



## A Quantitative Investigation of Mental Health Knowledge, Awareness, and Belief among College Students

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### ABSTRACT

Mental health is a fundamental cornerstone of overall well-being, involving a complex interplay of various dimensions and significantly impacting an individual's life. Despite progress, challenges persist in addressing mental health, especially within student populations. The study assesses mental health literacy among college students to address the empirical gap identified. The study employed a cross-sectional design with stratified random sampling to survey mental health literacy among 735 students across seven (7) college departments. The study revealed high overall mental health knowledge among students but highlighted gaps in symptom recognition and practical support. While awareness and willingness to support peers were strong, variable beliefs and misconceptions emphasized the need for comprehensive mental health education.

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## INTRODUCTION

Mental health constitutes a fundamental cornerstone for overall well-being, encompassing emotional, psychological, and social factors (Jones, 2023). Understanding its significance involves recognizing the intricate interplay between these dimensions and their impact on an individual's life. To effectively address mental health concerns, knowledge regarding mental health conditions, available treatments, and preventive methods is essential (Shim et al., 2022). Moreover, public awareness is pivotal in identifying symptoms, reducing stigma, and fostering a supportive environment (WHO, 2018). Concurrently, personal beliefs about mental health significantly influence attitudes towards seeking help, emphasizing the importance of challenging misconceptions and promoting help-seeking behaviors (Rogers & Pilgrim, 2021).

Knowledge, awareness, and belief regarding mental health are foundational elements for effective advocacy. Knowledge provides the factual basis for understanding mental health conditions, treatments, and preventive strategies (Guo et al., 2020). Awareness helps individuals recognize mental health issues in themselves and others, promoting early intervention and reducing stigma (Ma & Anto, 2022). Beliefs, shaped by cultural, social, and personal factors, influence how individuals perceive mental health and their willingness to seek help (Caplan, 2019). Moreover, these elements form a holistic approach to mental health advocacy, ensuring that efforts are informed, empathetic, and impactful (Siddique et al., 2022).

Despite advancements in mental health awareness, significant challenges remain. Stigma and misconceptions about mental health conditions continue to hinder open discussions and access to care (Smith & Applegate, 2018; Ahonen et al., 2019). Many individuals lack adequate knowledge and awareness, leading to delayed action and poor outcomes. Cultural and societal norms often perpetuate negative beliefs about mental health, further complicating advocacy efforts (Gopalkrishnan, 2018). Concurrently, mental health influences students' lives, from academic performance and social interactions to personal growth and development; mental health shapes student experience (WHO, 2022). A comprehensive understanding of mental health is essential for creating supportive learning environments and fostering students' holistic development (Latha et al., 2022).

The study aligns with the provisions of the Mental Health Act of the Philippines (2018), which emphasizes the critical role of mental health research and advocacy in shaping policy and improving services. The law underscores the necessity of comprehensive studies to inform policy development and enhance mental health care (Maravilla & Tan, 2021; Samaniego, 2022). This study addresses a critical empirical gap in understanding mental health literacy among college students, a demographic at heightened risk for mental health challenges. Despite increasing recognition of mental health's importance, existing research often overlooks the specific dimensions of students' knowledge, awareness, beliefs, and their ability to recognize symptoms, access resources, and provide peer support. This gap underscores the need for targeted studies to inform interventions that enhance mental health literacy programs.

The research aims to assess mental health literacy levels and gather suggestions for improvement, contributing to the broader goal of enhancing mental health education and support for college students.

### ***Statement of the Problem***

The study aims to assess the level of mental health literacy among college students. Specifically, the study seeks to answer the following questions:

1. What is the level of mental health literacy considering;
  - a. knowledge;
  - b. awareness; and
  - c. belief?
2. Is there a significant difference between the literacies under mental health?
3. What are the suggestions by the participants to improve mental health literacy?

## **LITERATURE REVIEW**

### ***Theory of Reasoned Action and Health Belief Model***

The study anchors on the Theory of Reasoned Action (TRA) and the Health Belief Model (HBM). The TRA (Hale et al., 2002) posits that individuals' behavioral intentions are shaped by their attitudes toward the behavior and subjective norms. In the context of this study, the TRA helps explain how college students' knowledge, awareness and belief of mental health influence their attitudes towards mental health literacy. The theory provides a framework to explore the factors that drive students' mental health-related decisions and actions. The HBM (Skinner et al., 2015) complements the TRA by focusing on individuals' perceptions of the severity and susceptibility of health issues, the benefits of taking preventive action, and the barriers to doing so. The HBM explores how students perceived threats, benefits, and barriers affect students' mental health knowledge, awareness, and beliefs.

### ***Mental Health Literacy***

Mental health advocacy and research are critical components in advancing mental health awareness and care. Advocates work to educate the public, challenge stigma, and influence policies to improve mental health support. Research in mental health provides the evidence base needed to inform these advocacy efforts and guide clinical practices. Moreover, the World Health Organization (2018) emphasizes the importance of promoting mental health through public education and policy initiatives. Additionally, the research by Jones (2023) highlights the historical development of mental health services and their impact on current practices. Advocacy also plays a role in challenging misconceptions and promoting help-seeking behaviors, as noted by Rogers and Pilgrim (2021), who discuss the sociological aspects of mental health and illness. Furthermore, studies by Walsh and Foster (2021) underscore the need for anti-stigma campaigns to change public perceptions and encourage a supportive environment for mental health discussions.

### ***Mental Health Knowledge, Awareness, and Belief***

Knowledge about mental health is essential for understanding mental health conditions, available treatments, and preventive measures. Guo et al. (2020) conducted a systematic review and found that increasing mental health knowledge among adolescents significantly improved their ability to recognize mental health issues and seek appropriate help. Awareness involves recognizing mental health signs and symptoms, enabling early intervention, and reducing stigma (Ma & Anto, 2022). According to the World Health Organization (2018), public awareness campaigns are crucial for creating a society where mental health is openly discussed and prioritized.

Beliefs about mental health are shaped by cultural, social, and personal factors and significantly influence attitudes toward seeking help. Caplan's (2019) research underscores the profound influence of cultural and religious beliefs on how Latino communities perceive mental health. The study highlights the imperative for mental health services that are not only accessible but also deeply respectful of and responsive to the specific cultural and religious contexts of these communities. Similarly, Siddique et al. (2022) point out that personal beliefs can either hinder or facilitate mental health advocacy efforts, emphasizing the importance of challenging negative beliefs and promoting accurate information.

Despite increased awareness, stigma and misconceptions about mental health persist, hindering open discussions and access to care. Smith and Applegate (2018) and Ahonen et al. (2019) note that stigma remains a significant barrier to mental health advocacy, often resulting in delayed help-seeking and poor mental health outcomes. Cultural norms and societal attitudes can further complicate efforts to promote mental health awareness and acceptance (Gopalkrishnan, 2018). Thus, it is crucial to address these challenges through targeted education and advocacy initiatives that promote understanding and acceptance of mental health issues.

### ***Mental Health Studies***

Several studies highlight the empirical gap in understanding mental health literacy among specific populations, such as college students. Roberts et al. (2018) identified significant disparities in access to mental health services through a systematic review. Their findings suggest that limited knowledge and awareness are key factors hindering the utilization of these services. Similarly, Lê Cook et al. (2019) reviewed mental health care disparities and emphasized the need for research focused on understanding these gaps to inform targeted interventions.

Empirical studies indicate that while general mental health knowledge among students is relatively high, there are significant gaps in specific areas. The study of Breslin et al. (2018) found that educational programs can improve mental health knowledge and help-seeking intentions among students but highlighted the need for ongoing efforts to address specific knowledge gaps. O'Reilly et al. (2018) also emphasized the importance of tailored mental health promotion interventions in schools to enhance students' understanding and awareness of mental health issues.

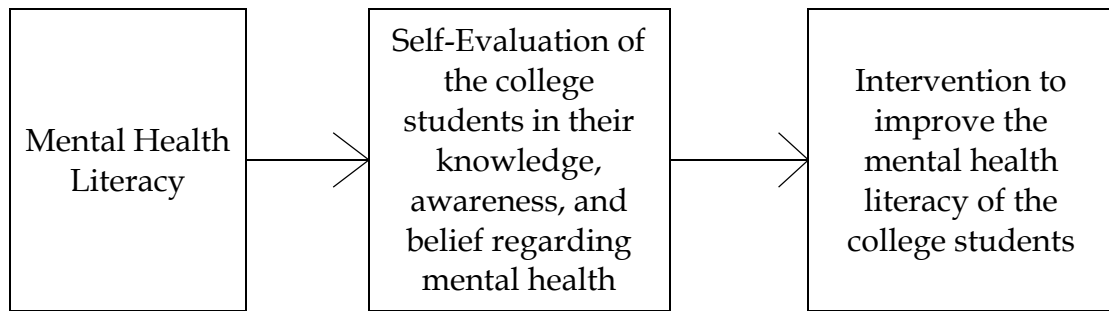


Figure 1. Schematic diagram of the study

As illustrated in Figure 1, the schematic diagram begins with mental health literacy as the foundational concept. This literacy encompasses three key components: knowledge, awareness, and belief regarding mental health. College students will undergo a self-evaluation process to assess their knowledge, awareness, and beliefs about mental health. This self-assessment is crucial for identifying gaps and misconceptions within this demographic. The insights from this evaluation would inform the development of targeted interventions to improve mental health literacy among college students.

## METHODOLOGY

### *Research Design*

This study employed a cross-sectional research design (Spector, 2019) to examine the mental health landscape among college students of an institution in Malaybalay City, Bukidnon. By collecting data from a diverse sample of students across various academic disciplines at a single point in time, this design facilitated a comprehensive assessment of mental health knowledge, awareness, and beliefs within the college community. This approach allowed for the identification of patterns and trends in mental health literacy among the student population.

### *Sampling and Sampling Technique*

The study employed stratified random sampling (Koyuncu & Kadilar, 2009) to ensure that students from all departments were adequately represented. The seven (7) college departments within the institution defined the strata, each representing a unique stratum. Within each stratum, students were randomly selected, ensuring that every course under each department had representation. This method was implemented to guarantee a comprehensive and balanced sample, reflecting the diversity of the student body and allowing for more accurate and generalizable findings.

Table 1. Demographic distribution of the students in the study (N=735).

Demographic		f	%
Sex	Male	324	44.1
	Female	411	55.9
Year	First	312	42.4
	Second	167	22.7
	Third	134	18.2
	Fourth	122	16.6
Department	School of Arts and Sciences (SAS)	44	6.0
	School of Accountancy (SOA)	40	5.4
	School of Business Administration (SBA)	73	9.9
	School of Education (SED)	157	21.4
	School of Engineering (SOE)	89	12.1
	School of Information Technology (SIT)	37	5.0
	School of Nursing and Midwifery (SONM)	295	40.1

The sample, as presented in Table 1, consisted of 735 respondents from various departments within the college, including first-year to fourth-year students. This diverse sample size was selected to capture various perspectives and experiences regarding mental health literacy. Including students from all academic levels provided a more holistic understanding of the mental health knowledge, awareness, and beliefs across the student population.

### *Research Instrument and Data Gathering*

The research instrument used in the study was a questionnaire developed by Siddique et al. (2022), focusing on mental health knowledge, awareness, and belief. This questionnaire was selected for its comprehensive coverage of the relevant constructs and proven reliability. Before its implementation in the main study, the questionnaire was pilot-tested to ensure its suitability for the target population. The pilot testing process involved a sample representative of the main study's respondents, and it yielded a Cronbach's alpha of 0.869, indicating a high level of internal consistency and reliability.

Data were gathered through an online survey (Van Selm & Jankowski, 2006) and were accessible to students for one (1) month. This method was chosen for its convenience and ability to reach many respondents efficiently. The online format allowed students to complete the survey conveniently, ensuring higher response rates and more comprehensive data collection. During the one-month data collection period, reminders were sent to encourage participation and meet the sample size goals. The online survey method facilitated easier data management and analysis, as responses were automatically recorded and stored securely.

### *Data Analysis*

Data treatment began with cleaning the dataset (Ilyas & Chu, 2019), which initially contained 814 responses. Incomplete or invalid responses were

excluded, resulting in the final sample of 735 participants. As presented in Table 2 below, the Shapiro-Wilk test was performed for the mental health questionnaire ( $W=0.905$ ,  $p=0.186$ ) and did not show evidence of non-normality. Based on the result, the researchers opted to use parametric test.

Table 2. Test for Normality (Shapiro-Wilk)

Variable	W	p
Mental Health Questionnaire	0.905	0.186

Following the confirmation of data normality, as presented in Table 2, descriptive statistics were employed to summarize the levels of mental health knowledge, awareness, and beliefs among the respondents. Descriptive statistics provided the central tendencies and dispersion within the dataset, identifying general patterns and trends. Analysis of Variance (ANOVA) was utilized to explore differences in mental health literacy further and compare the students' levels of knowledge, awareness, and beliefs. ANOVA was chosen because it effectively determines whether statistically significant differences exist between the means of the different literacy dimensions. This analytical approach was critical in identifying areas where mental health literacy could be improved.

### *Ethical Consideration*

Ethical considerations were paramount throughout the study. Informed consent was obtained from all participants before data collection to protect their rights and well-being. The consent process outlined the study's objectives, procedures, and the participant's right to withdraw without penalty, emphasizing the voluntary nature of participation. Rigorous measures were implemented to safeguard data confidentiality and anonymity. All collected data were securely stored, with access restricted to authorized personnel only. Additionally, data was analyzed and reported in summarized form to prevent the identification of individual participants (Cacciattolo, 2015).

## RESEARCH RESULT

### *Mental Health Literacy*

Table 3 presents the mean score, standard deviation, and qualitative interpretation of the college students' knowledge items regarding mental health.

Table 3. Level of mental health knowledge among college students.

Mental Health Knowledge Items	$\bar{x}$	$\sigma_x$	Q.I.
People with mental disorders come from poor families*	4.21	0.736	HLK
Doing something enjoyable helps to improve mental health	4.20	0.720	HLK
Middle-aged individuals are unlikely to develop psychological problems*	4.18	0.805	HLK
Mental disorders don't affect people's feelings, behaviors, or thoughts*	4.12	0.849	HLK
Elderly individuals are unlikely to develop psychological problems*	4.12	0.768	HLK
Suicidal behavior or thinking or suicidal attempt is one of the psychological problems	4.03	0.768	HLK

A person with depression feels very miserable	3.91	0.714	HLK
Mentally ill patients do not mean always sad	3.89	0.727	HLK
Family member can help mentally sick people	3.56	0.848	HLK
A person with anxiety disorder may panic or try to avoid situations that she/he fears	3.50	0.832	HLK
Mental health is a component of health or like any other diseases	3.48	0.751	HLK
Children of mentally ill patients may also develop mental illness	3.43	0.848	HLK
Persons with severe psychological or psychiatric problems often threaten others' safety	3.40	0.789	MLK
OCD (Obsessive Compulsive Disorder) is one of the psychological problems	3.34	0.833	MLK
Talking over problems with someone helps to improve mental health	3.32	0.854	MLK
Mental disorders or psychological problems cannot be prevented*	3.27	0.724	MLK
Brain malfunctioning, or traumatic brain injury may cause the development of mental disorders	3.24	0.877	MLK
Most mental disorders cannot be cured*	3.09	0.793	MLK
Drug addiction (i.e., heroine cocaine, marijuana etc.) or alcohol consumption may cause mental disorders	3.09	0.809	MLK
Because of bullying or abuse one can develop psychological problems	3.06	0.730	MLK
ADHD or lack of confidence is one of the psychological problems	3.04	0.830	MLK
Psychological problems can develop during or after pregnancy	2.95	0.839	MLK
Psychological problems or mental illness can start at a very early age	2.93	0.883	MLK
One of the symptoms of depression is the loss of interest or pleasure in most things	2.90	0.891	MLK
<b>Overall</b>			<b>3.51 0.801 HLK</b>

**Note:** (\*) marked questions were reversed coded.

VHLK - Very High Level of Knowledge	LLK - Low Level of Knowledge
HLK - High Level of Knowledge	VLLK - Very Low Level of Knowledge
MLK - Moderate Level of Knowledge	

As presented in Table 3, among the twenty-four (24) statements evaluated, the highest mean score was 4.21 (SD=0.736) for "*People with mental disorders come from poor families*", with a qualitative interpretation of "*high level of knowledge*". The result indicates that students understand that mental health is not solely influenced by socioeconomic status, disagreeing with the notion that people with mental disorders come from low-income families. The lowest mean score was 2.90 (SD=0.891) for "*One of the symptoms of depression is the loss of interest or pleasure in most things*" with a qualitative interpretation of "*moderate level of knowledge*". The result indicates that students have a moderate understanding of anhedonia (loss of interest or pleasure) as a symptom of depression; there is also significant variation in the level of knowledge among the students.

Overall, the students' knowledge on mental health had a mean score of 3.51 (SD=0.801) with a qualitative interpretation of "*high level of knowledge*". The result suggests that, on average, students understand mental health concepts well. However, the standard deviation shows a moderate level of variation in responses. Indicating that while the overall knowledge level is positive, there are differences in the depth of understanding among students. Some may have a firm grasp of mental health concepts, while others may have a more superficial understanding. The results suggest a positive outlook on mental health knowledge among the participants.

Table 4 presents the mean score, standard deviation, and qualitative interpretation of the college students' awareness items regarding mental health.

Table 4. Level of mental health awareness among college students.

Mental Health Awareness Items	$\bar{x}$	$\sigma_x$	Q.I.
If a friend of mine developed a mental disorder, I would offer her/him support	4.11	0.863	HLA
If a friend of mine developed a mental disorder, I would listen to her/him without judging or criticizing	4.08	0.882	HLA
In a regular interval family member or patient should keep contact with their psychiatrist	3.92	0.722	HLA
Family members should be aware for any harm caused by persons with psychological or psychiatric problems	3.61	0.712	HLA
If someone has epilepsy, he should inform his family and friends.	3.38	0.790	MLA
If I had recognized that I have a mental disorder I would seek my family's help or go to a psychiatrist	3.36	0.885	MLA
Everyone has responsibility for preventing suicides among persons with psychological or psychiatric problems	3.35	0.761	MLA
People who are aware of their psychological problems are willing to seek professional help	3.18	0.742	MLA
By coming in contact with or living with mentally ill person, one become mentally ill*	2.96	0.845	MLA
If I had a mental disorder, I would seek my friends' help	2.95	0.865	MLA
Family members should observe mentally sick persons whether they are taking medications properly help or go to a psychiatrist	2.93	0.712	MLA
If a friend of mine developed a mental disorder, I would talk to his/her parents or teacher and encourage her/him to look for a psychologist	2.81	0.892	MLA
<b>Overall</b>	<b>3.39</b>	<b>0.806</b>	<b>MLA</b>

**Note:** (\*) marked questions were reversed coded.

VHLA - Very High Level of Awareness

HLA - High Level of Awareness

MLA - Moderate Level of Awareness

LLA - Low Level of Awareness

VLLA - Very Low Level of Awareness

As presented in Table 4, among the twelve (12) statements evaluated, the highest mean score was 4.11 (SD=0.863) for "If a friend of mine developed a mental disorder, I would offer her/him support," with a qualitative interpretation of "high level of awareness." The result suggests a potential for substantial social support networks among students. The lowest mean score was 2.81 (SD=0.892) for "If a friend of mine developed a mental disorder, I would talk to his/her parents or teacher and encourage her/him to look for a psychologist," with a qualitative interpretation of "moderate level of awareness." The result indicated that while some students might consider this helpful, others might have reservations or prefer different coping strategies.

Overall, the student's awareness of mental health has a mean score of 3.39 (SD=0.806), with a qualitative interpretation of "moderate level of awareness." The result suggests a general understanding of mental health, but with significant variation among students, indicating a significant range of knowledge levels among the students. Some students may have a strong understanding of mental health, while others may have limited knowledge.

Table 5 presents the mean score, standard deviation, and qualitative interpretation of the college students' belief items regarding mental health.

Table 5. Level of mental health belief among college students.

<b>Mental Health Belief Items</b>	$\bar{x}$	$\sigma_x$	<b>Q.I.</b>
Bad luck/fate is the main cause of most psychological and psychiatric problems*	4.15	0.802	HLB
Black magic or evil spirits or jinn might cause mental illness*.	4.12	0.744	HLB
Persons with psychological or psychiatric problems are a burden on the family or society*	3.94	0.894	HLB
Social factors are the main cause of most psychological and psychiatric problems*	3.50	0.879	HLB
Marriage can cure mental illness*	3.48	0.874	HLB
Environment pollution and other factors may cause most psychological and psychiatric problems*	3.36	0.866	MLB
Depression is not a true mental disorder*	3.34	0.827	MLB
<b>Overall</b>	<b>3.70</b>	<b>0.841</b>	<b>HLB</b>

**Note:** (\*) marked questions were reversed coded.

VHLB - Very High Level of Belief	LLB - Low Level of Belief
HLB - High Level of Belief	VLLB - Very Low Level of Belief
MLB - Moderate Level of Belief	

As presented in Table 5, among the seven (7) evaluated, the highest mean score was 4.15 (SD=0.802) for "Bad luck/fate is the main cause of most psychological and psychiatric problems," with a qualitative interpretation of "high level of belief." The results suggest that the participants have a relatively good understanding of the factors contributing to mental health issues. They generally do not attribute these problems solely to bad luck or fate, indicating a more informed perspective on mental health. The lowest mean score was 3.34 (SD=0.827) for "Depression is not a true mental disorder," with a qualitative interpretation of "moderate level of belief." The result suggests that while a majority of participants recognize depression as a legitimate mental health condition, there is still a degree of uncertainty or disagreement among some participants.

Overall, the student's belief in mental health has a mean score of 3.70 (SD=0.841) with a qualitative interpretation of "high level of belief." The result indicates a low level of belief in the negative statements related to mental health. The result suggests that students generally hold positive attitudes toward mental health. However, the standard deviation shows a moderate level of response variation, indicating a range of opinions among the students. While the overall trend is positive, some students may hold more negative beliefs about mental health than others.

Table 6 presents the comparison of the three literacies under mental health of the college students.

Table 6. Comparison of the literacies under mental health of the college students.

Variables	$\bar{x}$	$\sigma_x$	F	p
Belief	3.70 a	0.841		
Knowledge	3.51 ab	0.801	1.516	0.008**
Awareness	3.39 b	0.806		

\*\*p&lt;0.01

As presented in Table 6, A one-way ANOVA revealed a significant difference between the three literacies under mental health ( $F(2,2202)=1.516$ ,  $p<0.01$ ,  $\eta^2=0.127$ ). Tukey's HSD Test for multiple comparisons found that the mean values were significantly different. The result indicates that there are significant differences in the levels of belief, knowledge, and awareness related to mental health among the participants. The effect size is medium, indicating that the differences between the literacies explain a moderate amount of the variation in mental health literacy. Moreover, the result suggests that participants generally have a higher level of belief related to mental health compared to their awareness and knowledge.

### *Suggested Intervention Strategies*

Matrix 1 listed the main themes of the suggested intervention strategies of the students to improve the mental health literacy.

Matrix 1. suggestions to improve the mental health literacy as mentioned by the participants.

Themes	f	%	Rank
Mental Health Awareness and Education	612	83.3	1
Social Sensitivity	490	66.7	2
Openness to Mental Health Advocacy	368	50.1	3
Others:	122	16.6	4
Acknowledging Mental Health Need of Men Awareness of the Mental Health Act Create a Space for Mental Health Expression			

As presented in Matrix 1, students primarily identified Mental Health Awareness and Education (n=612, 83.3%) as the most crucial intervention strategy to enhance mental health literacy, followed by Social Sensitivity (n=490, 66.7%) and Openness to Mental Health Advocacy (n=368, 50.1%). A smaller proportion of students (n=122, 16.6%) suggested other strategies.

## DISCUSSION

### *Mental Health Knowledge*

The result indicates a good level of general mental health knowledge among students, particularly regarding the universality of mental health concerns. This understanding challenges the misconception that mental health issues are solely associated with socioeconomic status, reflecting a positive shift away from

common stereotypes. However, the moderate understanding of specific symptoms, such as anhedonia, points to gaps in more detailed aspects of mental health literacy.

The result suggests a promising foundation for mental health advocacy among college students. A relatively high level of general mental health knowledge indicates a growing awareness and openness to discussing mental health issues (Breslin et al., 2018). This level of knowledge is a critical first step in reducing stigma and fostering a supportive campus environment (Lindow et al., 2020). However, the study also highlights knowledge gaps, particularly regarding specific symptoms, which underscores the need for targeted interventions (Roberts et al., 2018; Lê Cook et al., 2019).

Mental health advocacy efforts could focus on providing comprehensive education about various mental health conditions to effectively address these knowledge gaps. By equipping students with a deeper understanding of symptoms and treatment options, we can empower them to seek help early and support their peers (WHO, 2018; Walsh & Foster, 2021). Moreover, the finding emphasizes the importance of tailoring mental health initiatives to the specific needs of the student population (O'Reilly et al., 2018).

### ***Mental Health Awareness***

The result reveals a moderate level of mental health awareness among students, with substantial variability in their understanding. Students demonstrated a high level of willingness to support friends with mental health issues, indicating a strong potential for peer support networks. However, moderate awareness of appropriate actions, such as encouraging friends to seek professional help, suggests that while students are willing to offer support, they may need more confidence or knowledge to do so effectively. This discrepancy highlights the need for more comprehensive education on practical ways to support peers facing mental health challenges.

The high willingness to offer support among students is a positive finding for mental health advocacy, as it indicates a supportive and empathetic student body (Vidourek & Burbage, 2019). Mental health advocates could leverage this willingness to build more robust, informed peer support networks within the student community (Shalaby & Agyapong, 2020). However, the moderate awareness of how to take appropriate actions, such as seeking professional help, indicates that students may not fully understand the best practices for supporting friends with mental health issues (DeBate et al., 2018; Ma & Anto, 2022; Shim et al., 2022). This gap in practical knowledge is crucial for advocates to address, as empowering students with the correct information and resources can enhance the overall effectiveness of peer support.

The result underscores the importance of targeted mental health education (O'Reilly et al., 2018). While students are generally supportive, they need more guidance on specific actions to take when a friend is experiencing mental health problems. This targeted education can help bridge the gap between willingness to help and knowing how to help effectively (Pace et al., 2018; Latha et al., 2022). Advocacy programs can significantly improve the student body's overall mental health awareness and preparedness by focusing on practical aspects of mental

health support, such as recognizing symptoms and understanding when and how to seek professional help (WHO, 2018).

### ***Mental Health Belief***

The result indicates that students generally believe in accurate mental health concepts, suggesting an informed and positive attitude toward mental health issues. They do not commonly attribute mental health problems to superstitious or fatalistic causes, reflecting a more scientific and educated understanding. However, some students still exhibit uncertainty or misconceptions, particularly regarding the legitimacy of depression as an actual mental disorder.

The positive attitudes toward mental health revealed in the study are promising for mental health advocacy efforts (Vidourek & Burbage, 2019). The high level of belief in accurate mental health information suggests that students are receptive to scientific explanations and reject superstitious notions, creating a fertile ground for further mental health education and advocacy (DeBate et al., 2018; Smith & Applegate, 2018). These attitudes can facilitate the reduction of stigma associated with mental health issues, as students who understand and accept the legitimacy of mental health conditions are more likely to support peers and engage in open discussions about mental health (Aller et al., 2021; Walsh & Foster, 2021).

However, the moderate level of belief in the legitimacy of depression as a mental disorder among some students highlights an area for improvement (Lê Cook et al., 2019). This finding suggests that while many students are well-informed, pockets of misunderstanding or skepticism still need to be addressed (Gopalkrishnan, 2018; Roberts et al., 2018; Caplan, 2019). Mental health advocacy must clarify these misconceptions through targeted education campaigns emphasizing the scientific basis and real-life impact of mental health conditions (Eiroa-Orosa et al., 2021).

### ***Mental Health Literacy***

The one-way ANOVA analysis indicates significant differences between the participants' levels of belief, knowledge, and awareness related to mental health. This finding suggests that while students may hold strong beliefs about mental health, their knowledge and awareness do not necessarily align at the same level. The medium effect size indicates that these differences are substantial enough to warrant attention and further exploration within mental health advocacy.

The significant difference between belief, knowledge, and awareness highlights a crucial insight for mental health advocacy: beliefs about mental health may not always translate into adequate knowledge or awareness (Walsh & Foster, 2021). Students may hold positive beliefs and attitudes toward mental health yet still lack the comprehensive knowledge and awareness necessary to address and manage mental health issues effectively (Jones et al., 2020; Ricciardelli et al., 2020). This discrepancy underscores the importance of designing educational interventions reinforcing positive beliefs and enhancing knowledge and awareness (Shim et al., 2022).

The results suggest a need for multifaceted strategies targeting all three aspects of mental health literacy (Siddique et al., 2022). Programs should deepen

students' understanding of mental health conditions, symptoms, and treatment options, increasing their knowledge (Rogers & Pilgrim, 2021; Jones, 2023). Simultaneously, efforts to raise awareness about mental health should focus on early recognition of mental health issues and the importance of seeking help (WHO, 2018).

### ***Suggested Intervention Strategies***

The result, as presented in Matrix 1, reveals that most students consider mental health awareness and education the most crucial intervention strategy for enhancing mental health literacy. This preference suggests a strong recognition among students of the importance of being well-informed about mental health issues. The significant emphasis on Social Sensitivity and Openness to Mental Health Advocacy further indicates a desire for a supportive and open environment where mental health can be discussed freely and without stigma. The lesser but still notable focus on other strategies, such as acknowledging the mental health needs of men and creating spaces for mental health expression, highlights the diverse and multifaceted needs within mental health advocacy.

The preference for Mental Health Awareness and Education as a primary intervention strategy underscores the critical need for comprehensive educational programs (O'Reilly et al., 2018; Smith & Applegate, 2018). The finding suggests that students recognize a gap in their understanding and seek structured opportunities to learn more about mental health (Lê Cook et al., 2019; Ma & Anto, 2022). By prioritizing education, mental health advocacy can ensure that students are equipped with the necessary knowledge to identify, understand, and address mental health issues both personally and within their communities (Pace et al., 2018; Walsh & Foster, 2021). The result aligns with the broader goal of mental health advocacy, which is to reduce stigma and promote informed discussions about mental health (WHO, 2018).

The strong emphasis on Social Sensitivity indicates that students value empathy and understanding in interactions related to mental health (WHO, 2022). The result suggests that advocacy efforts should include components that foster empathy, compassion, and active listening skills (Rogers & Pilgrim, 2021; Shim et al., 2022). By promoting social sensitivity, mental health programs can create conditions where individuals feel supported and understood, which is essential for effective mental health interventions (Rajabzadeh et al., 2021; Latha et al., 2022).

The interest in Openness to Mental Health Advocacy highlights the importance of creating open dialogue and advocacy platforms (Guo et al., 2020). Students' desire for openness indicates a readiness to engage in discussions about mental health, which is crucial for breaking down barriers and reducing stigma (Ricciardelli et al., 2020). Advocacy efforts should leverage this willingness by facilitating open conversations and providing safe spaces where students can communicate their thoughts and experiences connected to mental health (Smith & Applegate, 2018; Bjornsen-Ramig & Kissinger, 2021). This openness can lead to a more inclusive and supportive community where mental health issues are addressed proactively and without judgment (Shalaby & Agyapong, 2020; Walsh & Foster, 2021).

## CONCLUSIONS AND RECOMMENDATIONS

The study reveals that while students generally have a high level of mental health knowledge, there are notable gaps in understanding specific symptoms, highlighting the importance of targeted educational efforts. Although students exhibit a moderate level of mental health awareness and a willingness to support peers, their knowledge of effective actions is limited, necessitating improved practical support skills. Additionally, while students hold positive and informed beliefs about mental health, variability remains, particularly regarding specific conditions like depression, indicating the need for comprehensive mental health education to address misconceptions and enhance mental health literacy uniformly.

Based on the results of the study, comprehensive educational programs that focus on both general mental health concepts and specific symptoms are suggested to enhance mental health literacy among students. These programs aim to fill existing knowledge gaps and provide practical skills for supporting peers with mental health issues. By offering targeted education, students can become more adept at recognizing symptoms and taking appropriate actions, thereby strengthening peer support networks and fostering a more supportive community.

Additionally, promoting empathy and understanding through social sensitivity training can further improve the effectiveness of mental health advocacy. Creating open platforms for mental health discussions will encourage students to engage in conversations, share experiences, and support one another. These efforts will help reduce stigma, increase awareness, and ensure that students are well-informed, empathetic, and active participants in mental health initiatives, leading to a healthier and more supportive campus environment.

Future research could aim to expand the scope of investigation by comparing mental health knowledge, awareness, and beliefs across different demographic groups, including sex and socio-economic status. Exploring these factors can provide a more comprehensive understanding of mental health literacy and identify specific needs and challenges encountered by diverse student populations. Additionally, future studies could consider examining other elements that influence mental health literacy, such as cultural background, access to mental health resources, and previous exposure to mental health education.

## ADVANCED RESEARCH

The primary limitation of this study is its restricted scope, as it was conducted within a single institution located in Malaybalay City, Bukidnon, and focused solely on college students. This geographical and demographic limitation may not provide a comprehensive representation of mental health knowledge, awareness, and beliefs among a broader student population. Consequently, the findings may need to be more generalizable to students in different regions or educational institutions, potentially limiting the applicability of the results to a broader context.

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