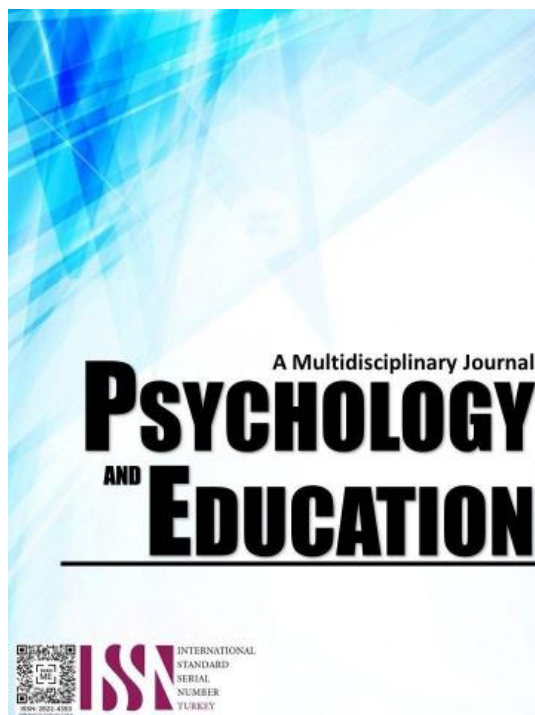


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Enhancing Mental Health Literacy for the Elderly of Indang, Cavite: Targeting Needs using Psychoeducation

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Abstract

This study aimed to enhance mental health literacy (MHL) among the elderly population in Indang, Cavite, through a structured educational program. As mental health issues increasingly affect older adults, improving their understanding of mental health conditions, resources, and help-seeking behaviors is crucial for enhancing their overall well-being. A pre-test and post-test paired design was employed involving 17 elderly participants aged 61-79, who completed a MHL questionnaire before and after the implementation of the program. The program, consisting of workshops led by mental health professionals, interactive group discussions, and resource sharing, focused on common mental health issues such as depression, anxiety, and dementia, while addressing stigma and promoting self-care strategies. Data analysis included paired test to evaluate changes in MHL scores. Preliminary findings indicate a significant increase in participants' knowledge and positive attitudes towards mental health following the program. This study highlights the importance of MHL initiatives in empowering the elderly to manage their mental health effectively, and it provides a framework for similar programs in other communities. Ultimately, improving MHL in this demographic can lead to better health outcomes, reduced stigma, and improved quality of life for the community.

Keywords: *elderly, mental health literacy, pre-test, post-test, focus-group discussion, reduced stigma, quality of life*

Introduction

Mental Health Literacy

Mental health literacy (MHL) is crucial for the elderly as it encompasses the knowledge and beliefs about mental health concerns and issues which can aid in its recognition, management, and prevention (Muslic et al., 2021). Older adults often underutilize mental health services due to low levels of MHL, which can lead to untreated mental health issues and poorer overall health outcomes (Malkin et al., 2019; Mackenzie & Pankratz, 2025), as such this demographic is less likely to correctly recognize mental health issues, often viewing them as a normal part of aging which further emphasizes the need for targeted MHL programs (Malkin et al. 2019).

Several barriers to MHL among the elderly stem from various factors that hinder their ability to recognize, understand, and seek appropriate care for mental health concerns. Cultural and linguistic barriers often present significant challenges, particularly for immigrant and ethnic minority elders who may struggle with language differences and culturally embedded beliefs that deter help-seeking (Malkin et al., 2019). Additionally, stigma remains a pervasive issue, as may older adults perceive mental health struggles as a personal weakness rather than a legitimate concern, discouraging them from accessing support (Mackenzie & Pankratz, 2025; Kim et al., 2017a). Misconceptions about mental health further contribute to this reluctance, reinforcing negative attitudes towards seeking psychological care. Furthermore, limited awareness and education regarding mental health services and self-help strategies reduce the likelihood that older adults will utilize available resources (Kim et al., 2017a; Kim et al., 2017b).

Mental Health in Late Adulthood

There is a challenge in the current system of improving overall health and human social services in the Philippine's aging population. Discussions on topics related to aging are not substantial enough (Carandang et al., 2019). In the remote areas of the country, there is decreasing access to health care, financial security, housing, and social connection (Butler & Kaye, 2004; Emeka-Okafor et al., 2024). Thus, there is limited access to services designed to target these communities, further exacerbating disparities in elderly care (Shrestha et al., 2020). The elderly population relies heavily on family support and community services to meet their needs and cope with the challenges of aging, as strong familial ties play a crucial role in their overall well-being (Litwin & Stoeckel, 2016). Several studies have enumerated the unmet needs of the elderly, particularly in the Philippines, such as their need for affordable healthcare, support networks for daily life, and adequate family care (Carandang et al., 2019; Abalos et al., 2018; Urgel & Borabo, 2015). Thus, the improvement of mental health in late adulthood is vital to ensuring a higher quality of life for older adults in these communities.

Mental Health Act in the Philippines and its Implementation

Maravilla and Tan (2021), challenged the implementation of the Republic Act 11036 of the Philippines by examining its socioeconomic dynamics and recommending for mental health professionals to educate families about mental health to reduce the surrounding stigma. Mental health professionals should contribute to its development and serve as a guide in its delivery. Most importantly they termed, 'family group conferencing' as skills that can be included in the process of psychiatry. Also, preventions and interventions should focus

on strategies that concern specific groups such as adolescents and these practices should be evidence-based. With this, a comprehensive mental health care system should address the psychological, psychosocial, and neurologic needs of the Filipino wherein families, workplaces, and communities can be encouraged to participate in research including areas of suicide and substance use disorders. Moreover, this republic act may foster healthy social relationships and Filipinos may reverse effects of financial crises and unresponsive governance. As an effect, this may have a connection to the concepts in academe, industry, and government. As a gap, the study recommends exploration on the intuitive idea that a healthy economy makes people mentally healthy or vice versa.

Challenges and Struggles of Late Adulthood

The elderly experience an amount of health concerns such as sleep problems, anxiety, and depression. This can be too challenging aside from the limited access to healthcare services which are often centralized in Metro Manila (Dye et al., 2011; Reis & Nagy, 2019; Weirich & Benson, 2019). Also, in remote areas, other factors such as lack of transportation and inadequate infrastructure complicate this further in the management of their overall health. (Parfenova & Petukhova, 2022; Li et al., 2022; & Reyes-Gibby, & Aday, 2005). Deficiencies in the nutrition is also present (Reis & Nagy, 2019; Risonar et al., 2009). Thus, health concerns of the elderly especially in remote areas are complexed that needs interventions such as improved healthcare access, transportation services, and providing supplies for their nutrition to ensure their wellness.

Apart from physical challenges, mental health concerns among the elderly in these communities are also prevalent as there are often concerns which stem from uncertainties about their health and the wellbeing of their families (Santoyo-Olsson et al. 2024). Managing chronic illnesses and the fear of being unable to support their own health and that of their family members also contribute to heightened levels of stress/anxiety (Hendricks & Turner, 2019). Further, the lack of mental health services in rural areas means that these psychological issues tend to go understudied and often than not, addressed. (Kaufman et al., 2006).

In the Philippines, mental health services for the elderly face significant challenges as there is a continued shortage of mental health professionals, and services are often inaccessible, particularly for the marginalized sectors as stigma and discrimination against mental health conditions are widespread, this leads to the avoidance of available services (Aldaldeen et al., 2025). To discuss further, depression and anxiety seems to be prevalent among the elderly with studies indicating that 32.1% of older adults exhibited depressive symptoms with higher rates among women compared to men (Pengpid & Peltzer, 2024). Also, 21% of older adults experienced depression, 39% anxiety, and 82% distress (Flores, et al., 2018). Additionally, a needs assessment conducted among older adults revealed that frequently experienced concerns are the persistent worry about their familial responsibilities, unexplored mental health concerns, and physical health challenges such as joint pain, sleep disturbances, and cardiovascular conditions (Sevilla, et al., 2025). As such, there is a need to attend to the concerns of older adults especially with interventions promoting awareness, reducing stigma, and providing targeted support that can prove to be effective in improving their wellbeing. These approaches can be adapted to include community-based programs, family support networks, and health care services designed to meet their specific needs (Paterson, et al., 2021).

Social and family concerns also arise with the elderly often taking on multiple roles, such as being caregivers to their grandchildren. This presents a unique set of challenges such as significant physical, emotional and social burden and obligation especially among grandparents in poor health, those with higher education, and those juggling multiple responsibilities (Grunwald et al. 2024). This is further underscored by grandparenthood without parental presence in which such custodial grandparenting was associated with decreased health and wellbeing (Danielsbacka et al., 2022). The multifaceted nature of grandparent caregiving emphasizes the need for targeted support and resources in maintaining their health and well-being.

Psychosocial Development of Elderly

Mental health of the elderly is related to forming a connection and being cared for. This means communication with their immediate family and community. The elderly who feel connected to their social life and who trust more have a higher sense of well-being. Those who do not often feel lonely have enough opportunities to be positive and appreciate life more. These factors predict the ability to solve the demands of life and maintain their functioning. It is said that the elderly who live with their families have a higher psychological well-being than those who live alone. These factors are associated with the higher ability to compromise, express sympathy/compassion to others, and a general positive outlook in life. On one hand, the ability to challenge social pressures is not associated with the residence an elderly lives in. It can, however, be explained by difficulty in the expression of positive emotions, thinking of their shortcomings, weakend locus of control, and decreasing self-esteem all arising from the lack of opportunities for them to demonstrate their abilities, lack of satisfaction in life, and negative attitudes to internal changes. These are further exacerbated by retirement and loss of employment, isolation, state of their health, income status, and political concerns (Kovalenko & Spivak, 2018).

The Need for Mental Health Literacy in Community of Elders

The elderly population in rural areas face significant challenges, including limited access to healthcare, financial insecurity, inadequate housing, and social isolation. These issues are compounded by physiological challenges such as physical health problems and nutritional deficiencies, as well as psychological challenges like high depression and anxiety levels, furthermore, the lack of mental health services and the stigma surrounding mental health conditions further exacerbate these problems. Studies have shown that a significant percentage of older adults exhibit depressive symptoms, with higher rates among women compared to men (Pengpid &

Peltzer, 2024; Aldalaeen et al., 2025). Similarly, in the Philippine context, elderly individuals in rural communities often experience social, psychological, and somatic challenges which complicate their ability to manage their daily responsibilities (Sevilla et al., 2025). These findings therefore underscore the need for targeted interventions in addressing the multifaceted challenges faced by older adults especially those in rural communities.

MHL programs have been shown to significantly enhance the well-being of older adults by improving their understanding of mental health issues and encouraging proactive health behaviors, furthermore, such programs lead to better recognition of mental health conditions, and eventually, increased help-seeking behavior (Furst & Williams, 2024).

Systematic reviews highlight that tailored interventions such as educational workshops, and digital literacy programs improve health outcomes and promote greater engagement in health-promoting activities among the older population (Sardareh et al., 2024). Additionally, MHL interventions lead to improvements in psychological well-being and quality of life (Jangasem et al., 2024), as well as increased mental health awareness through community-based initiatives, like those led by village health volunteers (Pathan & Mongkolsomlit, 2020). Additionally, e-health literacy interventions can also equip older adults with the necessary skills to access and utilize online mental health resources, further strengthening their ability to manage their well-being (Pourrazavi et al., 2020).

Addressing such challenges through community-based intervention programs is crucial which could include physical activities to enhance cognitive functions, holistic person-centered care, and interprofessional collaboration to provide comprehensive support (Kamegaya et al., 2014; Criss et al., 2022). Furthermore, Mental health support services, social interactions, and reminiscence activities have been found to reduce symptoms and improve quality of life in the elderly (Ngamwongwiwat et al., 2023). Lastly, community assessments highlight the importance of integrating programs that cater to both physical and mental health concerns as this ensures that these older adults receive comprehensive and continuous support (Sevilla et al., 2025). By promoting MHL and providing targeted support, well-being and dignified aging can be ensured.

Research Questions

The present study aims to determine if a significant difference exists between the pre-test and post-test scores of mental health literacy after the implementation of a mental health literacy program. Specifically, the study sought to answer the following questions:

1. What are the respondents' pre-test mean score
2. What are the respondents' post-test score
3. Is there a significant difference between pre-test and post-test scores?

Methodology

Research Design

The study employed a within-group, quasi-experimental research design to assess the effectiveness of the implemented MHL intervention among older adults by comparing their pre-test and post-test scores post intervention. This was selected due to feasibility in real-world settings where randomization may not be possible.

Participants

The quasi-experimental design was conducted with a total of 17 elderly participants ages 61-79. They were gathered according to their biological sex (females) and a minimum age of 60 along with the definition of a senior citizen in the Philippines. No other criteria were included apart from this as the baseline of the development of the MHL program was intended for their age group.

Instrument

A researcher-made scale was utilized through a quantitative data collection. This allowed the researchers to pre-assess the areas that need to be included in the development of the program. Concisely, the following were used as tools in the conduct of the study:

Mental Health Literacy Questionnaire. A researcher-made instrument that measures knowledge of mental health issues, stigma, help-seeking behaviors, and sources of information. This instrument was validated for appropriation of the MHL program. At the same time, considering the physical and/or cognitive limitations of the elderly participants.

Procedure

The participants completed a pre-test which is the Mental Health Literacy Questionnaire, a researcher-made and validated tool to explore areas that need to be explored for the program development. Afterwards, the same tool was utilized to measure if there is a significant difference before and after the MHL program.

Data Analysis

To answer the research questions, the arithmetic mean, an average in which scores are considered equal weight was utilized for the descriptive statistics. In addition to this, the Wilcoxon signed-rank test was employed to evaluate the effectiveness of the intervention on MHL. This non-parametric test was chosen because it is appropriate for comparing paired data when the assumption of normality

has not been met.

Ethical Considerations

The study followed ethical protocols in measuring data related to the preparation and evaluation of the MHL program. The participants were informed about the objectives of the MHL program, the use of the data for research, the benefits, and risks of answering the scale and the participation in the focus group discussion. Equally, the participants were informed about the confidentiality of the data and to what extent they are willing to share during the discussion. They were also informed about their right to withdraw from the program and the study at any time they wish without personal consequences.

Results and Discussion

This section of the paper presents the tabular result of the statistical analysis of the data.

Table 1. *Descriptive Statistics and Wilcoxon's Signed Rank Test*

	<i>Pre-Test</i>		<i>Post-Test</i>		<i>W</i>	<i>p</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Mental Health Literacy Scores	4.53	.634	4.88	.332	4.50	.041

The findings show that there is a significant difference between the pre-test ($M = 4.53$, $SD = .634$), and post-test ($M = 4.88$, $SD = .332$) with a p-value of .041. Though the difference between pre-test and post-test were small, this suggests that the intervention had a meaningful effect on improving mental health literacy of the participants.

These findings indicate moderate levels of MHL before the intervention, with the post-test suggesting that the participants have demonstrated greater knowledge and awareness of mental health concepts after completing the program. These results confirm the effectiveness of the intervention in improving mental health literacy among older adults as indicated by the significant increase in post-test scores suggesting that the participants have gained a better understanding of mental health conditions, reduced stigma, and became more aware of available resources.

These results align with prior research on how MHL programs significantly improve the recognition of mental health conditions and encourage help-seeking behaviors (Furst & Williams, 2024). Furthermore, this supports the notion in which MHL programs are particularly effective when delivered in community settings as it promotes engagement, allows for peer learning, and fosters a supportive environment where older adults feel comfortable in discussing mental health-related topics (Pathan & Mongkolsomlit, 2020).

Additionally, these findings are consistent with research highlighting the importance of mental health programs addressing the psychological, psychosocial, and neurologic needs of individuals. Such programs reinforce the role of families, workplaces, and communities in mental health education, emphasizing that greater participation in research and advocacy efforts can strengthen mental health support systems and policy development. This suggests that a multi-sectoral approach involving families, community organizations, and healthcare providers can further enhance the impact of MHL programs for older adults (Maravilla & Tan, 2021).

Lastly, the results reflect the importance of structured educational content, in which educational workshops significantly improve mental health knowledge, and service utilization among older adults (Sardareh et al., 2024). In this study, the intervention provided clear, accessible information, which may have contributed to the uniform improvement in post-test results.

Conclusions

The study highlights the effectiveness of MHL programs in improving knowledge, awareness, and help-seeking behaviors of older adults. The statistically significant increase in post-test scores suggest that the participants gained a better understanding of mental health conditions, reduced stigma, and became more aware of the available resources. These findings align with existing research emphasizing the value of structured, community-based MHL programs in promoting engagement and fostering a supportive environment for discussions on mental health.

Moreover, the study reinforces the importance of multi-sectoral collaboration in enhancing MHL among older adults as such programs should address the various needs of older adults while integrating the roles of various stakeholders and community members such as families and communities in mental health education. By incorporating evidence-based interventions, community engagement, and policy support, MHL programs can effectively empower older adults in recognizing mental health challenges, seek appropriate care, and improve their overall wellbeing.

Future research should explore long-term and retention of MHL knowledge, consider integrating digital health literacy components to further engage the elderly population, and implement and evaluate a sustained version of MHL programs.

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