



Filipino College Students' Mental Health Literacy

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Abstract: Mental Health Literacy of 797 first year Filipino college students was examined. Results showed that 55.2% of the sample was able to recognize depression in a given vignette using the correct label and 95.7% of students expressed intention to seek help from different sources such as family (58.5%), friends (48.8%), counselor (38.1%), etc., if they experienced the same problem as the character in the story. Filipino college students attributed depression to what professionals would commonly describe as triggers such as day-to-day problems, childhood problems, and guilt over wrongful acts, trauma, etc. People they suggested as helpful to a person suffering from depression are counselors, family, friends, psychologist, and psychiatrist. Social workers, nurses and helplines were among the least nominated by the participants. Preferences over non-prescribed products such as tea, organic medicines and vitamins rather than prescribed medications such as antidepressants and anti-psychotics were apparent. Counseling was nominated by most college students to be helpful for a depressed individual. Lastly avoiding stress was viewed as an effective preventive strategy which is contrary to what professionals recommend. Differences between participants personal and perceived stigma were also found in the study. Implications of such to proper intervention for mental illness and importance of improving mental health literacy among Filipino college students are discussed.

Key Words: mental health literacy; depression; mental health; mental health stigma

1. INTRODUCTION

College can be quite stressful for students due to the many different types of transitions they experience during this period. Immense levels of stress may lead to mental health problems, especially if not treated early (Douce & Keeling, 2014). Seventy-five (75%) of lifetime mental disorders have been reported to first onset during college years, with students' ages ranging from 18-24 years (Kessler et al. 2005). Records show an increase in number of mental illnesses cases in college and such are also becoming more complex (Hunt & Eisenberg, 2010). As mental health issues have detrimental effects to students' general life and success, promoting mental health awareness in campuses is becoming a necessity, as it is for students to have proper understanding of mental health and its importance (Eisenberg, Hunt & Speer, 2012).

However, there have been many misconceptions about mental health and mental illnesses (Reavley & Jorm, 2011). For instance, a large section of society believes that mental illness is untreatable. Yet, scientific studies have proven otherwise (Gulliver et al., 2012; Christensen, Griffiths & Jorm, 2004). Notions that the mentally ill are dangerous and can pose harm to themselves and others have also been recorded. Yet, studies show that



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these are not true to all cases. Many of those who have mental illness only experience personal, social and academic problems (Andrews & Wilding, 2004).

Inaccuracies and limited knowledge on mental disorders have important consequences on intervention, early prevention, proper management of mental illnesses, as well as support given to the mentally ill (Jorm, 2000). Thus, it is important for us to find out what are the erroneous beliefs of students on issues regarding mental health, so they can be properly addressed and corrected.

2. MAIN CLAIM/S

Jorm (2000) stated that ability to recognize symptoms of mental illnesses is the fundamental step towards effective action. Those who suffer from mental illness often delay help-seeking and treatment because of the lack of knowledge that what they are experiencing are symptoms of mental illness (Gulliver, Griffiths & Christensen, 2010). When a person uses normalizing terms such as 'stress' or 'life problems' to describe depressive symptoms, his/her attitude towards help-seeking may be affected (Jorm, 2012). Those who label depressive symptoms with other words rather than depression are also likely to believe that the person who has them can deal with the problem on his/her own. However, if the symptoms are labeled as depression, people are likely to recommend seeking help from professional (Jorm, Kelly & Wright, et al., 2006). The ability to recognize and describe symptoms of mental illnesses has also been found to be helpful in the communication of patients and mental health professionals. There have been instances of misdiagnosis by professionals due to patients' poor and inaccurate descriptions of their experiences (Jorm, 2000). Such can be avoided if patients and mental health professionals are able to speak more or less the same language.

Cultural variations in Mental Health Literacy have also been observed (Loo et al., 2012; Furnham & Igboaka, 2011). Most youth and adults who participated in national surveys conducted in Australia (Reavley & Jorm, 2011) and Canada (Marcus & Westra, 2012) was found to exhibit good recognition of depression from a given vignette. In Portugal, 67% of 4,938 14 - 24 year olds that were surveyed were correctly identified depression in a vignette (Loureiro, et al., 2013). The correct recognition of mental disorders has been stressed as a salient factor in promoting mental health. Evidences point its significant contribution in improving help-seeking, early referral and treatment as well as prevention of mental illness (Jorm, 2012). Asians' and those from other non-western countries, detection of mental illnesses appeared to be lower as compared to those from western countries. Furthermore, even though British, Hong Kong Chinese and Malaysians were found to have had difficulty in recognizing schizophrenia in a vignette, the Asians still performed poorly compared to British, with Malaysians having the lowest recognition rate. Malaysians were found to define depression as a personality problem or as caused by environmental situations such as unemployment. Nevertheless, they performed better in identifying depression as compared to other mental disorders presented (Loo et al., 2012). In Shanghai, China, only 12.3% of the total 522 Chinese surveyed were able to identify the vignette for major depression (Wong, Xuesong, Poon & Lam, 2012). For Japanese, 5.5% of 500 were able to recognize schizophrenia (Sawamura, et al., 2012) while 50.4% of the 1984 adolescents surveyed in Iran were able to recognize depression (Essau, Olaya, Pasha, Pauli & Bray, 2013). Although there were disparities among the methodologies utilized in the studies due to sampling procedures, differences in the vignettes used and types of mental illnesses presented, a trend emerges which points to better MHL levels among citizens in more developed countries (Furnham & Hamid, 2014).

A.F. Jorm's (2000) proposed a theoretical framework on conceptualizing mental disorders which is referred to as Mental Health Literacy. "Mental Health Literacy" (MHL) had gained popularity among researchers that focused on this topic. It pertains to "knowledge and beliefs about mental disorders which aid with their recognition, management and prevention." MHL has several components: 1) the ability to recognize symptoms; 2) knowledge and beliefs about risk factors and causes; 3) knowledge and beliefs about self-help and interventions; 4) knowledge and beliefs about professional help available; 5) attitudes which facilitate recognition and appropriate help-seeking; 6) knowledge on how to seek mental health information.



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De La Salle University, Manila, Philippines
February 20, 21 and 22, 2019

There are very limited studies on mental health in the Philippines, and none yet on Mental Health Literacy. Thus, it is the task of the researcher to assess the Mental Health Literacy of Filipino college students, particularly focusing on their understanding of depression, which is one of the most common mental disorders among adolescents (Gulliver et al. 2012).

3. METHODOLOGY

Participant

A total number of 797 Filipino college freshmen taking various courses in a private University with campuses in Manila and Laguna participated in the study done in year 2015. Ages ranged from 15 to 21 years with mean age of 16.6, and SD of 0.78. The participants included 430 (53.6%) females and 367 (46.04%) males. In terms of exposure to psychotherapy (previous or ongoing), 607 (76.16%) answered 'no' while 190 (23.8%) replied 'yes'. Participants who had taken previous training or course in Psychology were 149 (18.69%) while 648 had no previous exposure (81.30%). As to knowing someone with mental illness, 556 (59.76%) answered 'no' while 241 (30.23%) replied 'yes'.

Instrument

The main instrument utilized in the study is an online adaptation of the Youth Boost Survey and General Community Survey which were utilized in the National Survey of Mental Health and Stigma (Reavley and Jorm, 2011). The original instruments were designed for phone interviews. Permission was obtained from the author (A.F. Jorm) in making necessary modifications to the original instruments. This included consolidating relevant items into a single online questionnaire and adding items which have cultural relevance in order to meet the objectives of the study. Both the Youth and the General Survey are widely used in assessing Mental Health Literacy in different parts of the world (Loureiro, 2013; Lam, 2014; Reavley, Morgan & Jorm, 2014). The psychometric properties and validation procedures of the original scales were established through the consensus of experts on the helpfulness and harmfulness of treatments presented for each disorder as criterion. Associations between scale scores (particularly those related to sociodemographic and prior exposure to mental illness) were also used to increase the validity of the scales in assessing Mental Health Literacy (Reavley, Morgan & Jorm, 2014).

The online modified version of the survey questionnaires included participants' demographic information such as age, gender, course, department and religion and an assessment of their of mental health literacy wherein a case vignette of a person named "M" who is showing symptoms that satisfy the diagnostic criteria for Major Depressive Disorder based on DSM-IV-TR and the International Classification of Diseases, 10th edition, was presented, followed by a series of questions that evaluated their understanding of the following:

A. Recognition of symptoms - to assess the participants' knowledge of the symptoms of depression, an open-ended question was asked pertaining to what the participant think could be wrong with the person described in the vignette. This was followed by a closed question answerable by "yes" or "no" whether they would seek help if they had the same problem as the character described and an open-ended question asking where they would seek for help;

B. Knowledge of causes of depression - Participants' notions on the etiology and risk factors of depression were evaluated based on their responses as to whether each item listed would "very likely", "likely" or "not likely" cause the problem presented in the vignette;

C. Knowledge on first-aid strategies for depression - Participants' beliefs on first-aid strategies for depression were assessed by asking the participants to rate the effectiveness of different first-aid strategies. Participants were asked to choose any one of the given responses: "very likely", "likely" or "not likely";



D. Knowledge on interventions and treatment for depression - This was assessed by presenting a list of things may help the character in the story such as professionals that can help, treatments and medicines, and self-help strategies. Participants were asked to determine whether each item could be “helpful”, “harmful” or “neither helpful nor harmful” for a person showing depressive symptoms;

E. Knowledge of preventive techniques for depression - A set of activities were enumerated and participants were asked to indicate whether each of the items can be used to prevent the problem in the story. In this, they were asked to respond with “yes”, “no” or “I don’t know” to each item; and

F. Attitudes that may facilitate help-seeking behavior - Participants’ attitudes towards a person with depression was examined by assessing what they personally think about the character’s problem (personal stigma) and what they think other people think (perceived stigma) about the problem. Items were presented in a 5-point likert scale. Participants were asked to rate each item from 1 to 5, 1 as strongly agree and 5 as strongly disagree. Participants’ previous exposure to counseling, therapy, as well as their familiarity of depression through knowing someone who suffers from the mental illness were also determined using ‘yes’ and ‘no’ questions as such may have implications on their understanding of depression.

Procedure

Upon the approval of the university administrators, the researcher, with the help of university counselors, recruited participants during the freshmen orientation activity. Forms including parental consent for minors and instructions as to how to access the online survey were given out to all freshmen who attended the orientation. In order to meet the objectives of the study without violating the ethical rights of the participants, only data from 797 Filipino participants out of **N=1077** who participated in the study were included giving a total of **74%** response rate. It was explained that participation was on voluntary basis and no credit was to be given to those who decided to participate in the study. In order not to preempt the answers of the participants, limited information regarding the nature of the study was explained. However, those who finished the online questionnaire, were debriefed on what the study was all about and were given instructions on how to seek help from their counselors in case there were issues that they found quite sensitive. Option to pull-out from participating in the study even though they have finished the questionnaire and have already submitted the required forms were offered to the participants. Exclusion had something to do with not being able to provide necessary documents such as personal consent, parents’ approval for minors, withdrawal from online survey or being an international student. As some questions in the survey were quite sensitive in nature, a debrief section was also included at the last part of the survey, explaining to the participants what the study was all about and encouraging them to seek professional help from their University Counselor in case the study have caused them to have any uncomfortable feelings. Locations, schedules and contact details of counselors were also stipulated in the debrief section.

Data Analysis

Qualitative data were manually coded and categorized. The categorized responses were then clustered into themes. Statistical analyses of quantitative data including the tallied categorized and themed qualitative responses were performed using the R environment (The R Project for Statistical Computing, <https://www.r-project.org/>). Percentage frequencies of participant responses were analyzed, compared and discussed based on existing literature in order to meet the objectives of the study. Data were presented in Multiple Response format.

4. FINDINGS

In terms of knowledge of the symptoms of depression, data revealed that more than half of the participants (55.2%) were able to identify *depression* using the exact term or describing the character as ‘depressed’. Second to this, participants were likely to describe the character in the vignette as having an emotional, psychological,

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De La Salle University, Manila, Philippines
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social, academic/ school-related, loss or personal problems and these were all grouped under *life problems* category (29.8%). Other participants attributed the problem to *stress* (12.0%); *mental illness/disorder* (8.5%) (f.e. PTSD, OCD, insomnia/ sleep disorder; anorexia, anxiety, personality disorder and unspecified mental illness/disorder); *physiological* (4.3%) (f.e. virus, flu, AIDS, physical problem or other problems that are medical in nature); *trauma-related problem* (3.0%) (f.e. being bullied, being physically, emotionally or verbally abused); *drug-related problem* (0.8%); *health and lifestyle problem* (f.e. not enough exercise/ vitamins/ zinc/ needs relaxation). Responses that were extremely variable (f.e. nervousness, guilt, incomplete answers, nothing wrong, normal teenager) were grouped under *others* (1.2%) category.

Table 1 shows a summary of the categories reflecting the participants' descriptions of the problems shown in the vignette with corresponding percentages of their responses.

Table 1

Percentage of participants endorsing each category to describe the problem shown in the vignette describing a case of depression

Category	n	Percentage
Depression	440	55.2
life problem	238	29.8
Stress	96	12.0
mental illness/ disorder	68	8.5
Physiological	35	4.3
Trauma	24	3.0
Others	12	1.2
drug related problem	7	0.8
health lifestyle	6	0.7

When asked whether the participants would ask help if ever they experience the same problem as the character and the story. A large percentage (95.7%) of the participants answered 'yes' to the question as opposed to those who responded no (8.2%).

Data showed that most participants most participants would seek help from *family* ('mother', 'father', 'brother/s', 'sister/s', 'siblings') (58.4%) if they had the same problem as the person in the story. Other important options on where to seek help from included *friends* ('best friend', 'friend/s', 'peers', (48.8%); counselor (38.1%); people whom they *trust* ('people who I trust', 'people who care', 'people who would listen) (13.8%); *spiritual guidance* (which include priest/s, pastor/s, church ministers, etc.) (7.9%). Seeking help from experts such as *psychologist and psychiatrist, as well as seeking help online, were among the least popular choices.*

As to the cause of depression, most participants attributed depression to be caused by variety of factors. Among the most common was the belief that the condition described in the story is caused by *day-to-day problems* experienced by an individual (98.8%) with 84.6% of this responded that such cause '*most likely*' caused depression. This was followed by *childhood problems* (89.5%) and *guilt over wrongful acts* (89.4%). Similarly, 74.5% of the participants suggested that the problem had something to do with a person's *weakness in character*. 75.6% of the participants attributed this *nervousness*, while 74.5% believed that such caused by *weakness in faith*. Furthermore, 57.3% of the participants noted that chemical imbalance in the brain was the likely cause of the problem while 51.8% of the participants responded that *recent death of a loved one* can cause depression. Meanwhile, only 35.6% of the participants suggested that depression can be *inherited* while 64.3% of them do not believe so. Most of the participants also responded that *viral infection* (66.8%) and *allergic reaction* (86.8%) are unlikely causes of depression.



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De La Salle University, Manila, Philippines
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As to first-aid strategies, results also showed that *listening to M's* problem was the most popular choice with 98.6% of participants rating it to be 'helpful'. This was followed by *encouraging M to pray* (89.5%) and to *attend church* (81.4%). *Telling M to seek professional help* was also found to be a helpful strategy by 79.1% of the participants, followed by *seeing a family doctor or GP* (70.1%), while 67.7% of the participants responded that *rallying friends to cheer the person* was also likely to be helpful. Almost half of the participants (49.6%) rated that *telling M to get his/her act together* was also a helpful strategy, while 27.0% attributed such strategy to be harmful. Moreover, 39.7% of the participants responded that *asking M if he/she was suicidal* was helpful. 35.6% of them thought such was a harmful move and 24.6% responded 'I don't know' to the question. 40.7% of the participants were unsure if *keeping M busy* is either a helpful or harmful way to deal with the problem while 45.1% thought this was more helpful than harmful. Furthermore, *suggesting M to drink* to forget his/her problems (86.5%) and *ignoring M* (85.9%) were seen as harmful ways to deal with M by most participants.

Participants understanding of who can help a person deal with depression, products and treatments as well as self-help strategies in managing depression were assessed by asking participants if the people, products and activities that were presented to them are 'helpful', 'harmful' or 'neither helpful nor harmful' a person suffering from depression. Results showed that most participants recognize *counselors* (96.9%), *close friends* (94.8%), *close family members* (93.2%), *psychologists* (92.3%), *priest/ pastor/ religious person* (87.0%), *psychiatrist* (81.0%), *teachers* (74.2%) and *doctors/ GPs* (74.9%) to be people that can help a person is depressed. *Social workers* (56.9%), *nurses* (62.1%) and *helplines* (59.9%) were regarded as 'neither helpful nor harmful' by the participants.

As for products that can help, results revealed that tea (59.4%), vitamins (59.2%) and organic medicines (49.6%) were the most popular products that were considered 'helpful'. This was followed by antidepressants which were recognized to be helpful by 35.8% of the participants. Tranquilizers (49.6%), sleeping pills (47.5%), antipsychotic drugs (38.5%) and antidepressants (33.7%) were regarded as 'harmful' by some participants. Meanwhile, a number of participants considered the products as 'neither helpful nor harmful'- tea (39.8%), vitamins (39.1%), organic medicines (46.5%), antidepressants (30.8%), antipsychotic drugs (44.3%), sleeping pills (48.3%) and tranquilizers (49.9%).

Among the most popular treatments and activities that were considered 'helpful' were: *counseling* (95.8%), *relaxation training* (93.4%), *going to church* (89.7%), *praying* (88.7%), *cutting down on cigarettes* (88.8%), *cutting down on illegal drugs* (88.8%), *cutting down on alcohol* (88.2%), *being active* (84.4%), *meditation* (88.4%), *joining a support group* (88.5%), *CBT* (74.4%), *self-help book* (71.0%), *going out to get sunlight* (67.2%), *having regular massages* (61.9%), *looking up websites* (57.5%), and *mental health services* (48.5%). On the other hand, *smoking cigarettes* (94.7%), *using illegal drugs* (93.8%) and *drinking alcohol* (92.0%) were considered 'harmful' by most participants. *Mental health services* (40.2%), *acupuncture* (61.8%) and *psychiatric wards* (44.2%) were considered 'neither helpful nor harmful' by a most of participants.

As for the most popular preventive strategies that were endorsed by the participants *keeping regular contact with family* (94.8%) and *friends* (91.5%); *making regular time for relaxing activities* (95.1%); *not using illegal drugs* (93.2%); *having a religious or spiritual belief* (84.9%) were the most popular ones. *Never drinking alcohol in excess* (86.5%); *avoiding stressful situations* (76.6%) and *keeping physically active* (73.6%) was also favored by most participants.

Data also revealed participants' attitude towards a person with depression. In terms of their **personal stigma**, more participants are likely to agree to the statements that the person described in the story is *unpredictable* (39.9%) and that *he/she can easily snap out of the problem* (38.6%). More participants also disagreed to statements such as those that describe the problem in the vignette as 'not a medical problem' (47.5%); that the character is *dangerous* (74.4%) and that it is *best to avoid* (91.3%) such person. Most participants also disagreed to the statement that they *will not tell anyone if they had the same problem* (70.6%) as the character in the story. As for seeing the character's problem as a *personal weakness*, participants showed mixed reactions in showing agreement or disagreement to such belief



On the other hand, data on participants **perceived stigma** towards those with mental disorder showed that they are likely to agree with statements describing that other people would see the character's problem as a *sign of personal weakness* (65.2%), that the character *can easily snap out of the problem* (63.2%); that such person is *unpredictable* (57.0%), that the problem is *not medical* in nature (24.9%), and that most other people *will not tell anyone if they had the same problem* (47.3%) as the character in the story.

5. ANALYSIS

The current study showed that most Filipino college student participants could recognize symptoms of depression. Correct recognition however, was lower as compared to western studies on mental health literacy on adolescents which made use of similar methodologies (Jorm et al., 2000; Loureiro et al., 2013). This supports the notion that Asians and those from non-western countries have lower rates of mental health literacy as compared to westerners (Loo et al., 2012).

A notable observation from the study is that quite a big number of Filipino college students that failed to recognize depression attributed the problem to daily life problems which includes emotional, psychological, social, academic/ school-related, loss or personal problems as well as stress. Loureiro et al., (2013) explained that such nonspecific terms that describe changes in mental health in general but does not necessarily pertain to a mental disorder. "Normalizing" symptoms of a mental disorder can become a problem as it may delay help-seeking and evidence-based treatments from professionals and may even aggravate the mental illness (Jorm, Angermeyer & Katschnig, 2000). The lack of mental health programs in communities and even in academic institutions in the Philippines may have some influence on how students understand mental health conditions.

Regardless of the students' recognition or failure to recognize depression in the given story, a huge percentage of them still suggested that they will seek help if ever they experienced the same problem as the character in the vignette. This promising number of help-seeking intentions was however attributed most to seeking help from people who are biologically related and/ or those who are familiar to the students such as their family, friends. This supports previous reports that Filipino students seek help more from their family and friends rather than professionals in dealing with their problems (Que-Legaspi, Reyes & Datu, 2014). Surprisingly, counselor was among the most popular nominations by the Filipino college students to where help can be sought. This however may be due to the fact that the participants themselves were aware that the survey was given being done by people from the counseling office which may have caused some bias in their answers. Despite the fact that most of the Filipino college students were able to recognize depression, factors to which they attribute as likely causes of such gives us an insight on the depth of their understanding of the mental illness. Filipino college students commonly attribute daily life problems such as stress, emotional, social, interpersonal, academic and personal problems to likely cause depression. Previous studies have reported that such trend has been common to adolescents and even adults (Loureiro, 2013). Other factors that are seen to cause depression by Filipino college students are trauma-related problems, childhood problems and recent death of a loved one. According to mental health experts, such factors are predisposing factors in developing mental illness and are considered triggers rather than causes of mental disorders (Jorm, Angermeyer & Katschnig, 2000). Biomedical causes of mental illness are mostly unrecognized by the public (Jorm et al., 2000). Such trend has also been observed in this study as evident in the low number of Filipino college students that nominated genetic factors, chemical imbalance in the brain, viral infection and allergic reaction as likely causes of depression.

There were some mixed opinions on what sort of mental health first-aid strategies to use when students



encounter a person who may be showing signs of depression. The most notable ones have to do with the suggestion for a depressed person to keep busy in order to forget his/her problems; telling a depressed person to get his/her act together and asking a depressed person if he/she is suicidal. There were more Filipino college students who expressed that such actions were more helpful than harmful and quite a number of them also noted that such actions were neither helpful nor harmful for a person suffering from depression. Kitchener, Jorm & Kelly (2010) developed a manual on mental health first-aid strategies which explained that among the most important things to do if one wants to help someone who may be depressed is to assess suicidality. On the other hand, telling the person to get his/her act together and to avoid stressful situations by keeping busy are considered harmful strategies to help someone cope with the mental illness. This clearly shows that there is a need to educate students on how to deal with someone who may be showing signs of depression in order to prevent further harm.

Filipino college students mostly agreed that seeking help from professionals such as counselors, psychologists, psychiatrists and even medical doctors can be beneficial to someone showing signs of depression which shows their recognition that the problem may be addressed by experts, however, family and friends were again the topmost choices which reflects crucial role in providing support to a depressed individual. In addition, teachers also appeared in the students' list of people that can likely be helpful for a person showing symptom of depression. Such findings have important implications as to what these people can do in order to help a depressed individual. This is complementary to the notion that if individuals themselves fail to recognize that they may be suffering depression; other people who interact with them may be able to do so and therefore suggest appropriate measures in seeking professional help (Jorm, Kitchener, Sawyer, Scales & Cvetkovski, 2010). Among the least recommended sources of help given by Filipino college students were nurses, social workers and helplines. One reason that may have contributed to this is their insufficient knowledge of the usefulness of such services and professionals in dealing with mental health problems. Social workers are often portrayed in the Philippines as those that cater to social issues in poor communities, while nurses are more known to attend to physiological problems in medical facilities. Helplines on the other hand (such as suicide helpline) have just recently started to be promoted in social networking sites and most college students may still be unaware of such. Filipino college students also showed preference in the use of organic products to help in depression rather than medicines such as (antidepressants and anti-psychotic drugs) which were seen as more harmful than helpful. Previous studies have also observed the same trend (Loureiro et al., 2013; Jorm et al., 2000). The problem with this is that such non-prescription products have no scientific evidences to support its effectivity (Jorm, et al., 2000). Medications may be recommended to severe cases of depression along with family intervention/ therapy (Loureiro et al., 2013).

Filipino college students recognize the need to undergo counseling if a person is showing signs of depression. This treatment was at the top of the list of possible effective treatments. Such trend was not observed from previous studies made on the same topic. This again may have something to do with the fact that students knew before they answered the survey that the research is being conducted by a counseling office. Going to church and prayers are also seen as important by Filipino college students to combat symptoms of depression which may have something to do with Filipinos religiosity and/ or belief in higher being. This trend was also observed in the students' nominations for the item that having religious beliefs can be a useful strategy to prevent depression. Other strategies that Filipino college students believe to be helpful in preventing depression are aligned with what professionals recommend (Morgan & Jorm, 2009). This includes contacting family members and friends, making regular time for relaxing activities, keeping active, never drinking alcohol in excess and not using drugs. However, Filipino college students include avoiding stressful situations as one of those strategies, a



pattern seen also in previous studies (Jorm, et al., 2000; Loureiro, et al., 2013). Such recommendation is noted to actually be more harmful than helpful by professionals (Jorm, Morgan and Wright, 2010). Thus, there is a need to correct this thinking among Filipino college students.

There were large differences between personal and perceived stigma against depressed individuals which supports findings of previous studies (Jorm et al., 2000). Social desirability of answers of the participants can be a possible explanation for this. Students may have tried to be avoided being judged based on their personal judgments which may have prompted them to lessen their stigmatizing beliefs toward those with depression.

6. CONCLUSION

The study provided us with evidences that Filipino college students are able to recognize symptoms of depression however, there are still many who would tend to normalize the situation by attributing the problem to daily life problems. Filipino college students have still quite insufficient knowledge in terms of the causes of depression, referring mostly to triggers and predisposing factors rather than biomedical causes of depression. They are also able to recognize the need for help from other people when they detect symptoms of depression. They endorse seeking help from professionals such as counselors, psychologists and psychiatrists but recommend that help be sought primarily from family and friends. There are discrepancies between Filipino college students' ideas on effective first aid strategies for depression and those that are recommended by professionals. They have different beliefs on who they think can help a depressed individual. They also endorse certain products and treatments which they think are effective in managing depression. Some of those products and treatments are not evidence-based interventions. They have different notions on preventive strategies for depression. Some of which are not recommended by professionals. Lastly, Filipino college students hold personal and perceived stigma towards depressed individuals.

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