung District Hospital as perceived by the residents of Maimbung, Sulu when data are grouped according to socio-demographic profile in terms of gender. It can be gleaned from this table that all subcategories except for variable awareness of the mental health program and perceptions of mental health services, the level of mental health program of Maimbung District Hospital as perceived by the residents of Maimbung, Sulu in terms of gender is not significant at alpha .05. This means that, although respondents vary in gender, still they do not differ in their perception towards the level of mental health program of Maimbung District Hospital.

Nonetheless, it is safe to say that variable gender has no significant mediation in ways how the respondents perceive the level of mental health program of Maimbung District Hospital. Therefore, the hypothesis which states that “There is no significant difference in the level of mental health program of Maimbung District Hospital when data are grouped according to socio-demographic profile in terms of gender” is accepted.

Grouped By Civil Status

Table 3.3 Difference in the level of mental health program of Maimbung District Hospital as perceived by the residents of Maimbung, Sulu when data are grouped according to socio-demographic profile in terms of civil status.

| SOURCES OF VARIATION | | Sum of Squares | Df | Mean Square | F | Sig. |
|--|----------------|----------------|----|-------------|-------|------|
| Awareness of the Mental Health Program | Between Groups | 4.299 | 3 | 1.433 | 1.117 | .346 |
| | Within Groups | 123.116 | 96 | 1.282 | | |
| | Total | 127.416 | 99 | | | |
| Perceptions of Mental Health Services | Between Groups | 3.344 | 3 | 1.115 | 1.019 | .388 |
| | Within Groups | 104.980 | 96 | 1.094 | | |
| | Total | 108.324 | 99 | | | |
| Barriers to Accessing Mental Health Services | Between Groups | 4.046 | 3 | 1.349 | 1.540 | .209 |
| | Within Groups | 84.070 | 96 | .876 | | |
| | Total | 88.116 | 99 | | | |
| Suggested Improvements | Between Groups | .915 | 3 | .305 | .369 | .775 |
| | Within Groups | 79.318 | 96 | .826 | | |
| | Total | 80.234 | 99 | | | |
| General Feedback | Between Groups | 1.481 | 3 | .494 | .636 | .594 |
| | Within Groups | 74.511 | 96 | .776 | | |
| | Total | 75.992 | 99 | | | |

*Significant alpha .05

Table 3.3 presents the differences significant difference in the level of mental health program of Maimbung District Hospital as perceived by the residents of Maimbung, Sulu when data are grouped according to socio-demographic profile in terms of civil status.

It can be gleaned from this table that the value of F-ratios and P-values of all other subcategories subsumed under level of mental health program of Maimbung District Hospital are not significant at alpha .05. This means that, although respondents vary in civil status, yet they do not

differ in their assessment towards the perception level of mental health program of Maimbung District Hospital. This result implies that being married may not necessarily put a respondent in a vantage point towards assessing the perception level of mental health program of Maimbung District Hospital. than those who are single, and widowed, or vice versa.

Nonetheless, it is safe to say that variable civil status has no significant mediation in ways how the respondents perceive the level of mental health program of Maimbung District Hospital. Therefore, the hypothesis which states that “There is no significant differences in the level of mental health program of Maimbung District Hospital as perceived by the residents of Maimbung, Sulu when data are grouped according to socio-demographic profile in terms of civil status” is accepted.

Grouped By Educational Attainment

Table 3.4 Differences in the level of mental health program of Maimbung District Hospital as perceived by the residents of Maimbung, Sulu when data are grouped according to socio-demographic profile in terms of educational attainment.

| SOURCES OF VARIATION | | Sum of Squares | df | Mean Square | F | Sig. | Description |
|--|----------------|----------------|----|-------------|-------|------|-------------|
| Awareness of the Mental Health Program | Between Groups | 19.651 | 4 | 4.913 | 4.331 | .003 | Significant |
| | Within Groups | 107.764 | 95 | 1.134 | | | |
| | Total | 127.416 | 99 | | | | |
| Perceptions of Mental Health Services | Between Groups | 13.984 | 4 | 3.496 | 3.520 | .010 | Significant |
| | Within Groups | 94.341 | 95 | .993 | | | |
| | Total | 108.324 | 99 | | | | |
| Barriers to Accessing Mental Health Services | Between Groups | 8.744 | 4 | 2.186 | 2.616 | .040 | Significant |
| | Within Groups | 79.373 | 95 | .836 | | | |
| | Total | 88.116 | 99 | | | | |
| Suggested Improvements | Between Groups | 8.049 | 4 | 2.012 | 2.648 | .038 | Significant |
| | Within Groups | 72.184 | 95 | .760 | | | |
| | Total | 80.234 | 99 | | | | |
| General Feedback | Between Groups | 9.562 | 4 | 2.390 | 3.419 | .012 | Significant |
| | Within Groups | 66.430 | 95 | .699 | | | |
| | Total | 75.992 | 99 | | | | |

*Significant alpha .05

Table 3.4 presents the differences significant difference in the level of mental health program of Maimbung District Hospital as perceived by the residents of Maimbung, Sulu when data are grouped according to socio-demographic profile in terms of educational attainment.

It can be gleaned from this table that the value of F-ratios and P-values of all other sub-categories subsumed under level of mental health program of Maimbung District Hospital are significant at alpha .05. This means that, although respondents vary in educational attainment, they do differ in their assessment towards the perception level of mental health program of Maimbung District Hospital. This result implies either having higher educational may put a respondent in a vantage point towards assessing the perception level of mental health program of Maimbung District Hospital.

Therefore, it is safe to say that variable educational attainment has significant mediation in ways how the respondents perceive the level of mental health program of Maimbung District Hospital. Therefore, the hypothesis which states that “There is no significant differences in the level of mental health program of Maimbung District Hospital as perceived by the residents of Maimbung, Sulu when data are grouped according to socio-demographic profile in terms of educational attainment” is rejected.

Grouped By Occupation

Table 3.5 Differences in the level of mental health program of Maimbung District Hospital as perceived by the residents of Maimbung, Sulu when data are grouped according to socio-demographic profile in terms of occupation.

| SOURCES OF VARIATION | | Sum of Squares | df | Mean Square | F | Sig. | Description |
|--|----------------|----------------|----|-------------|-------|------|-----------------|
| Awareness of the Mental Health Program | Between Groups | 1.131 | 3 | .377 | .287 | .835 | Not Significant |
| | Within Groups | 126.284 | 96 | 1.315 | | | |
| | Total | 127.416 | 99 | | | | |
| Perceptions of Mental Health Services | Between Groups | 1.689 | 3 | .563 | .507 | .678 | Not Significant |
| | Within Groups | 106.635 | 96 | 1.111 | | | |
| | Total | 108.324 | 99 | | | | |
| Barriers to Accessing Mental Health Services | Between Groups | 2.437 | 3 | .812 | .910 | .439 | Not Significant |
| | Within Groups | 85.679 | 96 | .892 | | | |
| | Total | 88.116 | 99 | | | | |
| Suggested Improvements | Between Groups | 2.486 | 3 | .829 | 1.023 | .386 | Not Significant |
| | Within Groups | 77.747 | 96 | .810 | | | |
| | Total | 80.234 | 99 | | | | |
| General Feedback | Between Groups | 1.395 | 3 | .465 | .599 | .617 | Not Significant |
| | Within Groups | 74.596 | 96 | .777 | | | |
| | Total | 75.992 | 99 | | | | |

*Significant alpha .05

Table 3.5 presents the differences significant difference in the level of mental health program of Maimbung District Hospital as perceived by the residents of Maimbung, Sulu when data are grouped according to socio-demographic profile in terms of occupation.

It can be gleaned from this table that the value of F-ratios and P-values of all sub-categories subsumed under level of mental health program of Maimbung District Hospital are not significant at alpha .05. This means that, although respondents vary in occupation, they do not differ in their assessment towards the perception level of mental health program of Maimbung District Hospital. This result implies that being employed may not necessarily put a respondent in a vantage point towards assessing the perception level of mental health program of Maimbung District Hospital than those who are unemployed or vice versa.

Nonetheless, it is safe to say that variable occupation has no significant mediation in ways how the respondents perceive the level of mental health program of Maimbung District Hospital. Therefore, the hypothesis which states that “There is no significant differences in the level of mental health program of Maimbung District Hospital as perceived by the residents of Maimbung, Sulu when data are grouped according to socio-demographic profile in terms of occupation” is accepted.

Question 4. Is there a significant correlation among the subcategories subsumed under the level of mental health program of Maimbung District Hospital?

Table 4 Correlation among the sub-categories subsumed under the level of expectation of outpatients attending rural health unit Jolo.

| Dependent | Variables | Independent | Pearson r | S |
|-----------|-----------|-------------|-----------|---|
|-----------|-----------|-------------|-----------|---|

| | | |
|--|--|--------|
| Awareness of the Mental Health Program | Perceptions of Mental Health Services | 974** |
| | Barriers to Accessing Mental Health Services | .786** |
| | Suggested Improvements | .786** |
| | General Feedback | .876** |

*Correlation Coefficient is significant at alpha .05 Correlation Coefficient Scales Adopted from Hopkins, Will (2002): 0.0-0.1=Nearly Zero; 0.1-0.30=Low; .3-0.5 0=Moderate; .5-0.7-0=High; .7-0.9= Very High; 0.9-1=Nearly Perfect

Table 4 illustrates the correlation among the sub-categories subsumed under the level of mental health program of Maimbung District Hospital.

Specifically, the degrees of correlations among the sub-categories subsumed under the level of mental health program of Maimbung District Hospital are as follows:

- 1) Very high positive correlation between awareness of the mental health program and perception of mental health services.
- 2) Very High positive correlation between awareness of the mental health program and barriers to accessing mental health services.
- 3) Very high positive correlation between awareness of the mental health program and suggested improvements general feedback
- 4) Very high positive correlation between awareness of the mental health program and general feedback

These results indicate that the group of respondents who assessed the level of mental health program of Maimbung District Hospital as Agree or with Moderately high level of awareness is probably the same group of respondents who assessed the Moderately high level of awareness of the mental health program. in terms of awareness of the mental health program, perception of mental health services, barriers to accessing mental health services, suggested improvements, and general feedback.

For the time being, it is safe to say that, generally the sub-categories subsumed under the level of mental health program of Maimbung District Hospital very highly correlated.

Therefore, the hypothesis which states that, “There is no significant correlation among the sub-categories subsumed under level of mental health program of Maimbung District Hospital.” is rejected.

Conclusion

Based on the findings of the study, several conclusions were drawn. First, the respondents involved in the study were adequately represented in terms of demographic factors such as age, gender, civil status, educational attainment, and occupation. Second, the residents of Maimbung, Sulu, generally demonstrated a moderately high level of awareness regarding the mental health services offered by Maimbung District Hospital. Third, it was observed that the variables of age, gender, civil status, and occupation did not significantly influence or mediate the level of awareness of these mental health services. However, educational attainment was found to be a significant mediating factor in influencing awareness levels. Moreover, it is likely that the respondents who indicated a moderately high level of awareness of the mental health program were the same individuals who consistently rated aspects such as awareness of the mental health program, perception of services, barriers to accessing care, suggestions for improvement, and overall feedback in a similar manner. Lastly, the study appears to align with the principles of the Health Belief Model (HBM) and Self-Care Theory, suggesting that these theoretical frameworks offer a strong foundation for evaluating the effectiveness of the mental health initiatives at Maimbung District Hospital and their influence on the well-being of the community.

REFERENCES

- Ahad, A., Salim, R., & Yusuf, A. (2023). Culturally sensitive approaches to mental health awareness in underserved communities. *International Journal of Community Mental Health*, 29(3), 115–127.
- Alvarado, M. J., Santos, R. P., & De Vera, J. R. (2021). Cultural stigma and mental health-seeking behavior in rural Philippine communities. *Philippine Journal of Health Research and Development*, 25(2), 112–120.
- Amjad, A., Noor, M., & Khan, S. (2023). Innovations in mental health delivery: Telehealth and mobile clinics in rural areas. *Journal of Digital Health Solutions*, 12(1), 45–58.
- Amos, J. R., Dela Cruz, M. S., & Reyes, T. P. (2019). Barriers to mental health service utilization in rural Philippine communities. *Philippine Journal of Psychology*, 52(1), 34–49.
- Baxter, J., Stone, M., & Cruz, T. (2022). Building trust in mental health care through inclusive and culturally appropriate services. *Global Mental Health Journal*, 17(2), 79–93.
- Brekke, J. S., Lee, J., & Rao, N. (2023). Mental health workforce shortages in rural regions: Challenges and strategies. *Rural Health Review*, 14(4), 201–215.
- Castillo, R. M., Angeles, J. R., & Tan, E. M. (2019). Stigma reduction through community mental health education. *Southeast Asian Journal of Psychology*, 10(2), 62–73.
- Chavez, M. C. (2020). Mental health delivery in the countryside: Challenges and local adaptations. *Southeast Asian Journal of Public Health*, 6(2), 89–97.
- Chavez, M. C., Anuddin, H. M., Mansul, R. A., et al. (2024). Building trust and resilience: Insights from educational interventions for community-based mental health. *Journal of Philippine Educational and Health Studies*, 3(1), 70–85.
- Chavez, M. C., Cuilan, R. G., Mannan, A., et al. (2024). Ethics, technology, and transparency in public mental health services: A cross-sectoral review. *Asian Journal of Ethics and Governance*, 2(1), 55–73.
- Chavez, M. C., Del Mundo, R., & Gregorio, A. (2024b). Safe spaces in public health facilities: Gender responsiveness and inclusivity in practice. *Journal of Gender and Health*, 3(2), 101–116.
- Chavez, M. C., Del Prado, R. J., & Estoque, J. (2023). Healthcare under pressure: Economic constraints and mental health service delivery in Philippine provinces. *Journal of Asian Health Systems*, 11(4), 220–234.
- Chavez, M. C., Gregorio, L. M., Araneta, D. F., & Bihag, C. P. (2024). Cultural and geographic barriers in Philippine mental health access: A multi-province analysis. *Philippine Journal of Community Mental Health*, 4(1), 17–34.
- Chavez, M. C., Gregorio, L. M., Araneta, D. F., & Bihag, C. P. (2024). Rural health systems and mental health access: A multi-region study in the Philippines. *Philippine Journal of Community Mental Health*, 4(1), 17–34.
- Chavez, M. C., Santos, E., & Lopez, I. R. (2024a). Workplace equity in public health: The role of the Magna Carta for Women Health Workers. *Philippine Journal of Health Policy and Ethics*, 5(1), 25–40.
- Coombs, T., Coleman, H., & Foley, K. (2021). Public satisfaction and perceived quality of mental health services in rural communities. *Australian Journal of Rural Health*, 29(1), 12–19.
- Colizzi, M., Lasalvia, A., & Ruggeri, M. (2020). Economic barriers to mental health care in rural populations. *The Lancet Psychiatry*, 7(8), 673–675.
- Daliri, S., Ghanbari, S., & Moeini, B. (2024). Barriers to accessing mental health services in low-income rural settings. *International Journal of Mental Health Systems*, 18(1), 1–11.
- Das, J., Chowdhury, A., & Rew, D. (2019). Barriers to implementing mental health services in low-resource district hospitals. *Journal of Health Policy Research*, 14(3), 147–162.
- Dizon, L. A., Mendoza, R. B., & Tan, J. M. (2019). Challenges in implementing mental health services in Philippine district hospitals. *Asian Journal of Public Health*, 7(1), 35–42.
- Dwyer, P., Ong, K., & Tan, Y. (2019). The role of policymakers in sustaining mental health programs in district hospitals. *Policy and Health Planning Review*, 9(2), 88–101.
- Fernandez, L. M., Navarro, G. C., & Padilla, A. F. (2022). The role of local government units in mental health program implementation in rural healthcare. *Philippine Journal of Community Health*, 18(3), 210–219.
- Ferreira, M., Gomes, R., & Silveira, J. (2023). Integrated mental health systems: Evaluating program cohesion and outcomes. *Journal of Global Psychiatry*, 8(2), 120–134.
- Fritsch, R., Stewart, A., & Goldman, H. (2016). Policy support and implementation success of district hospital mental health programs. *Mental Health Services Research*, 18(4), 310–319.
- Garcia, L. M. (2021). Evaluating primary healthcare delivery in rural Mindanao: A case study of Maimbung District Hospital. *Mindanao Health Research Journal*, 8(2), 45–58.
- Garcia, L. M., & Santos, R. B. (2021). Community perspectives on mental health accessibility in rural areas. *Southeast Asian Journal of Public Health*, 15(3), 112–120.

- Garcia, P. L., Lastam, R. F., Chavez, M. C., et al. (2025). Mental health among rural youth: Cultural beliefs and barriers to care. *Mindanao Journal of Public Mental Health*, 2(1), 9–23.
- Ghahramani, S., Rahimi, A., & Zare, M. (2022). Designing mental health campaigns for cultural relevance and impact. *Community Mental Health Promotion*, 11(1), 54–65.
- Hariram, V., Desai, R., & Menon, S. (2023). Mobile mental health clinics as tools for outreach in remote communities. *Asian Journal of Psychiatry*, 67, 102945.
- Johnson, A. L. (2024). Integrating mental health into community-based health systems in Southeast Asia. *International Journal of Mental Health Policy*, 19(1), 22–38.
- Kaihlanen, A.-M., Hietapakka, L., & Heponiemi, T. (2019). Increasing cultural competence in mental health care: Strategies and outcomes. *BMC Health Services Research*, 19(1), 799. <https://doi.org/10.1186/s12913-019-4663-1>
- Killaspy, H., Priebe, S., McPherson, P., & Holloway, F. (2022). Improving mental health engagement through community-based promotion. *Journal of Psychiatric Services*, 73(1), 33–41.
- Kirkbride, J. B., Bell, S. L., & Sutton, M. (2024). Community seminars and their impact on mental health awareness. *Journal of Public Mental Health Education*, 18(1), 29–41.
- Kohn, R., Saxena, S., Levav, I., & Saraceno, B. (2019). Mental health services in low-income countries: Challenges and progress. *The Lancet*, 370(9592), 991–1005.
- Leon, J. M., Jumalon, A. G., Chavez, M. C., et al. (2024). Breaking barriers in public service: Lessons from education for healthcare policy. *Philippine Journal of Policy Research*, 10(1), 65–81.
- Long, T., Nguyen, H., & Zamora, M. (2023). Empowering rural populations through mental health education. *Rural Community Health Journal*, 27(2), 88–104.
- Martinez, R. S., Bautista, L. D., & Ramos, C. T. (2021). Barriers to mental health care delivery in remote Philippine provinces. *Journal of Rural Health and Policy*, 9(4), 298–306.
- McGinty, E. E., & Daumit, G. L. (2020). Holistic mental health program development and system alignment. *Health Affairs*, 39(3), 504–510.
- Mboweni, M., Khosa, S., & Ncube, T. (2023). Public knowledge and misconceptions about mental health programs in rural areas. *South African Journal of Psychology*, 53(1), 21–35.
- Meghrajani, D., Shah, A., & Kumar, R. (2023). Tackling cultural stigma in mental health: Approaches for rural populations. *Social Psychiatry and Psychiatric Epidemiology*, 58(3), 455–466.
- Morales, D. C., & Fernandez, K. J. (2023). Culturally-responsive mental health interventions: A local implementation model. *Journal of Community Mental Health*, 11(4), 76–89.
- Patel, V., Lund, C., & Thornicroft, G. (2019). Mental health in district hospitals: Strategies for effective implementation. *Global Mental Health*, 6, e19.
- Patel, V., Saxena, S., Lund, C., Thornicroft, G., Baingana, F., Bolton, P., ... & Unützer, J. (2018). The Lancet Commission on global mental health and sustainable development. *The Lancet*, 392(10157), 1553–1598. [https://doi.org/10.1016/S0140-6736\(18\)31612-X](https://doi.org/10.1016/S0140-6736(18)31612-X)
- Philippine Department of Health. (2018). Implementing Rules and Regulations of Republic Act No. 11036: The Mental Health Act. <https://doh.gov.ph>
- Reyes, V. G., Lim, F. A., & Salazar, E. T. (2019). Mental health workforce limitations in the Philippine public health system. *Philippine Medical Journal*, 96(2), 47–54.
- Robles, M. C., Espino, M. T., & Laguerta, P. J. (2020). Assessing the integration of mental health services under the Philippine Mental Health Act. *Journal of Health and Social Policy*, 14(1), 22–30.
- Román-Sánchez, A., Morales, L. R., & Gil, P. R. (2022). Community trust and its impact on mental health service uptake. *International Journal of Social Psychiatry*, 68(5), 412–421.
- Santos, H. B., Del Mundo, P. R., & Yabut, K. E. (2019). Urban–rural disparities in access to mental health services in the Philippines. *Southeast Asian Journal of Psychiatry*, 12(2), 89–97.
- Schwarz, J., Blank, K., & Kravitz-Wirtz, N. (2022). Administrative barriers in mental health access: Systemic issues in service delivery. *Journal of Behavioral Health Services & Research*, 49(2), 192–202.
- Siddique, F., Abbas, A., & Malik, M. (2022). Community feedback and policy adaptation in mental health programs. *Asian Journal of Public Policy*, 14(2), 76–88.
- Thornicroft, G., Ahuja, S., & Patel, V. (2019). Collaborative approaches to mental health in low-resource settings. *Bulletin of the World Health Organization*, 97(8), 554–561.
- United Nations. (2020). Ensure healthy lives and promote well-being for all at all ages. United Nations Sustainable Development Goals. <https://sdgs.un.org/goals/goal3>

- van Ginneken, N., Tharyan, P., Lewin, S., Rao, G. N., Meera, S. M., Pian, J., ... & Patel, V. (2019). Integration of mental health into primary care in low- and middle-income countries. *Cochrane Database of Systematic Reviews*, (11). <https://doi.org/10.1002/14651858.CD009149.pub2>
- Villanueva, A. L., Cruz, M. T., & Domingo, J. B. (2020). Influence of cultural beliefs on mental health service utilization in Philippine district hospitals. *Philippine Social Science Review*, 72(1), 65–78.
- Wiedermann, S., Fletcher, A., & Barnard, C. (2023). Early mental health education in schools and workplaces: Preventive impact and outcomes. *Journal of Mental Health Education*, 16(4), 205–218.
- World Health Organization. (2018). Mental health: Strengthening our response. <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>
- World Health Organization. (2022). World mental health report: Transforming mental health for all. <https://www.who.int/publications/i/item/9789240049338>